National Nurses Week 2012

Did you know nursing staff make up the majority of the UCHC workforce? Nurses, nurse practitioners, nursing assistants and medical technicians make up approximately 75% of physical health services and almost 20% of mental health services. Nursing teams are critical components of our healthcare delivery system and the glue that keeps our programs together.

Healthcare services depend upon the efforts of nurses to assure inmate/patients receive quality medical care. Within correctional settings, our nurses successfully navigate a challenging environment while maintaining elaborate security protocols. By providing both leadership and frontline services, nurses assure the medical and psychiatric needs of our patients are appropriately addressed.

Since UMDNJ began providing services, nurses have enabled us to continue to improve patients’ healthcare services and outcomes. The Objective Performance Indicators (OPI) continue to show improvement and substantiate the fact inmate/patients are receiving quality healthcare that exceeds community standards. With fewer medically related complaints, inmate feedback is increasingly positive.

This improvement in service delivery and clinical outcomes comes at a time when we have been hard pressed to respond to challenges from New Jersey State government to increase the efficiency of our operations. Together with, and as a result of contributions made every day by our nursing teams, we have been successful.

National Nurses Week is celebrated annually from May 6 (Nurses Day) through May 12, the birthday of Florence Nightingale, the founder of modern nursing. During this week and throughout the year, please recognize and acknowledge our nurses for the high quality services they provide inmate/patients every day and for their continued role as core members of our healthcare teams.

Thank you for all that you do. I am immensely proud of the many accomplishments of our UCHC nursing teams.

Jeff Dickert, Unit Vice President
University Correctional HealthCare

23rd Annual Health Information Professionals Week

“Health Information Professionals Week is a showcase for thousands of health information management (HIM) professionals who perform their duties masterfully throughout the year... Managing health information is vital as new technology, funding, and policies continue to evolve. Because of numerous complexities within the current healthcare landscape, the training and skill-sets of health information professionals are required for efficient organization and management of health information. It is because of these professionals that the healthcare industry will continue to grow and advance in patient care and safety.”

-American Health Information Management Association (AHIMA) http://www.ahima.org/

60th Annual Administrative Professionals Day (April 25, 2012)

“Admins, The Pulse of the Office”

“The job of an administrative professional has changed dramatically thanks to new tools, techniques and seismic shifts in the economy and culture itself. But admins have remained the steady center of efficiency through it all, helping ensure that jobs get done right, on time and under budget. Admins are one of the engines of business, particularly in a complex economy. In a world that demands the accurate and speedy movement of digital information, admins are masters of data. And they do this while maintaining their more traditional role as the gatekeepers for many customers, clients and employees. Quite simply, admins are the pulse of the office.”

-International Association of Administrative Professionals (IAAP) http://www.iaap-hq.org
A Brief History of National Nurses Week

1953 Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year. The proclamation was never made.

1954 National Nurse Week was observed from October 11 - 16. The year of the observance marked the 100th anniversary of Florence Nightingale's mission to Crimea. Representative Frances P. Bolton sponsored the bill for a nurse week. Apparently, a bill for a National Nurse Week was introduced in the 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1972 Again a resolution was presented by the House of Representatives for the President to proclaim "National Registered Nurse Day." It did not occur.

1974 In January of that year, the International Council of Nurses (ICN) proclaimed that May 12 would be "International Nurse Day." (May 12 is the birthday of Florence Nightingale.) Since 1965, the ICN has celebrated "International Nurse Day."

1974 In February of that year, a week was designated by the White House as National Nurse Week, and President Nixon issued a proclamation.

1978 New Jersey Governor Brendan Byrne declared May 6 as "Nurses Day." Edward Scanlan, of Red Bank, N.J., took up the cause to perpetuate the recognition of nurses in his state. Mr. Scanlan had this date listed in Chase's Calendar of Annual Events. He promoted the celebration on his own.

1981 ANA, along with various nursing organizations, rallied to support a resolution initiated by nurses in New Mexico, through their Congressman, Manuel Lujan, to have May 6, 1982, established as "National Recognition Day for Nurses."

1982 In February, the ANA Board of Directors formally acknowledged May 6, 1982 as "National Nurses Day." The action affirmed a joint resolution of the United States Congress designating May 6 as "National Recognition Day for Nurses."

