Bayside State Prison Observes Men’s Health Month

The following article appeared in the Summer/Fall 2011 edition of “Inside Corrections”

It was early June, and National Men’s Health Month had already begun. However, that did not prevent Bayside State Prison staff from coordinating a program to mark the occasion.

“We were sitting in the dining room having lunch, and Sharon [Repko] mentioned that June is Men’s Health Month,” recalled Evelyn Davis, then Administrator of Bayside State Prison.

“She said that she wanted to do something to give information to the inmates,” continued Davis, who now serves as the Administrator of the Central Reception and Assignment Facility. “From there, as we were talking, we came up with the idea of a ‘Men’s Health Day’ seminar.”

Repko, a Regional Nurse Manager with the University of Medicine and Dentistry of New Jersey (UMDNJ), is an advanced practice nurse with close to 40 years of experience in the field of nursing.

“Women’s Health Month is publicized everywhere, but there doesn’t seem to be as much emphasis on Men’s Health Month, which is “to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.”

“We wanted to give inmates a toolkit of information that they would have and be able to take home with them,” Repko said.

A two-and-a-half hour seminar was extended to inmates in Bayside’s minimum-custody units—those who were close to transitioning to halfway houses and would have a greater need for the community resources that would be shared during the program.

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Northern State Prison Hosts NJDOC Health Fair

On August 31st, University Correctional HealthCare (UCHC) conducted a Health Fair for 150 NJ Department of Corrections (DOC) staff in the Lobby at Northern State Prison (NSP) in Newark.

The UCHC medical team shared health tips to enhance the importance of choosing to live a healthy lifestyle.
Bayside State Prison Observes Men’s Health Month (Cont’d from page 1)

“We wanted a group that self-selected to attend,” commented Repko. “We didn’t want it to just be a day where somebody said, ‘I’m gonna go and get refreshments.’ We put up flyers in the units, instructing those interested to drop a slip in the box when they came to see medical. It was a way for us to have all the slips in one central place. After the sign-up deadline, we gathered the slips and arranged for the inmates to attend.”

More than 100 inmates responded to the invitation to hear presentations on prostate cancer; sexually transmitted diseases; smoking cessation; drugs and alcohol; spirituality; and health-related community resources.

Eighty of the inmates who signed up for the June 29 seminar were in attendance.

“The age range of those who attended varied,” Davis said. “We had a lot of inmates who were 50 years old and above, but we also had a younger group of inmates.”

While there were several speakers from within the New Jersey Department of Corrections (NJDOC), most of the volunteer seminar presenters were from outside the department.

On hand to discuss prostate cancer was Joe Profetto of the South Jersey Healthcare (SJH) Scarpa Regional Cancer Pavilion. Profetto, the men’s cancer coordinator at SJH and a prostate health educator, provided an enlightening overview of what is presently the second-most common type of cancer among men in the United States.

“He was excellent,” stated Davis. “He talked very candidly about his own experience with prostate cancer. He also gave a lot of information to the inmates; things that they need to know, such as the urgency for screening. The inmates asked a lot of questions concerning the information that they received. They were very attentive and receptive.”

A host of others, including representatives from the New Jersey Department of Health and Senior Services, the Vineland City Health Department and the clergy community, were also present that morning to discuss various health-related issues of importance.

Edie Schneider, the infectious disease nurse at Bayside, served as moderator of the seminar. Both Davis and Repko noted that Schneider was instrumental in the planning phase.

“Edie did quite a bit of research prior to the seminar,” recalled Repko. “On that day, she had lists of available services throughout the entire state where, once back in their communities, inmates can go for help with their medicine, their general care, and mental health problems. Each inmate received one of those packages when he arrived at the program.”

Following the presentations—which were 15-20 minutes in length—and a question-and-answer period, inmates had an opportunity to meet the speakers and talk one-on-one. There was also a literature table on which information pertaining to the various topics was made available.

“Everything really fit like a puzzle and flowed nicely the way it was laid out,” Repko said. “The inmates were attentive and inquisitive about all of the topics. I think they were glad to receive the information, and I think they’ll use it.

“We had to coordinate so many things,” continued Repko, “but the two departments (UMDNJ and NJDOC) worked together, and it all went smoothly. It is my hope that the seminar has opened the door for other educational programs related to health.”

Diabetes care and depression are among the subjects that could be explored for future health seminars.

“All of the topics that were discussed are very real issues that men need to start dealing with right now,” Davis related. “Oftentimes, inmates will say, ‘If I only had the opportunity and the support, I could do better.’ Well, that’s exactly what the Men’s Health Day program provided.”

“During my time with the department, I’ve seen career days and similar programs, but never a Men’s Health Day,” added Davis, who is approaching her 22nd year with the NJDOC.

There are plans to make the program an annual event at Bayside.

“I believe we brought the element of caring to the inmates by bringing in speakers to discuss topics that are important,” concluded Repko. “I think we conveyed to them how much we really do want them to be healthy in every way possible and be out of here. Also, we were able to educate them, and for me the crucial element of any health care program is teaching. The healing part they’ll take ownership of themselves as they become more health conscious. We can only give them the information and hope that they will follow up.”

”
My Patience Has Run Out

Saying I don’t envy your work experience is a HUGE understatement! Clearly you appear to be saddled with a significant problem that’s impacting not just you, but your whole department. Yes, you need to do something before the situation escalates; but no, there’s no simple answer to your problem…sorry.

As I’ve often said in this column, I believe in first going to the source…your boss. Since you claim that you’re not alone in your perceptions, you wouldn’t have to go alone, but I need to caution you about a staff vs. supervisor intervention. This scenario could easily be viewed as a group confrontation and your boss might feel ambushed, vulnerable and defensive. This wouldn’t help your situation in any way.

Also, I don’t take lightly your initial comment that maybe he/she has suffered an emotional breakdown of some sort. There’s no way around the fact that the behavior you’ve alluded to needs to be reported. However, you need to be specific with your concerns. This is no time for vague generalities. To substantiate your claims you should have times, dates, details, witnesses, etc. This information can be shared with any number of people but let’s start with your supervisor’s boss. If there’s an emotional problem, chances are others have observed it as well. There may be a particular time when the erratic behavior could be witnessed firsthand. See if you could arrange for someone in authority to be present so they can gather their own impressions. If the behavior is dangerous or bizarre and you work in one of the prison facilities, custody staff are extremely credible witnesses.

If there was ever a time when things were ok, you might try to just offer a general expression of concern. Something like; “You seem stressed.” The down side is that this could open the door to things you’d rather not deal with. If that’s the case, follow the route of sharing your concerns with your boss’s supervisor, that person’s supervisor, Jeff Dickert, EAP…somebody.

