

University Correctional HealthCare

August/September 2010

UCHC Highlights

August 2010

- Instituted the evidence-based Chronic Disease Self Management groups (prevention program) developed by Stanford University in all 13 prisons
- Sunset the *Settlement Agreement* for males after only 2 ½ years
- June 2010 satisfied additional requirements established by the Monitor in May 2007 for female inmates
- Mental health costs (excluding pharmacy) maintained at only 2.3% increase from FY06 (\$38.3 million) to FY10 (\$39.1 million) in spite of a medical inflation rate of 18%
- After assuming responsibility for mental health medications reduced expenditures by 35.5% (\$6.11 million in FY06 to \$3.94 million in FY10)
- After assuming responsibility for medical, dental, and pharmaceutical services, reduced expenditures to 3.9% below FY07 (privatized) costs (\$104.5 million in FY07 to \$100.4 million in FY10)
- Reduced the number of mental health complaints by over 79% from 1,863 in CY04 (privatized) to 384 in CY10 (UMDNJ)
- Reduced the number of medical complaints by over 30% from 5,394 in CY07 (privatized) to 3,750 in CY10 (UMDNJ)
- UMDNJ physician leaders established better formulary controls resulting in improved pharmacy pricing (\$3 million in savings)
- Together NJDOC and UMDNJ designed a system to pay hospitals directly instead of using a subcontractor as is typically done by for-profit vendors (\$2 million in savings)
- UMDNJ physician leaders established a peer review process for referrals to specialty providers (\$2 million in savings); enhanced after-hour emergency evaluations to prevent unnecessary hospitalizations (\$1 million in savings)
- The UMDNJ Purchasing Department along with UCHC leadership and the NJDOC Procurement Office obtained better pricing from subcontractors for medical supplies, services, and hospitalization (\$2 million in savings)
- Since UMDNJ began providing mental health services within the NJDOC in 2005, we estimate a reduction in 5,581 annual patient bed days per year at Ann Klein Forensic Center. Through better case planning jointly with the NJDOC Health Services Unit and Ann Klein staff we have:
 - Reduced the number of inmates in psychiatric crisis requiring hospitalization (30 in 2004 vs. 6 over the past 12 months)
 - Reduced the number of psychiatrically committed inmates transferred to Ann Klein Forensic Center after completing their sentence (91 in 2004 vs. 24 over the past 12 months)
- The Juvenile Justice Commission (JJC) has expanded their agreement with UCHC to provide tele-psychiatry services to their 13 residential community homes and formed an agreement to provide their medical services effective January 1, 2011.

These impressive accomplishments have been achieved by our medical and mental health teams.

I am proud of the quality services that our staff have provided and the savings that have been realized to date, as we fulfill our partnerships with the NJDOC, the JJC and the State Parole Board (SPB). This information has been submitted to state leadership in response to the recent privatization report. However, with the current fiscal challenges faced by the state of New Jersey, we are being called upon to find additional savings and ways to further reduce the cost of inmate health care without compromising quality. With this in mind, I am asking for your input and suggestions. Submit your ideas directly to me at dickerje@umdnj.edu or they can be faxed anonymously to 609-341-9380.



Submitted by:
Jeff Dickert, PhD

EFFORTS TO PREVENT MEDICAL PROBLEMS AMONG SPECIAL NEEDS INMATES

The inpatient units at Northern State Prison (NSP) implemented a Performance Improvement (PI) project in 2009 to increase compliance with ordering and administering the Metabolic Monitoring protocol. This protocol is used to screen and prevent comorbid medical conditions (two or more diseases) among mentally ill inmates who are prescribed second generation antipsychotics (SGAs).

Specifically, the goal was to increase compliance among psychiatrists and nurses on the Residential and Transitional Care treatment units (RTU and TCU) in ordering and measuring the following parameters: Body mass index (BMI), weight, blood pressure (BP), waist circumference (WC), fasting plasma lipids (FPL), fasting plasma glucose (FPG) and family/personal history (obesity, diabetes, cardiovascular disease (CVD), etc).

Metabolic Syndrome, long associated with both CVD and diabetes, occurs more frequently among the mentally ill. These two medical conditions are largely responsible for years lost across the lifespan of this particular population.

In January 2009, approximately 50% of the mentally ill inmates at NSP met two or more of the Metabolic Syndrome criteria and 71% were either overweight or obese. Unfortunately, SGAs contribute to CVD risk by way of their association with dyslipidemia, diabetes and weight gain. At NSP approximately 62% of the antipsychotics prescribed are SGAs.