1982 President Ronald Reagan signed a proclamation on March 25, proclaiming "National Recognition Day for Nurses" to be May 6, 1982.

1990 The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6 - 12, 1991, as National Nurses Week.

1993 The ANA Board of Directors designated May 6 - 12 as permanent dates to observe National Nurses Week in 1994 and in all subsequent years.

1996 The ANA initiated "National RN Recognition Day" on May 6, 1996, to honor the nation's indispensable registered nurses for their tireless commitment 365 days a year. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6, 1996 as "National RN Recognition Day."

1997 The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.

Welcome!

Introducing...

A hearty welcome to Roger Thornton who has joined the QI Department at the UCHC Central Office in Trenton. Roger has been with UMDNJ since 1998 and has worked in many capacities from Data Control Clerk to Staff Assistant to the Vice President of Medical Services at University Behavioral HealthCare (UBHC). Roger will be replacing Debra Crapella, as our new Program Support Specialist. Roger can be contacted by phone at 609-984-5843 and e-mail at throntro@umdnj.edu.

Debra Crapella recently accepted the position of Quality Improvement Specialist for the Juvenile Justice System. Debra Crapella can be now be reached at 609-292-3361 and by e-mail at crapelda@umdnj.edu.

Big Fat Losers!

Medical staff at MidState Correctional Facility are feeling a little lighter these days. Since January, staff members have been voluntarily participating in their own “The Biggest Loser” contest. Participants came up with an incentive and each month the group gathers together to weigh-in. The member losing the largest percentage is that month’s winner. The staff agree it’s been great motivation to meet their ultimate goal... becoming healthier examples for their inmate-patients. Way to go MidState!
Prison Healthcare: Productive or Punitive? An Interview with Dr. Dickert

by Marci Masker, PhD, Clinician Administrator and Acting Medical Patient Advocate

In my role as Acting Medical Patient Advocate, I recently received the following complaint. The inmate-patient (complainant) alleged that when he met with a nurse regarding changes in his diet, the nurse said, “They give you bread and water right...do the victims get to eat?” The patient responded, “I have the right to eat foods that don’t cause me harm,” and was told, “You don’t have rights... you’re in prison.”

 Granted, this is an extreme example, however, it clearly makes me wonder if we are more vulnerable to this type of attitude because of the punitive environment in which we, as healthcare professionals, work. Is there anything we can do as an organization to help our staff combat this? The following is taken from my interview with Dr. Jeff Dickert on this topic.

MM: What are your thoughts on why some Health Care Workers (HCW) treat their inmate/patients disrespectfully?

JD: First, I want to compliment our staff. The great majority of our team consistently demonstrate increased responsiveness in addressing the needs and concerns of our patients. This is clearly reflected in improved scores for mental health and physical health on the Inmate Satisfaction Survey and the reduction in inmate complaints (see article, this edition). As a result of increased attention to addressing the needs of our inmate/patients’ and meeting their expectations, we have also benefited from a downturn in litigation involving our team.

With these gains, however, I still believe we have room for improvement, especially around the perceptions of the medical services we render. I recognize, like many in the community in which we live, that some of our staff may have mixed feelings about inmates who have relatively easy access to quality healthcare. Especially when these services are not universally available to all; and when community healthcare is available, there may be substantial waiting time to obtain services. However, it is important to remember that although our patients have restrictions on their rights imposed by the legal system; the State has a duty and obligation to provide healthcare (Estelle v. Gamble, 1976). The State of New Jersey also wants us, as the University of Medicine and Dentistry of New Jersey, to be the provider of quality, effective and efficient healthcare to its inmates and residents.

In addition, I also recognize that with the varying clinical demands placed upon us, we are sometimes limited in the time we would like to spend with each of our patients. And, like anywhere else, we do have a few patients who come across as demanding and/or in search of medical intervention that isn’t medically necessary or in their best interests. I am sure these encounters can be very challenging in providing healthcare in prisons.

MM: Do you think this is a systemic issue or an individual personality issue?