And as if you aren’t frustrated enough, here’s something else to consider. Let’s say that you gather all the specific information and manage to get it to someone who’s in a position to really deal with it. Even then, there’s an excellent chance that you will never know what happens after that! It’s not easy to fire someone these days; and even if your boss is a prime candidate for some disciplinary action…it’s private…you’ll never know exactly how things were addressed unless your boss chooses to share that with you…and we know that will never happen.

I was once in a bad situation with a supervisor whose behavior was questionable. Several of us complained and gave detailed information to support our concerns. It was tense and awkward at work for months. And then one day, without warning, he resigned. But to this day I don’t know if he was asked to resign or chose to leave of his own accord. But I do remember that things had become so uncomfortable that I had begun looking for another job.

As I warned you at the start of my comments, there are no simple answers to this complicated situation. So, here’s a summation of your choices from my point of view:

1. Tell somebody. There’s a chance that some action will be taken and your work environment will improve.
2. Say nothing…tough it out and wait for this person to self-correct or self-destruct.
3. Consider transferring out of your department.
4. Get that resume ready, but realize that it’s tough out there.

Personally, I’d go with #1.

Disclaimer: One of my major goals with “Ask Mechele” is to protect everyone’s anonymity. This includes not only those who submit letters but also those who are the subject of the letters submitted. For this reason I’ve altered this month’s letter, however, the overall theme has been preserved.

Have a dilemma? Send your question to morrisme@umdnj.edu or fax anonymously to (609) 341-9380, attention “Ask Mechele”
Jeff Dickert Responds to “Ask Mechele”

This month we received a provocative “Ask Mechele” inquiring about how to handle a situation when a supervisor may require at least corrective disciplinary action. Though lacking supporting details, the writer had strong opinions about their supervisor’s problems. Since this is such an important matter, in addition to my response in “Ask Mechele” I decided that to bring this question to our administrative leader, Jeff Dickert.

Mechele: Jeff, what would be your advice to staff members who feel that there’s a serious performance problem with a supervisor?

Jeff: Clearly supervisory positions can be very challenging. It’s a role that requires many hats. This person interfaces and mediates between and among: UCHC management, frontline staff, DOC, JJC and Parole administration, outside contractors, evaluators and anyone else at sites across the state. The supervisory role can be very demanding and they (some more than others) can come off a little pushy or short as they seek to respond to our Client (NJDOC, JJC, or Parole) and/or their supervisor while also addressing the needs of the large majority who are just trying to do their jobs in difficult environments (some more than others) by providing care and treatment to our patients.

In those instances where employees are concerned about a supervisor’s communication approach with their direct reports, how they delegate tasks and/or how work is divided, there may be room for differences of opinion; especially when the supervisor’s performance changes over time and appears to be becoming a problem. Finding avenues to discuss such matters can help each to understand the other’s point of view and clear up what otherwise can become resentment among team members. This is one of the reasons that I stress the importance of individual supervision. It should go both ways.

Throughout my career I’ve faced similar dilemmas. In one instance, a clear difference in philosophy led to my changing employers. In another, corrective action had to be taken against a supervisor. Mostly, my experiences being supervised have been mutually beneficial. I’ve found that in most instances, by providing those I’ve supervised with a venue where they can offer me both positive and negative feedback without repercussion, the experience has been immeasurably educational and led to my own professional growth.

Over the past month our senior leadership sought feedback from their supervisors, peers and those who report to them. They asked each person or group to evaluate them in the form of a 360 degree evaluation. This process, initiated by a member of the leadership group, will hopefully allow us to better see how we are perceived by each other.

Several years back, we approached this more simply. After our supervisors were finished evaluating their direct reports, they were asked to have them (direct reports) share two or three of their supervisor’s strengths and two or three areas that they could improve. Such feedback can be incredibly helpful and I will discuss incorporating such a strategy going forward in our evaluation process with our leadership.

I also understand and can appreciate instances where a staff member is motivated to help their supervisor. They may see a change in the supervisor’s behavior but not interpret it as being egregious, and would like to attempt to handle it directly. In such cases, a private, one-on-one conversation can present an opportunity to offer the supervisor some feedback.

I know that many supervisors have advised staff to consider the Employee Assistance Program (732-235-5930-Central; 973-972-5429-North; 856-770-5750 South), a resource for all of us that is considered far too infrequently. And we all need to learn to seek out and incorporate the lessons learned from negative feedback. When made a part of individual supervision, such opportunities provide a mechanism for improved communication and a chance to review and gain knowledge from bad outcomes.

However, if the one-on-one approach doesn’t work, the staff member(s) need to bring their specific concerns) to the attention of their supervisor’s boss or:

1. UCHC compliance liaison (Marci Masker, PhD, Clinician Administrator & acting Statewide Patient Advocate (609-292-9131 or mackenma@umdnj.edu) or
2. Me (609-341 3093 or dickerje@umdnj.edu) or
3. UMDNJ senior compliance officer (David Chin, chindh@umdnj.edu) or
4. The compliance hotline (1-800 215-9664)

I promise that we will investigate. And based upon facts that can be substantiated, appropriate action will be taken. But be aware that any corrective action will remain confidential.

So finally, to the writer of this newsletter’s “Ask Mechele,” and to anyone who feels they have some negative feedback to share with their supervisor (and none of us are the perfect manager, supervisor or vice president), please consider having a conversation in the manner most of us would prefer to receive such…one-on-one. Also, realize it is all of our responsibility to have zero tolerance for any retaliatory action for such feedback and for reporting any compliance issues.

*If part of the answer sounds like it comes from UMDNJ’s policy and compliance training materials, you’re correct.
For those who have yet to complete the third cycle on or after October 1, 2011, please do so now. Go to the OECCI website via www.umdnj.edu/complweb.
This month’s topic comes from a question sent to ImproveUCHC@umdnj.edu: “Why can’t we do more meetings via video rather than traveling?”

The simple answer to this question is many meetings can be held via video, but there are a number of issues that must first be considered. The major issue with video conferencing has to do with scheduling. Specifically, when doing a video conference there’s a need to secure support, typically for more than two locations. Nevertheless, video and audio conferences should still be the first choice whenever possible to reduce travel expenses.

The latest policy from the NJDOC states: “… NJDOC Executive staff is looking at ways to reduce current costs for video conferencing, particularly since any departmental migration to Internet Protocol (IP) technology could take some time to realize cost reductions. To this end, the Chief of Staff and Deputy Commissioner would like all staff to use audio conferencing instead of videoconferencing whenever possible as an option in order to save on costs. If your meeting does not require graphics such as powerpoint presentations, video, DVD playback or direct face-to-face interaction, the idea is to use audio conferencing instead.”

Audio conferencing is available to UMDNJ staff at their request. Anyone can use audio conferencing regardless of their location or type of phone. A phone number and password can be disseminated by the meeting organizer with everyone calling from their cell or landline, without the need to travel or meet at any particular location.