During the initial data review, the PI team found that lipids and glucose orders were significantly lacking and weight gain from SGAs was common. Prior to this PI project there was no system on the treatment units at NSP to monitor compliance with administering the metabolic monitoring protocol. Without a system, the risk of not monitoring and/or treating diabetes, hypertension, and other CVD risk factors leads to elevated rates of morbidity and mortality.

A review of the Electronic Medical Record (EMR) for all RTU and TCU inmates treated with SGAs from January 2008 through October 2008 served as the baseline. Those treated on both units with SGAs from November 2008 through August 2009 comprised the post intervention sample.

If a parameter like glucose or lipids was ordered for an inmate by another provider (primary care, APN) prior to or during the study, NSP inpatient providers were not required to reorder or reassess them again, in order to prevent duplication of services. The study counted compliance or noncompliance only on those parameters required to be monitored by the provider while the inmate was treated on the treatment units. If the inmate was noncompliant

(few cases) with lab work but the order was placed by the provider, compliance was granted since the focus was on provider compliance, not inmate compliance.

Primary interventions consisted of:

1. Attaching the Metabolic Monitoring protocol to the Medication Administration Record (MAR) so nurses could track the dates of when parameters were due for screening
2. Psychiatrists ordering the necessary tests on admission and as per protocol thereafter
3. Secondary interventions included issuing Identification Badges to providers that displayed the Metabolic Monitoring protocol
4. Trainings and reminders occurred during staff meetings
5. Monthly Audits

The total sample consisted of 138 male inmates across the mental health diagnostic spectrum of disorders. The sample represented more than 90% of inmates admitted to or treated on both units who were prescribed SGAs during the study period. The goal of the project was to increase by 10% any three parameters on the RTU and/or TCU that fell below 90%.

Pre and Post parameters of weight, BMI, WC, and BP were all above 90% on the RTU. Pre and Post parameters of weight and WC were above 90% on the TCU. The most dramatic increases occurred on the TCU. There was, however, extremely poor compliance with assessing personal and family history before and after the interventions which remains unclear.

Team recommendations are as follows:

- Increase training
- Develop a system to run Metabolic Monitoring reports
- Increase Nursing groups on topics such as: diabetes, diet, and weight management
- Continue auditing provider compliance with Metabolic Monitoring on both inpatient and outpatient units
- Implement statewide training to review the latest literature on Metabolic Monitoring

For additional information on this PI Project contact the author.

Submitted by:

Carlos Martinez, LCSW

NSP Inpatient Clinician Supervisor



Ask Mechele



Dear Mechele,

*When an employee is found by their supervisor to be lacking in some skill area, they are often urged (or **strongly** recommended) to take some course or training to get them up to par. Personally, I think that's a good thing since we can all get better at what we do; but what happens when it's your supervisor whose skills are lacking? Some bosses start out really good, but the longer they stay in their position they start to get lax. So what do you do when your boss is the one who needs a tune-up?*

It's Not Me, It's you

Dear It's Not Me, It's You,

This is a really tricky topic. Ideally, the boss is the cream of the crop, the light at the end of the tunnel, the Grand Puba. He/she is the one who unfailingly can answer any problem with intelligence, knowledge of the work environment, wit, humor, foresight, hindsight, intuition, compassion and empathy. The boss is always available, especially in times of distress. There is no issue too small, no time of day off limits and no one (family, friends, or colleagues) or nothing (illness, vacation, conferences, wedding, graduation, birth, death (unless it's their own) that can stand in the way of them accomplishing their mission. It's their job to personally and ultimately ameliorate all of our problems thereby contributing to the total and complete nirvana of our workplace where all employees are valued and thrive. Of course this person (and this workplace) doesn't exist (sorry Jeff Dickert). Our supervisors like us, are flawed individuals.

I've had some great bosses and some who absolutely appeared to bask in their ineptitude and/or sorry social skills. What happened to the bad ones you might ask...sometimes they got PROMOTED ...it happens. Other times they left of their own accord (inwardly we were applauding) and only once did someone higher up see them for what they were and moved to have them removed or demoted.

Fortunately in my career I've had more good than bad supervisors, but isn't it funny that the bad ones stand out the most. Anyway, back to your question. I think a good boss wants to know what is and what isn't working. They value the opinions of their staff and are open to feedback, especially when it's negative.

But as a supervisor, I was most impressed when problems were brought to me along with solutions. If you have a decent rapport with your boss I recommend you raise specific areas of concern and suggest the ways you think these things could be made better. What about having a Suggestion Box placed in an unobtrusive location so that anonymous tips can be offered? Bring out the box at staff meetings and brainstorm ideas of how to solve the problems.