JD: The brief answer is “Yes” to both systemic and individual issues. Many of our staff have learned to provide healthcare in settings other than prisons. We have to adapt these approaches to the prison environment where we are continuously reminded that safety and security typically trumps medical needs. Though that can be reassuring at one level (e.g. for our personal safety), this can also result in conflicts. For instance, one of the core conditions for traditional psychotherapy is privacy. Yet it is often said, “there are no secrets in prison,” and privacy is looked upon suspiciously by staff. Another conflict is utilizing inmates as peers to reinforce healthier lifestyle choices, thereby, partnering with medical providers. Such models may be discouraged in our settings as they represent a “challenge” to the status quo. Going forward, I believe we need to re-examine this paradigm.

I’m sure we have occasional individual performance issues as well. Sometimes, it may be that an individual is slower to embrace new approaches. Also, we each have varying demands and bring with us varying talents. An individual may be facing external demands that can be overwhelming and impact their work performance. I also recognize that this work is not for everyone; and there may be an issue with the “fit.” Hopefully, staff facing such dilemmas will seek out the services of our Employee Assistance Program (EAP) which can be a valuable resource for us and for our families.

Additionally, many of our patients have had major problems with substance abuse prior to coming to prison. Estimates are as high 80% for inmates having abused alcohol or other drugs. While NJDOC has done a remarkable job to eliminate the availability of alcohol or other illicit drugs, the prisons have very little in the way of resources to address these problems. I am sure our Providers are regularly bombarded with a subset of patients seeking to abuse prescription drugs. Teasing this matter out, however, is no easy task. I commend our Providers in their efforts to sort this out in each of their medical encounters, but I don’t believe the medical field at large has sufficiently addressed the national problem of abusing prescription drugs. It’s said that prescription drugs cause the largest percentage of deaths from drug overdose. Of the 22,400 drug overdose deaths in the US in 2005, opioid painkillers were found to be the most common drug abused, accounting for 38.2% of these deaths. We may be doing better than in the community, but clearly we have more opportunities for improvement.

MM: Do you think some settings are more prone to this behavior than others (e.g. emergency rooms, nursing homes, prisons)?

JD: I think the prison setting actually provides us opportunities not so readily available in many other clinical settings. We’re in the homes of our patients. This affords us opportunities to obtain collateral information. I recognize this is easier said than done. Though there may be no secrets in prison, we are still expected to respect our patients’ privacy. Nevertheless, this does not limit our ability to solicit information from others about how our patients are doing. Dr. Brewer has continued to remind our Providers to obtain collateral information in assessing the daily functioning of our patients. This requires us to focus more on their behavior when they aren’t in the clinic. At some settings this may be doable; in others, we are absolutely dependent upon others for this input.

MM: How do you think we can address this issue?

JD: I think much has been changed already; while many opportunities still exist to improve. Our staff could benefit from...
Patient Complaints

For the third straight year in a row, the total number of patient complaints against UCHC has dropped statewide. The total number dropped from 4,041 in 2010 to 3,732 in 2011 which represents an 8% reduction in medical, mental health and dental complaints filed on site by inmate-patients this year (see table below). Mental health related complaints dropped an astounding 30% while dental related complaints showed a similarly significant reduction of 29% for the year. Compared to 2004, mental health complaints have been reduced by 87%. Dental complaints also dropped by 42% in 2011 compared to 2007.

While patient complaints regarding medical care make up the vast majority of complaints, a healthy 4% reduction in total medical complaints was achieved in 2011 as compared to the previous year. In fact, the number of medical complaints dropped 34% since 2007, the year just prior to UCHC’s agreement to provide medical services to the NJDOC. Despite a drop in inmate census, the actual grievance rate per inmate dropped in 2011 to 0.16% from 0.18% in 2010 using a total census of 23,000 inmates.

Patient complaints are an important part of an organization’s CQI program and are thought to be inversely related to overall patient satisfaction. In other words, as patient complaints go down, patient satisfaction goes up. At UCHC, each site medical department has a Medical Patient Advocate who is responsible for addressing and classifying inmate-patient complaints by type in order to analyze which aspects of care can be improved from the patient’s perspective. Some of these categories include: copay issues; requests for consults, equipment, special diets or specific medications; dissatisfaction with healthcare provider, safety and sanitation, confidentiality, etc. In 2011, the top three types of complaints were co-pay for visits (18%) followed by medication distribution (11%) and then dissatisfaction with healthcare provider (10%) (Dr. Dickert discusses more about provider-patient encounters in this issue).