For further information on scheduling an audio conference via DOC equipment, please contact Frank Gonzalez Frank.Gonzalez@doc.state.nj.us. For UMDNJ based conferences please contact Leo Agrillo agrillle@umdnj.edu.

Types of Video Conferences

There are two types of video conferences; point-to-point and multi-point. Point-to-point is easier to schedule since there are only two locations to schedule. With a multipoint conference in addition to scheduling various locations, a conference unit must also be scheduled. Point-to-point meetings can be done at any time as long as the two locations have video. For multipoint video conferences (more than 2 sites) all must have video and at least 72 hours notice is required; and if the conference is being held in a New Jersey Department of Corrections (NJDOC) administrative conference room, the space must be secured through the DOC scheduling process.

Point to Point Scheduling

Video conferencing equipment is available at each site in the administrative board rooms as well as specific locations in the medical area. Each location has a site coordinator scheduling use of the administrative board room. However, If the room is scheduled by medical and a request for use by a high level NJDOC person is received, the UCHC conference can be preempted or cancelled. In anticipation of such a situation, it’s best to always have a back-up plan. By the same token, UCHC medical locations with video also have other uses; and even though the room may be scheduled for video conferencing, it may be unavailable due to a priority call by the room coordinator.

Multipoint Scheduling

Multipoint video conferences must be sent to the NJDOC Videoconference Program Manager or designee at least 72 hours (excluding weekends and holidays) prior to the requested date. Notification and scheduling of individual sites is the responsibility of the requesting individual/unit. UCHC and NJDOC video units can conference together.

In spite of this, conferences should still be scheduled, but if the schedule changes, it becomes an issue for everyone involved. Scheduling a room and not using the room at the scheduled date and time is especially problematic. With NJDOC controlled rooms if the room is scheduled and not used, and the coordinator is not notified of the change, the user who scheduled the room can be barred for using that room in the future.

Currently, video equipment resources are limited. The NJDOC Videoconference Program Manager has advised us that multi-point video conferencing resources are only to be used for training events, so at this point in time, the option of video conferencing multi-site department meetings is not an option, but we remain optimistic. As we move forward, migrating to additional locations with improved network service, the opportunity for video conferences will increase. One thing to keep in mind, audio conferences are available, very easy to set up and should be the first choice if video is not essential. ●
Cheryl Albarran, Regional Scheduler, EMCF
Ms. Albarran has worked in corrections since July 2008 as an Ombudsman and Regional Scheduler. Nominations for Ms. Albarran praised her for being a perfectionist and excellent at her job. It was said that no matter what task was thrown her way, not only did she handle it, but you could be assured that it would be done well. She is known as the go-to person for answering questions, as well as helping fellow staff members with computer questions and issues. Her exceptional organizational skills ensure tasks are completed correctly and on time. While is busy with her own assignments, Ms. Albarran still finds the time to assist by covering for absent support staff and helping co-workers in need. She never leaves a task undone and has been praised for even calling to follow-up while on vacation! Ms. Albarran has, “a great sense of humor and we can learn something from her every day!”

Sabrina Brown-Oliver, Nurse Practitioner, AWYCF
Although Ms. Brown-Oliver’s home site is AWYCF, she is often spotted at other sites around the central region. In addition to her responsibilities as an APN, she performs and volunteers for additional duties outside of her home site. She is utilized as ‘on call’ for the central region for inmates requiring sutures; she provides services to other sites for the foot clinic, has volunteered to do in-services for the nursing staff (i.e. physical assessment) and has also provided coverage at other sites to ensure uninterrupted delivery of care. Ms. Brown-Oliver makes herself available to the staff for consultation as needed. She is highly dependable and has proved to be an excellent clinician and valuable resource within corrections and for UMDNJ/UHCCH.

Giovanni Guarnieri, Mental Health Clinician III, EJSP
Ms. Guarnieri, has repeatedly and consistently sought excellence in her work as a MH Clinician with the inmates and officers at EJSP. She has been rated a “4” on every performance evaluation since beginning work at UHC in 2006. She consistently gives the extra mile in the provision of clinical services. For example, she initiated the Smoking Cessation Program at EJSP in 2006 and 2007, liaising with the medical department and seeking outside training. Ms. Guarnieri repeatedly runs one of the most popular group programs at EJSP. She often seeks “at risk” inmates more frequently than required, searching out collateral sources of information about their functioning from custody and family, even though securing such information is often inconvenient. Ms. Guarnieri volunteered for MOI (Methods of Instructing) training with the DOC and shouldered the bulk of EJSP officer training in Suicide Prevention over the past three years. This year after one such training, Ms. Guarnieri was approached by an officer in crisis. She went beyond the call of duty to intervene with this suicidal individual, working with him until he was safe in an Emergency Room. Ms. Guarnieri’s actions earned her a letter of commendation by the EJSP administrator.

Francine Pasch, Infection Control Nurse, GSYCF
Ms. Pasch began a correctional nursing career in 1983, working part-time as an LPN at GSYCF while also working toward her RN. After earning her RN-AAS degree and obtaining a full-time position, Francine continued working at GSYCF, eventually becoming the site’s Infection Control Nurse. Ms. Pasch, who always had an interest in learning, continued her education, earning a Bachelor of Science in Nursing (BSN) from Immaculata University in 2005. She is now enrolled in Walden University’s Masters of Public Health (MPH) Program scheduled to begin in December. Ms. Pasch is known as a go-to person not just for Infection Control Nurses, but nurses statewide, as indicated by her nominations, “This person is an ICN responsible for oversight of the infection control duties at 2 sites. While in this capacity she is able to provide direct care to patients as needed. Francine is looked upon by peers as the ‘go to person’ in most situations. She has been involved in reviewing/revising the infection control manual policies and took the initiative to review and draft a policy for PICC care for the corrections environment. As a resource person, Francine is the best for infection control, rashes, identification, CPR, any nursing & correctional protocols. She organizes hazardous waste, does employee & inmate PPDs, and handles emergencies. She shows enthusiasm, is kind, generous, and professional with everyone whether an inmate, vendor or staff person. An exceptional person who goes beyond her duties making medical services #1 at this site. This person is my role model in corrections nursing!”