Of course if the boss has slipped to the degree that safety and security are being compromised, you should immediately contact someone in a position of authority to intercede. We often forget about EAP but they offer a confidential service with experience in problem solving and practical solutions. Also, they have the resources necessary to see things through to a positive outcome.

Finally, rather than just focusing on the boss, what about recommending a PI team to tackle some of the problems? Comments like, "we need to do this better" says that the problem is a shared responsibility. Ganging up on someone rarely improves working relationships; and isn't the goal for us to do what we do...only better? Often we have the tendency to think that individuals are the problem, but in actuality it's the process/system that needs to change.

What I don't recommend is telling your supervisor that he/she could really benefit from a workshop on "how to deal with difficult people," especially if they are the difficult person. If you're really lucky maybe your supervisor is reading this column right now and it's opening his/her eyes. As we speak they're having an epiphany and have decided to do some serious introspection. They're saying to themselves, "Training can rebuild me, they have the technology, the capability to make me better than I was before... better, stronger, faster... (sorry, that was the bionic man). But let's keep it real, there's no way that will happen. The difficult people I've worked with fall into one of three categories: they're completely oblivious to how they come across; they revel in their reputation of being difficult or quite simply, they just don't care.

So here's hoping that your boss will take the hint and step up. If not, at least he/she has you. Good luck.



Technology Corner

with Leo Agrillo



Secure your Computer **Windows logo + L**

Ok, you're working on a computer and need to step away, but you'll be right back and you don't want to go through the hassle of logging off and having to go through the whole login/startup procedure again. Sound familiar? Well you need to know that this bad habit can cause you major problems. The agreement that all Department of Corrections users signed when they were hired requires that computer resources be kept secure. Not securing a workstation can result in disciplinary action if someone misuses your login. So, a word to the wise is, **never leave your workstation unlocked!**

The good news is that there's a quick method to lock the computer. By pressing **Windows logo + L** you can secure the workstation from unauthorized access to your account. This shortcut will lock the computer without you having to log off. When you return, just enter your password and you're right back where you left off.



The **Windows key**, aka the **Super key**, **Meta key**, **Windows logo key**, **WinKey**, **Start key** and on rare occasions, the **Flag key**, is a **keyboard** key originally introduced for the **Windows 95** operating system. On keyboards lacking the Windows key, Ctrl+Esc can be used instead, however, some functionality is lacking.

Some additional commands that can be done with the Windows key are:

Windows Logo: Start menu

Windows Logo+R: Run dialog box

Windows Logo+M: Minimize all

SHIFT+Windows Logo+M: Undo minimize all

Windows Logo+F1: Help

Windows Logo+E: Windows Explorer

Windows Logo+F: Find files or folders

Windows Logo+D: Minimizes all open windows and displays the desktop

CTRL+Windows Logo+F: Find computer

CTRL+Windows Logo+TAB: Moves focus from Start, to the Quick Launch toolbar, to the system tray (use RIGHT ARROW or LEFT ARROW to move focus to items on the Quick Launch toolbar and the system tray)

Windows Logo+TAB: Cycle through taskbar buttons

Windows Logo+Break: System Properties dialog box

Additional Information on shortcuts can be found at: http://en.wikipedia.org/wiki/Windows_key and <http://support.microsoft.com/kb/126449> (the basis for this article).

If there is a topic you would like this column to address or have questions regarding technology feel free to email me at: agrille@umdnj.edu