Healthcare Grievances*

<table>
<thead>
<tr>
<th>Month</th>
<th>Medical # Requested</th>
<th>Medical % Answered On Time</th>
<th>Dental # Requested</th>
<th>Dental % Answered On Time</th>
<th>Mental Health # Requested</th>
<th>Mental Health % Answered On Time</th>
<th>NJDOC # Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 2011</td>
<td>3,328</td>
<td>93.9%</td>
<td>170</td>
<td>90.3%</td>
<td>234</td>
<td>85.5%</td>
<td>3,732</td>
</tr>
<tr>
<td>Total 2010</td>
<td>3,466</td>
<td>96.5%</td>
<td>239</td>
<td>96.6%</td>
<td>336</td>
<td>91.8%</td>
<td>4,041</td>
</tr>
<tr>
<td>Total 2009</td>
<td>3,548</td>
<td>94.9%</td>
<td>212</td>
<td>88.7%</td>
<td>384</td>
<td>90.1%</td>
<td>4,144</td>
</tr>
<tr>
<td>Total 2008</td>
<td>3,819</td>
<td>97.0%</td>
<td>258</td>
<td>97.3%</td>
<td>498</td>
<td>87.4%</td>
<td>4,575</td>
</tr>
<tr>
<td>Total 2007</td>
<td>5,082</td>
<td>97.2%</td>
<td>312</td>
<td>99.3%</td>
<td>776</td>
<td>89.7%</td>
<td>6,170</td>
</tr>
</tbody>
</table>

*Data from J. Dutch, NJDOC Request Coordinator

MarcIMasker, PhD, Clinician Administrator and Acting Medical Patient Advocate

Prison Healthcare: Productive or Punitive? An Interview with Dr. Dickert (continued)

additional training. We need to enhance their ability to clearly communicate respect for our patients and for our responsibilities as their healthcare Providers. We should be seeking to develop fairly easy strategies to motivate our patients to partner with us in improving their health and reducing their risk for illnesses.

One such approach highlighted by Dr. Yasser Soliman, is the 15 Minute Hour approach applying the BATHE technique (Background; Affect/Feeling; Trouble; Handling; Empathy) to our SOAP (Subjective and Objective Data Collection; Assessment; and Plan) encounters. See: http://www.marianstuart.com/15minutehour/Accenting-the-Positive-Affirmative-BATHE-4thEd.pdf

Dr. Magie Conrad has brought the Stanford Chronic Disease Self Management Program to all 13 prisons for approximately 500 inmates with chronic medical diseases. The feedback from our patients and Providers has been very positive.

Adopting from substance abuse and mental health literature, I have suggested challenging our patients to identify just one thing that they can do to improve their health, a technique used in a motivational interviewing approach.

Apparently, staff have heard these messages because the patients’ perception of our care has been improving. And to that I say, Thank you! I also believe that there is more we can do both at the sites and statewide to improve our patients’ perception of the care we provide.

I’m challenging both medical and nursing leadership to focus on these areas to further improve our system of care.
TO: All Faculty, Staff and Housestaff  
FROM: Gerard Garcia  
Interim Vice President, Human Resources  
SUBJECT: YEAR 2013 HOLIDAY SCHEDULE  
DATE: April 25, 2012

The holiday schedule for all faculty, staff and housestaff for the calendar year 2013 is as follows:

1. January 1, 2013 Tuesday New Year’s Day
2. January 21, 2013 Monday Martin Luther King, Jr’s Birthday
3. March 29, 2013 Friday Good Friday
4. May 27, 2013 Monday Memorial Day
5. July 4, 2013 Thursday Independence Day
7. November 28, 2013 Thursday Thanksgiving Day
8. November 29, 2013 Friday Day after Thanksgiving

Only regular full and part-time staff who are in active payroll status as of January 1, 2013, 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, 2013 and July 1, 2013 will be credited with three (3) float holidays in July 2013. Staff who are on unpaid leave on January 1, 2013, but return from leave on or before July 1, 2013 will be credited with three (3) float holidays.

Float Holidays must be taken between January 1, 2013, and December 31, 2013, 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 prorated 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.