Mary Smith, Staff Nurse, Medical Department, EJSP
Mary Smith worked in Bayonne Hospital for 17 years, six in ICU. She has worked in correctional nursing since 2007. There were several nominations for Ms. Smith, but the one that best describes her states, “This RN assumed the role of Camp Nurse at EJSP in September 2009. Prior to her assignment we were constantly receiving complaints regarding appointments and medical care for our Camp patients and Halfway House residents. The Camp Sgt. and Supervisors from the Halfway House were calling daily to express their dissatisfaction with the medical unit as a whole. This RN tackled the challenge and turned the entire system for our Camp and Halfway Houses around. She communicated with the areas regularly and developed a good report with all parties. Soon after, I was receiving calls from the Halfway Houses to let us know how pleased they were with the turn around and with the nurse in particular. In March 2011, EJSP acquired two new Halfway Houses from another site. These Houses always presented a challenge to the medical unit. This nurse worked with both the new additions and developed a system of sick call. Both sites discussed how pleased there were with the care at our annual Halfway House meeting. This RN also took on the role of chronic care scheduler when the regular person went on leave. She has also participated in our Chronic Disease Self Management model in corrections nursing!!”
Mental Health Project Winners

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<thead>
<tr>
<th>Place</th>
<th>Board #</th>
<th>Site</th>
<th>Project Title</th>
<th>Team Leader &amp; Members</th>
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<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>EMCFW</td>
<td>Assessing the Need for a Behavioral Management Program at EMCFW</td>
<td>Andrew Greenberg, Debbie Skibbee</td>
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<tr>
<td>2</td>
<td>40</td>
<td>SWSP</td>
<td>The Shadow Program: Helping Inmates w/Cognitive Disabilities to Reach Their Highest Potential</td>
<td>Suzanne Blizzard, Jill Adamucci, Melissa Arrieta, Doreen McKishen</td>
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<tr>
<td>3</td>
<td>26</td>
<td>MYCF</td>
<td>Break the Revolving Door: Steps to Avoid Coming Back to Prison</td>
<td>Carol Christofilis, Donna Crabtree, Jay Demartino, James Yuhasz, Lashawn Brooks</td>
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<tr>
<td>3</td>
<td>32</td>
<td>NSP</td>
<td>Improving Process of Enrolling RTU/TCU Inmates into Group Counseling Sessions</td>
<td>Carlos Martinez, Virginia Fineman, Greg Benson, David Maxey, Lawana Darden, Mike Lawrence, Michele Corker, Sue Bolton, Karen Kenner, Dalohne Dhah, Alan Kaye</td>
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Purpose: Assess whether there is clinical utility for a behavior management program (BMP) at EMCF and whether the Outpatient Mental Health Department is able to adequately manage those inmates placed in the BMP.

Results: There was no statistical significance between the number of charges received by inmates in the BMP and those on the Special Needs Roster housed in the Max. Compound during this respective timeframe.

Process improvement can make a significant difference in cost effective quality care delivery.

Conclusion: The Shadow Program continues to provide stand by assistance to identified inmates on the Inpatient Mental Health Unit at SWSP. Additional participants have been added since the program’s inception with similar improvement of overall personal hygiene, cell sanitation and self efficacy.

Purpose: To educate clients on the relationship between mental health and recidivism and how to reduce the risk factors.

Results/Conclusion: Educating inmates with mental illness about recidivistic risk factors appears marginally effective based on pre & post-test scores.

Purpose: To improve the use and documentation of approved nursing protocols by nursing staff at each correctional facility during nurse sick call visits.

Results: Comparative data shows improvement in compliance with vital signs and follow-up with patients within a 24-hour time frame.

Conclusion: Process improvement can make a significant difference in cost effective quality care delivery.

Purpose: To increase mental health group attendance by increasing inmate’s investment and accountability in their mental health treatment.

Results: There was no change in overall attendance. With an average of 51 inmates on the unit, each inmate attended an average of 25 MH groups. Of the smaller sample, attendance increased for 15 of the 22, with an average of 27 groups attended over two months.

Conclusion: Despite findings group attendance stayed the same, the team observed an increased investment in treatment, as well as increased accountability by many inmates. Since data collection ended, the intervention has continued. It has been observed group attendance seems to be increasing.

Medical Project Winners

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<th>Place</th>
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<th>Team Leader &amp; Members</th>
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<tr>
<td>1</td>
<td>29</td>
<td>NISP</td>
<td>Help I Need Somebody, Not Just Anybody</td>
<td>Paula Azara, Cathy Trillo, Susan Spingler, Jennifer Rapp, Capt. Schemilia (NJDOC), Brandi Burns, Melanie Ebron</td>
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<td>2</td>
<td>31</td>
<td>NSP</td>
<td>Zero Tolerance for Transcription Related Errors</td>
<td>Richard Oppong-Badu, Christina Prestien-Lapenta, Dr. Sharmal Perera, Anthony Ijehsedeh, Linda Macri, Maria Delgado, Contana Cofield</td>
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<tr>
<td>2</td>
<td>38</td>
<td>STATE</td>
<td>Use of Nurse Protocols and Documentation of Nurse Sick Call</td>
<td>Denise Rahaman, Paula Azara, Mary Lee Lang, Michael Ajayi, Christina Prestien-LaPenta, Delores Guida, Peggy Powell, Joy Lynn Kwap</td>
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<tr>
<td>3</td>
<td>6</td>
<td>CRAF</td>
<td>Improving the Quality of Infirmary Nursing Discharge Instructions</td>
<td>Neo Castro, Darrin Williams, Cheryl Dennis-Grimnes, Thomas Hagan, Kathy Dano, Breanna Barbalacci</td>
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Purpose: Ensuring timely receipt and processing of MR-007 (sick call slips) per policy.

Results: Comparative data shows improvement in compliance with vital signs and follow-up with patients within a 24-hour time frame.

Conclusion: Process improvement can make a significant difference in cost effective quality care delivery.

Purpose: To improve the use and documentation of approved nursing protocols by nursing staff at each correctional facility during nurse sick call visits.

Results: Comparative data shows improvement in the following areas: Vital signs done (87%-98%), Nurse protocol medications ordered (69%-83%), Referral order entered in EMR (56%-79%), Orders transcribed after ordered (9%-52%), Orders transcribed same day as ordered (95%-96%).

Conclusion: Results not only demonstrated the educational intervention worked at improving the process of this aspect of care, but also gave other unanticipated benefits. Managers were able to practice (and in some cases, learn) assessment skills not regularly used in their administrative roles, which helped to build confidence and a sense of unity among the nursing staff as a whole. Another outcome oriented study can measure the cost savings by successfully treating patients in a nursing encounter as opposed to requiring a referral to the doctor. In other words, this PI Project as the potential to make a significant difference in cost effective quality care delivery within the prison system.

Purpose: To design a documentation system that can closely reflect actual work processes and create uniformity in infirmary discharges.

Results/Conclusion: Obstacles have been identified and corrective action has been developed to overcome barriers and improve processes.

This PI Project is still in process, therefore, final data is not yet available.
New Column! ImproveUCHC@umdnj.edu

The UCHC Leadership Team listened to your feedback and wants to improve, so we created ImproveUCHC@umdnj.edu. This email provides you with another avenue to communicate any information you wish, anytime you wish, with the Leadership Team. All suggestions will be forwarded by the UCHC Quality Improvement Team to the UCHC Leadership Team for review, without revealing your identity, unless you direct us to do otherwise.