Revised Central Office Staff Directory

Updated 8/10



	Office	Cell	Pager	Email	
Central Administration					
Jeff Dickert:	609-341-3093	732-580-1055		dickerje	
Shirley Lee	609-633-2786			leesm	
Melody Massa:	609-292-1247	201-407-3144		massamk	
Sharry Berzins	609-984-4599			berzinsh	
Jennifer Storicks	609-341-3093			storicjd	
Medical Administration					
Arthur Brewer	609-292-6878	609-313-4185	609-229-0689	brewerar	
Rhonda Lyles	609-777-1660			lylesrc	
Yasser Soliman	609-943-4372	609-313-1980	609-229-0690	solimays	
Hesham Soliman	609-723-4221 x8229	609-238-0513	856-223-2262	solimahe	
Jon Hershkowitz	973-465-0068 x4677	732-570-5727	732-206-3157	hershkje	
Johnny Wu	609-777-3755	609-238-0993	609-229-0675	wujo	
Mental Health Administration					
Rich Cevasco	609-984-6474	201-407-3114	732-396-6768	cevascrp	
Mitch Abrams	973-465-0068 x4383	917-887-5206	732-396-6920	abramsmi	
Marci Masker	856-459-7223	201-407-3097	732-396-6767	mackenma	
Harry Green	609-298-0500 x1272	732-512-8846	609-229-0688	greenha	
Psychiatry					
Rusty Reeves	973-465-0068 x4382	973-632-3194		reevesdo	
Anthony Tamburello	856-459-8239	609-410-0266	609-324-3215	tamburac	
Nursing Administration					
Magie Conrad	609-633-6573	908-930-4025		conradmm	
Denise Rahaman	609-777-0440	609-923-1855	609-229-0694	rahamade	
Dental Administration					
Man Lee	609-777-1366	609-218-0697		leemp	
Thomas Golden	908-638-6191 x7584			goldentf	
Utilization Review		Email	Training Team		
Christine Bartolomei	609-292-2353	bartolch	Mechele Morris	609-292-2252	morrisme
Eileen Hooven	609-943-4373	hoovenem	Stephanie Turner-Jones	609-292-2226	turnerst
	609-484-4000 pager		Denise Gould	609-292-1340	goulddj
	609-828-5706 cell				
Dolcie Sawyer	609-292-2352	sawyerdo			
	609-484-4001 pager				
	201-407-3119 cell				
Medical Records			Infectious Disease		
Cindy Romano	609-292-1393	romanoci		609-292-3365	
Statewide Ombudsperson			Telemedicine		
Elizabeth Topol	609-292-9095	topolcl	Leo Agrillo	609-984-1725	agrille
				609-413-6944 cell	
Quality Improvement			Scheduler		
Lisa DeBilio:	609-292-5707	debilila	Patti Ford	609-984-1012	fordpa
Debra Crapella	609-984-5843	crapelda	Jose Torres	609-292-6953	torresj9
Debbie Pavlovsky	609-292-6478	pavolsde	Patti Reed	609-777-1510	reedp1
CTI			Rebecca Cozzens	856-459-8034	cozzenra
Megan Price	609-292-1385	pricemb	Samantha Pezzella	856-459-8453	pezzelss

UMDNJ Human Resources

Employment Information:

Tiesha Brown, Human Resource Generalist

Phone: 732-235-9412

Email: browntj@umdnj.edu

Handles all non-nursing titles (includes Physician Specialists, Physician Assistants, Dentists, Optometrists, UCHC Secretary, Mental Health Clinicians, Occupational/Recreational Therapists)

Christine Tsirikos, Human Resource Generalist

Phone: 732-235-9402

Email: tsirikch@umdnj.edu

Handles all nursing related titles (includes RN's, LPN's, UCHC Technician I, II, Medication Aides, Nurse Assts., APN's and Nurse Managers)

Benefits Information:

For employees hired BEFORE October 2008, direct calls to the New Brunswick Benefits Team:

Nancy Kiernan, Benefits Associate

732-235-9416

Charles Collard, Benefits Associate

732-235-9415

Lola Vickers, Benefits Representative

732-235-9417

For employees hired AFTER October 2008, Benefits processing is split between campuses:

Facility: EMCF, MYCF, NSP, EJSP, ADTC

Contact representatives on the Newark campus:

Takesha Ellerbie, Benefits Associate

973-972-1868

Robin Hynes, Benefits Associate

973-972-6071

Krystyna Plonski, Benefits Associate

973-972-6085

Seiichi Mano, Benefits Representative

973-972-5314

Facility: CRAF, NJSP, GSYCF, MSCF, ACW

Contact representatives on the New Brunswick campus:

Nancy Kiernan, Benefits Associate

732-235-9416

Charles Collard, Benefits Associate

732-235-9415

Lola Vickers, Benefits Representative

732-235-9417

Facility: SWSP, BSP, SSCF

Contact representatives on the Stratford campus:

Celeste Rebarido, Benefits Associate

856-566-6162

Tamika Major, Benefits Representative

856-566-6168

For Employment Verifications, Name Changes, Time Accrual Questions:

Dorothy Copeland, HR Information Systems Specialist

732-235-9418

Mary Martin, HR Information Systems Specialist

732-235-9419

**All payroll questions should first be directed to the person who handles time-keeping at your site.

Visit the HR website for updated news, forms, policies and employment opportunities:

<http://www.umdnj.edu/hrweb/>

Christine Tsirikos, PHR

Human Resources Generalist

UMDNJ - Department of Human Resources

ANNOUNCEMENT



Congratulations to Shannon Chanofsky, PsyD, Mental Health Clinician II, Southern State Prison on passing the Examination for Professional Practice of Psychology (EPPP) exam.



If you relocate, change your residence, go walkabout, move it on up...to the east side or simply decide to live in a different location, don't forget to notify Central Office and also make the change online at my.umdj.edu. And by the way, congratulations on your new digs.



Submit your articles by September 30th for the October newsletter