Your valued input can help us better manage our programs and become better managers ourselves, so we invite you to use this new Performance Improvement initiative. Thank you.

The UCHC Leadership

*   *   *

Suggestion: “To boost morale I would suggest when coworkers call out, and the remaining staff do both their own work and the call out workers work, they get rewarded with a bonus. Many times meals and breaks are sacrificed to complete the work. It doesn’t have to be much, but any amount would be appreciated and it is certainly earned. Especially since most of the call outs are by the same people. Thank you!”

Response: All hourly workers covering for other employees and working extra time are compensated for their additional work hours. Salaried staff, which includes graduate level professionals as exempt employees, are not.

UMDNJ does not provide compensation for exempt employees for additional hours spent performing duties which may often include backing up a peer. But we have been able to compensate those who after completing their work day, leave, and later have to return to work for an emergency or to provide emergency coverage at another site. For all unionized positions, compensation is negotiated by the respective unions.

With that said, the idea of providing some form of non-monetary compensation for staff who put in extra time to assure that our patients receive the care and treatment we agreed to provide, is an excellent idea. It was suggestions such as this that inspired the Employee Excellence Awards. We may also look to offer staff who routinely go above and beyond their normal job duties extra time to attend trainings. Likewise, exempt employees, asked by their supervisor/manager to put in an extended workday to address a crisis situation, should be provided compensatory time to be taken within that pay period; unless the extra time falls at the end of the pay period. In that case, the comp time will be taken during the following week. If this isn’t happening, let me know so it can be addressed.

Finally, of great concern is the statement, “call outs are by the same people.” All staff should be held to an attendance control policy and I will reinforce this with our administrative and supervisory staff. Please feel free to also share such concerns with the offending peers.

Thank you.

*   *   *

Comment: “It seems outrageous to me that Clinicians II and III and APN nurses are not eligible for UBHC Excellence Awards. Are we a team - or what?”

Response: Yes, we are a team! All disciplines, including Clinicians II and III and APN nurses, are eligible for the Service Excellence Awards. Beginning in 2010 at the October Community Meeting, the first three staff were recognized for their outstanding performance; six more were nominated in 2011. Since all excellence awards nominations need to be submitted by peers and supervisors, staff working within University Correctional HealthCare (UCHC) would not be eligible for University Behavioral HealthCare (UBHC) excellence awards.

A nomination form is attached to this newsletter. The form includes the criteria and directions for submitting a nomination.

*   *   *

Suggestion: “Send e-mails to staff with any policy changes or alerts for the job. It is more by word of mouth and not consistent throughout the prisons and shifts. The only e-mails received are from Jeff Dickert and weekly newsletters.”

Response: Thank you for your suggestion. Our approach has been to cover policy changes at the local level via staff meetings and through minutes/communication books for those staff who cannot attend meetings. While we need to continue this approach, going forward we will also communicate those major changes that apply to most staff through all staff e-mail or in the UCHC Newsletter.

For job announcements, to assure that they are communicated fairly and consistently, we’re bound to continue the process designed by the UMDNJ Human Resource Department because they’re policy and have been written into most union agreements. All interested staff should review http://umdnj.edu/hrweb/ and click on “HR Services.”

*   *   *

Comment: “Central nursing administration for nursing services is perceived to have a hostile corporate climate. Staff feel they need to remain “under the radar” and fear giving feedback or suggestions to avoid retaliation.”

Response: Your comment is noted and we want to change such perceptions. We are committed to developing a culture of performance improvement, but things flying “under the radar,” can’t be improved. An example of a performance improvement strategy developed by nursing leadership was instituting a non-punitive, medication variance reporting system. The goal of this system is to identify break-downs and improve the complicated medication ordering-filling-distribution-administration system.

I want to also reinforce that no employee is to be subjected to retaliation for expressing his or her concerns. As per the Corporate Compliance training, UMDNJ is committed to providing an ethical, honest and lawful workplace. To achieve this goal, UMDNJ requires employees to report violations of federal or state laws, rules and regulations and to cooperate with investigations. In addition, UMDNJ has adopted its own Code of Conduct, policies and procedures, and encourages employees to report other improper activities. Employees will be protected against any retribution or retaliation for good faith disclosures of actual or potential violations. If you felt this has not been the case, please reach out to me at (609) 341-3093 or e-mail dickerje@umdnj.edu. If you prefer, you can contact our Compliance Liaison, Marcia Masker, PhD, Clinician Supervisor and Acting Statewide Patient Advocate at (609) 292-9131 or by email mackennma@umdnj.edu. In addition, David Chin is the Senior Compliance Officer for UMDNJ assigned to UBHC & UCHC. He is available by phone at (732) 235-4278 or email chindh@umdnj.edu. You may also call the Ethics Helpline: (800) 215-9864.

There is an expectation that staff will be treated with dignity and respect at all times. Hostility has no place in our work environment. While it is my expectation that our managers and supervisors are the natural first point of contact in addressing such matters, if such concerns are not resolved at this level, my contact information is above.

Jeff Dickert, VP, UCHC

*   *   *

Comment: “Positive feedback would be welcomed by nursing staff. Negative communications are the only communications, if any, most nurses will ever receive other than by an annual review.”

Response: It is agreed we need to do more to provide positive feedback when individuals go above and beyond the ordinary, which happens every day. We do highlight some such accomplishments in our newsletter, monthly reports and by awarding Employee Excellence Awards. However, there is always room for improvement.

With so many sites spread out across the state, it’s impossible to know all of our staff’s accomplishments, so we are initiating a “Recognition Corner” in the UCHC newsletter to showcase those staff making a positive difference in our work environment and in the lives of our patients. Please forward a brief description of someone you feel deserves special recognition to Mchele Morris, PhD, Director of Training and Editor of the UCHC Newsletter at morrieme@umdnj.edu. Also, I will make it a point to share with our managers the importance of recognizing the good work that goes on daily. We often tend to get caught up in looking for what’s not working; but we cannot allow that to be an excuse for not recognizing our consistently hard working staff or taking this for granted.

*   *   *

*   *   *
UCHC HEALTHCARE SERVICES TO JUVENILE JUSTICE COMMISSION RESIDENTS

The mission of University Correctional Health Care (UCHC) is to provide medical and mental health services to the JJC that meet community standards and are accessible, effective, compassionate, accountable, and efficient. In an effort to achieve this mission we use evidence-based practices, meet the residents’ medical & mental health needs and incorporate continuous quality improvement into our provision of healthcare. A quality improvement system is in place, which includes: system wide routine performance measures, outcome assessments, routine quantitative measures and local performance improvement activities.

UCHC MEDICAL SERVICES TO JJC RESIDENTS

On January 1, 2011, UCHC extended its provision of healthcare services to JJC residents by assuming management of their medical services. The performance results for these services have outpaced expectations. Outline below is a highlighted summary of results for routinely monitored healthcare performance indicators. This information is used to monitor the physical and mental health aspects of care statewide, identify opportunities for improvement and guide policy, as well as procedures and practices.

UCHC-JJC Medical Health Performance Measures

Since UCHC began managing JJC resident medical care, the medical system has out-performed initial expectations in the timely performance of healthcare practices. The graph compares the percentage of overall medical indicators which have met weekly compliance thresholds from April 1, 2011 through the week ending July 1, 2011. For the week ending July 1, 2011, 21 (100%) of the 21 performance indicators were in compliance.

Operations Performance Improvement Data Trend:

Compliance indicators are used to measure designated service components for operational effectiveness. Of the 21 Service Indicators, 13 are specific to nursing operations and eight are specific to clinician operations.

Emergency Room (ER) & Hospitalization Trend

For secure care JJC Facilities, the chart below tracks trends in the volume of ER Trips per month from January 2010 to June 2011. During the 2nd quarter of this year, there was an average of five ER Trips. The clinical staff participated in a suturing in-service on June 17, 2011. As soon as supplies became available, clinicians began addressing laceration and suture related injuries onsite instead of ordering these cases to the ER.

In addition to the favorable performance measures outlined above, UCHC exceeded cost saving expectations for the JJC by operating at about 9% below budget for mental health and 5% below budget for physical health (after adjusting for only one pay period in the start-up month for medical).
UCHC - JJC Strategic Plan Update (continued from previous page)

UCHC-JJC MENTAL HEALTH SERVICES TO JJC RESIDENTS

The JJC MH department recently implemented a service measure and tracking system which monitors the following performance indicators: timeliness of psychological intakes, timeliness of MH progress notes, timeliness of MH treatment plans, and timeliness of the completion of MH referrals.

UCHC-JJC Mental Health Performance Measures

UCHC mental health (MH) services to JJC residents continue to operate at favorable efficiencies. The graph below compares the percentage of overall medical indicators, which have met weekly compliance thresholds from July 1, 2011 through the week ending September 9, 2011. For the week ending September 9, 2011, all (100%) of the five performance indicators were in compliance.

Chart Reviews:
The chart review process is used to improve the quality and content of clinical record documentation. Clinicians complete two peer reviews and supervisors complete one of the two charts by their clinicians per quarter. The Psychiatry Chart Review Form covers issues related to psychotropic medication management, and in order to meet NCCHC requirements, the mental health director reviews 5% of the records of residents on psychotropic medication per quarter, that were completed by both the Advanced Nurse Practitioner and clinicians.

- 2011 Quarter 2 Clinician Chart Reviews were based upon a total of 12 peer reviews and 8 supervisory reviews. In the area of peer and supervisory reviews, 100% of the items reviewed were at or above compliance (80%).
- 2011 Quarter 2 Psychiatric Chart Reviews were based upon a total of 6 supervisory reviews by the psychiatrist. 100% of the items responded to were at or above compliance (80%).

Quality Improvement Program:

On June 9, UMDNJ/UCHC staff at the JJC participated in the Second Annual Statewide Quality Improvement Fair. The Fair provided an opportunity to display and learn from quality improvement projects from participating behavioral health organizations throughout New Jersey.

UMDNJ/UCHC projects featured during the fair:

- Trauma-focused Cognitive Behavioral Therapy – Juvenile Sex Offenders by Michael Brady
- Utilization of the SAVRY (Structured Assessment of Violence of Risk in Youth) to Identify Which Risk Factors are Associated with Parole Violations by Angela Clack
- Mental Health Services During Detention Rounds: Quality and Satisfaction by Jason Fleming
- Measuring Treatment Outcomes by Julie DeLuccy
- Utilization of the CASE Approach to Assess Suicidality of Youth Admitted to Secure Care in the JJC by Susanna Carew

Additional performance improvement trainings for JJC staff were held in March and August.

UPCOMING STRATEGIC PLANS FOR JJC

- Preparations for NCCHC Accreditation
- Designing a plan to use teleconference equipment to facilitate statewide medical, nursing and quality improvement meetings
- Additional staff training in performance improvement strategies and the development of additional performance improvement teams
- Review of all policies and procedures to assure they are consistent with NCCHC standards. Also, implementation of a monitoring process whenever there is a change to policies and procedures that will result in a change in current practices, in order to assure that staff are compliant with the changes.
- Developing clinical benchmarks for common chronic diseases among the JJC population, i.e. diabetes, HTN, asthma.
- Including a description of the current suicide assessment & prevention processes in the annual staff suicide prevention trainings
- Simulation of at least one “mass disaster” drill per shift (three shifts) per year and at least one “youth down” drill per shift (three shifts) per year.
- Improve the identification of medical variances and errors with the aim to improve this process
- Electronically implement the AIMS checklist for monitoring side effects of anti-psychotic medications

Harold T. Brown, MBA, CPM  Jeff Dickert, PhD
Quality Improvement  Vice President
UCHC-JJC  UCHC
Active Privacy Protection: Keep Protected Health Information (PHI) & Personally Identifiable Information (PII) Confidential

Patients' paper medical records contain protected health information (PHI). The records include information such as patient name, address, birth date, SSN, physician and nurse notes, diagnosis, lab results, medications, and even highly confidential information regarding HIV/AIDS, Mental Health, and Genetic Testing.

Likewise, many business records contain personally identifiable information (PII). PII includes a person’s name along with other information like bank and credit card account numbers, driver’s license numbers, password(s), or “PIN” numbers, social security numbers, etc.

Patients, customers, clients, vendors and employees expect and trust us to protect their information at all times - that includes when it is stored, used for medical care and when it is in your possession.

Let's make sure medical records and personal information records are not EXPOSED to "unauthorized individuals" - people who do not need to know the information.

Follow these easy tips to minimize the chances of exposing PHI and PII:

1. When carrying medical records or records with PII throughout the facility, or transporting from one location to another, make sure PHI/PII is facing toward your body and away from public view or place records in a secure storage container.

2. Never open email attachments or website links unless you know the sender AND you’re expecting the attachment or link.

3. If PHI/PII must be transported electronically (e.g. sent by email to a 3rd party for processing, backup tapes sent to a storage facility, etc.), make sure the information is encrypted.

4. Never leave documents containing PHI/PII unattended or in work areas where unauthorized individuals (the public, family, co-workers) can see them. Don’t leave PHI/PII unattended on your desk and remove it immediately from printers, fax machines, copiers and scanners. Of course, lock your PC when not at your workstation.

5. PHI and PII must be kept in a designated secure location, except while in use, and access to the location and information is limited to individuals with a need to know. Do not keep medical records at the examination room, bedside, or outside the patient’s room.

6. Dispose of records containing PHI & PII properly — don’t throw in the trash; use a shredder or other method which destroys the information!

Do The Right Thing... Keep Medical Records Confidential.

Mandatory Corporate Integrity Agreement (CIA) Training: Reporting Period III

Yes, it’s that time again! Reporting Period III has begun. As of Monday, October 3rd, educational trainings required by the Corporate Integrity Agreement (CIA) became available online. Training must be completed by December 31, 2011.

To access the training modules, go to the website for the Office of Ethics, Compliance and Corporate Integrity (OECCI) at www.umdnj.edu/complweb. Once there, log in using your my.umdnj credentials. When you click “Login,” you will be taken to your individualized Dashboard.

You will see the training modules listed on your Dashboard. Simply click on the training module and you will be taken to the appropriate training.

- If you have taken the CIA training before, your training modules will have already been selected for you.
- If you have never taken the training before, you will be directed to a survey which will determine the required training for you.

As always, employees who are employed more than 160 hours per year and who are not in a Federal Work-Study program are required to do the appropriate education for the CIA.
Recent Legislation Changing Healthcare and Pension Contributions
Visit the following HR Benefits web page for more information:
http://www.umdnj.edu/hrweb/benefits/#legi

Total Compensation Statements Sent to Eligible Colleagues
Personalized Total Compensation Statements were mailed to eligible colleagues at their home addresses on or about September 16. Eligible employees must be on the payroll as of June 30, 2011. The statement provides an overview of the University’s comprehensive Employee Benefits Package.

Please visit the University’s portal website to view any benefit plan or personal information changes after July 1, 2011. The statement also serves as a reminder to make any necessary changes during the annual Open Enrollment in October (see below). For more information visit the Human Resources website or call your Campus Benefits Services Office. Their contact information is listed in the Human Resources Directory included later in this newsletter.

State Health Benefits Program (SHBP) Open Enrollment
October 17, 2011—November 11, 2011
During the Open Enrollment period, employees can make general changes (adding or deleting dependents, changing coverage levels, etc.) or enroll in a different medical or dental plan. All changes to coverage made during this Open Enrollment period will be effective on January 1, 2012.

• Medical and Dental Applications are now being accepted for all changes including the new medical plan designs and the dental plans. The new medical plan applications have been received and are available on the HR website under the Benefits Forms section: http://www.umdnj.edu/hrweb/forms/index.htm#be

• The new State Medical Plan Designs Comparison Chart for Plan Year 2012 for active employees and rates are also available: http://www.umdnj.edu/hrweb/benefits/healthplans.htm

• Please visit our website for additional information: http://www.umdnj.edu/hrweb/benefits/

TO: All Faculty, Staff and Housestaff
FROM: Gerard Garcia
Acting Vice President for Human Resources
SUBJECT: YEAR 2012 HOLIDAY SCHEDULE
DATE: September 27, 2011

The holiday schedule for all faculty, staff and housestaff for the calendar year 2012 is as follows:

1. January 2, 2012 Monday New Year’s Day Observance
2. January 16, 2012 Monday Martin Luther King, Jr’s Birthday
3. April 6, 2012 Friday Good Friday
4. May 28, 2012 Monday Memorial Day
5. July 4, 2012 Wednesday Independence Day
7. November 22, 2012 Thursday Thanksgiving Day
8. November 23, 2012 Friday Day after Thanksgiving

STAFF RECEIVE SIX (6) FLOAT HOLIDAYS AND FACULTY REPRESENTED BY THE AAUP OR NJEA RECEIVE THREE (3) FLOAT HOLIDAYS.

• Only regular full and part-time staff who are in active payroll status as of January 1, 2012, and full-time temporary staff who have been continuously employed for six (6) months as of that date, are eligible for six (6) float holidays.

• Regular staff hired between January 2, 2012 and July 1, 2012 will be credited with three (3) float holidays in July 2012. Staff who are on unpaid leave on January 1, 2012, but return from leave on or before July 1, 2012 will be credited with three (3) float holidays.

• Float Holidays must be taken between January 1, 2012, and December 31, 2012, or they are forfeited.

• Float Holidays shall be reported on the time sheets as “FH”.

• Regular part-time staff shall be paid for Float Holidays on a pro-rated basis in accordance with the length of their workweek.

• Float Holidays, except in the case of personal emergencies, must be requested at least one week in advance. Float Holidays may be used for religious holidays.

• Supervisors shall only approve a Float Holiday if the staff member’s absence does not interfere with University operations.

• For staff members on a seven-day workweek schedule, a holiday falling on a Saturday or Sunday is observed on that day. Premium pay will be given only to staff members working the actual holiday.

• Premium pay is not given for work performed on Good Friday or on the Day after Thanksgiving for non-exempt staff.
"Spotlight"

"Congratulations to Dr. Carmen Hodges, Mental Health Clinician II at ACWCF for passing the Examination for Professional Practice in Psychology (EPPP exam) with the Board of Psychological Examiners on August 9, 2011. We’re proud of you!"

"Congratulations to Azubike Aliche, LSW, Mental Health Clinician III in the *CSL Program, for passing the Licensed Clinical Social Work exam on August 31, 2011. Great achievement Zbbie!!" *CSL=Community Supervision for Life is a community-based, structured group treatment program for sex offenders. Clients are referred by the NJ State Parole Board, assessed for risk to the community and treatment need, and seen in groups in a variety of locations throughout the state. Recidivism statistics are excellent; mostly due to the hard work and dedication of our skilled staff. CSL personnel are part of the UCHC team.

UCHC welcomes Sharese Hackett (Agada), RN, to the position of Utilization Review Nurse. Sharese previously worked at Garden State Youth Correctional Facility. Should you have occasion to speak to her, she would be happy to answer your questions or facilitate any UM issues that may arise. Please be patient during her training period. Sharese looks forward to working with the UCHC team statewide. Welcome Sharese!!!

Mileage Update — Effective July 1, 2011, the mileage reimbursement rate increased to 55.5 cents per mile.

All mileage travelled prior to July 1st will be paid at the previous reimbursement rate.

Problems with pagers and/or cell phones should be reported to Jennifer VanEmburgh at the UCHC Central Office, phone (609) 341-3093. Remember to check your pager on a routine basis.

If you relocate, change your residence, go walkabout, move 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.umdnj.edu. By the way, congratulations on your new digs!

Problem with your paycheck?

The following workflow should be used to resolve payroll issues:

1) Contact your payroll timekeeper. In most departments this is your support staff. If unsure, ask your supervisor.

2) If your payroll timekeeper is unable to assist you, contact your department supervisor, or in their absence, the regional supervisor.

3) If neither your payroll timekeeper nor supervisor are able to assist you, please contact Melody Massa at the UCHC Central Office. Melody’s direct number is (609) 292-1247 or you may call the main Central Office number (609) 341-3093.

View your paystub online…

Paystubs are available for viewing online the Monday before pay day.

To view your paystub:

1. Log into My.UMDNJ.edu
2. On the Welcome page, scroll down to the bottom of the middle column. In the “Banner Self-Service” box, click on “View Pay Stubs”.
3. Choose the pay stub year in the dropdown box and click the “Display” button.
4. Click on the paystub date for the stub you would like to view.

Other Banner Self-Service Features:

Employee Services Tab:
- Benefits and Deductions
- Pay Information
- Tax & Payroll Forms
- Time off Balances & History

Personal Information Tab:
- Update your Address & Phone*
- View and Update Emergency Contacts*
- Name Change Information*

*Whenever updating personal information via the Personal Information Tab, you MUST also notify the UCHC Central Office of the new information. New information is not automatically communicated.
### Revised Central Office Directory

***Updated 10/2011***

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<th><strong>Central Administration</strong></th>
<th><strong>Office</strong></th>
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<tr>
<td>Jeff Dickert</td>
<td>609-341-3093</td>
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<tr>
<td>Shirley Lee</td>
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<tr>
<td>Sharry Berzins</td>
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<td>Jennifer VanEmburgh</td>
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<td>Hesham Soliman</td>
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<td>Mitch Abrams</td>
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<td>Thomas Golden</td>
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<tr>
<td>Debra Crapella</td>
<td>609-984-5843</td>
<td>crapelda</td>
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<tr>
<td>Debbie Pavlovsky</td>
<td>609-292-6478</td>
<td>pavolsde</td>
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<tr>
<td>Harold Brown</td>
<td>609-292-3361</td>
<td>brownht</td>
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<td>pezzella</td>
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UCHC Newsletter — October 2011

UMDNJ Human Resources

**BENEFITS INFORMATION:**

*JJC employees and anyone hired BEFORE October 2008, direct calls to the New Brunswick Benefits Team:*

Nancy Kiernan, Benefits Associate
732-235-9416
Robin Hynes, Benefits Associate
732-235-9415
Tracey Bacskay, 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
Lola Vickers, Benefits Associate
973-972-6071
Krystyna Plonski, Benefits Associate
973-972-6085

**Facility: CRAF, NJSP, GSYCF, MSCF, ACW**
Contact representatives on the New Brunswick campus:

Nancy Kiernan, Benefits Associate
732-235-9416
Robin Hynes, Benefits Associate
732-235-9415
Tracey Bacskay, Benefits Representative
732-235-9417

**Facility: SWSP, BSP, SSCF**
Contact representatives on the Stratford campus:

Celeste Rebardo, Benefits Associate
856-566-6162
Tamika Major, Benefits Representative
856-566-6168

**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 Secretaries, Mental Health Clinicians, Occupational/Recreational Therapists)

Christine Tsirikos Beck, Human Resource Generalist
Phone: 732-235-9402
Email: tsirikch@umdnj.edu
*Handles all nursing related titles* (includes: RN’s, LPN’s, UCHC Technicians I & II, Medication Aides, Nurse Assistants, APN’s and Nurse Managers)

**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

**PAYROLL QUESTIONS:**
All payroll questions should first be directed to the person who handles payroll time-keeping at your site (usually your support staff). If they are unable to help you, contact your supervisor. Lastly, contact Melody Massa at the UCHC Central Office, (609) 341-3093.

Visit the HR website for updated news, forms, policies and employment opportunities:
http://www.umdnj.edu/hrweb/

Christine Tsirikos Beck, PHR
Human Resources Generalist
UMDNJ - Department of Human Resources
**Employee Assistance Program**

Did you know that anyone in your household is eligible to use the EAP?

All services are provided by your employer and free to you and the members of your household. All services are confidential.

No information is shared with anyone without a written release from you.

Individuals and couples are seen for a variety of reasons such as: personal difficulties, relationship concerns, anxiety, depression, grief, stress and substance abuse.

We can help with family issues such as: parenting, single parenting, blended families and elder care. Whatever your concerns, we are here for you.

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**Don’t be shy!**

If you have ideas for future publications, a one time article or are interested in becoming a regular contributor to the UCHC Newsletter, please let us know!

Please email Shirley Lee at leesm@umdnj.edu or Jennifer VanEmburgh at storicjd@umdnj.edu.

You may also call (609) 341-3093.

We’d love to hear from you!

EAP is just a phone call away...

1-866-EAP-UBHC (1-866-327-8242)

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**Please submit articles by December 31st for the January Newsletter**

Send articles/suggestions to Shirley Lee, leesm@umdnj.edu or Jennifer VanEmburgh, storicjd@umdnj.edu
REGISTRATION FORM

University Correctional HealthCare
5TH Annual Staff Conference
Depression: Is Medication The Answer?

FEATURING
John Markowitz, MD ~ Mark Olfson, MD ~ Anthony Tamburello, MD

Friday, November 11, 2011

New Jersey Department of Corrections
Harris Auditorium
Whittlesey Road & Stuyvesant Avenue
Trenton, New Jersey
8:00 AM - 4:00 PM

Name & Position: ______________________________________________________________

Institution: __________________________________________________________________

Date: ________________________________________________________________________

FORWARD THIS REGISTRATION FORM BY FRIDAY, NOVEMBER 4, 2011
VIA EMAIL (rigginca@umdnj.edu) OR FAX 609-943-5449 TO CASSANDRA RIGGINS.
UCHC Excellence Award
Nomination Form

Guidelines:
1. A University Correctional HealthCare (UCHC) employee may nominate any other employee. (Administrative Staff are not eligible for this award). Individual nominees must have at least met their probationary requirements.

2. Nominees should reflect the values stated in the UCHC mission, demonstrate exceptional customer service to clients, staff and/or vendors, volunteer for things above and beyond their job duties and/or make positive contributions to the overall success of the UCHC team.

3. Six staff will be selected annually for this award (three every six months). One staff member from a supervisory position or higher will be selected annually.

Name of employee being nominated: ____________________________________________

Title: __________________________________ Facility/Unit: ________________________
(Required)

( ) Excellence in Direct Care   ( ) Excellence in Support Service

Explain in detail why you are making this nomination:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Note: If additional space is needed, attach another sheet or send an attachment via e-mail.

Signature of Nominator: ____________________ Date: ____/____/____

Please Print Your Name: ___________________________

Send this form to Quality Improvement, Attn: Lisa DeBilio
Ongoing UCHC Continuing Education Log

August-October 2011

Name: _____________________________   Site: _____________________

Position: ___________________________

*** PLEASE PRINT CLEARLY***

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<tr>
<th>Date</th>
<th>Training Activity Description</th>
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Once you complete this form submit a copy to your site Data Control Clerk/Secretary for entry into the UCHC Database.

Keep a copy (along with attendance verification for each activity) for your personal records.

Note: Staff meetings can be included as continuing education activities provided a signed attendance log is maintained.