Jgb 4/25/12

State Health Benefits Program (SHBP) Changes Effective January 1, 2012

Preventive Services
Certain preventive care, primary well visits, immunizations (age and population restrictions may apply) along with certain screenings and well-baby care are covered without a co-payment or coinsurance by the member. Services must be provided by an in-network provider. The preventive service must be the primary reason for the office visit, if not the member will be responsible for a co-payment or coinsurance.

Children up to Age 26
An eligible child may now be covered up until the age of 26 under the parent’s coverage even if the child is eligible for other employer-based coverage. A child is defined as an enrollee’s child until age 26 regardless of marital status, student or financial dependency, even if the young adult no longer lives with his or her parents.

Please refer to the Human Resources Benefits Web site at: http://www.umdnj.edu/hrweb/benefits/index.htm for more information or contact your campus Human Resources Benefits Services Office at one the following telephone numbers:

Camden & Stratford 856-566-6168
Newark 973-972-5314
Piscataway & New Brunswick 732-235-9417
Lyme Disease Surge Predicted For the Northeast U.S.

4/10/12 NJDHSS-Operations Situation Report
People heading into the woods this spring in Northeastern states will be at higher risk than usual of coming down with Lyme disease, according to researchers at the Cary Institute of Ecosystem Studies in Millbrook, N.Y.
The tick population is expected to pose a far greater threat of Lyme disease transmission this spring.
Ticks feed as larvae, nymphs and adults, and the May-to-July nymph season will be especially dangerous because it is a time of year when many people head to the woods and ticks often go unnoticed.
“They’re really tiny — about as big as poppy seeds—so they’re hard to detect,” he said. “You might not even know they’re crawling on you or embedding in your skin. But infected nymphs are responsible for the vast majority of Lyme cases, he added.
Cases of Lyme disease have spiraled over the past 30 years from a few hundred to 30,000 reported annually, with 90 percent of them occurring in the Northeast.

In 2010, 94% of Lyme disease cases were reported from 12 states:
• Connecticut
• Delaware
• Maine
• Maryland
• Massachusetts
• Minnesota
• New Jersey
• New Hampshire
• New York
• Pennsylvania
• Virginia
• Wisconsin

While there are effective treatments, the disease can cause chronic fatigue, joint pain and neurological problems if left undiagnosed
While it is a good idea to take preventive measures against ticks year-round, be extra vigilant in warmer months (April-September) when ticks are most active.

Avoid Direct Contact with Ticks
• Avoid wooded and bushy areas with high grass and leaf litter.
• Walk in the center of trails.

Repel Ticks with DEET or Permethrin
• Use repellents that contain 20% or more DEET (N, N-diethyl-m-toluamide) on the exposed skin for protection that lasts up to several hours. Always follow product instructions. Parents should apply this product to their children, avoiding hands, eyes, and mouth.
• Use products that contain permethrin on clothing. Treat clothing and gear, such as boots, pants, socks and tents. It remains protective through several washings. Pre-treated clothing is available and remains protective for up to 70 washings.
• Other repellents registered by the Environmental Protection Agency (EPA) may be found at http://cfpub.epa.gov/oppre/insect/

Find and Remove Ticks from Your Body
• Bathe or shower as soon as possible after coming indoors (preferably within two hours) to wash off and more easily find ticks that are crawling on you.
• Conduct a full-body tick check using a hand-held or full-length mirror to view all parts of your body upon return from tick-infested areas. Parents should check their children for ticks under the arms, in and around the ears, inside the belly button, behind the knees, between the legs, around the waist, and especially in their hair.
• Examine gear and pets. Ticks can ride into the home on clothing and pets, then attach to a person later, so carefully examine pets, coats, and day packs. Tumble clothes in a dryer on high heat for an hour to kill remaining ticks.

Lyme Disease Vaccine
A Lyme disease vaccine is no longer available. The vaccine manufacturer discontinued production in 2002, citing insufficient consumer demand. Protection provided by this vaccine diminishes over time. Therefore, if you received the Lyme disease vaccine before 2002, you are probably no longer protected against Lyme disease.


EAP Spring Topic: Bullying
The term bullying may bring to mind images of children on a playground or in the hallways of primary school. However, bullying can actually happen at any stage in life. According to the Center for Disease Control (CDC), bullying behavior includes repeated actions of physical, verbal, or psychological attacks or intimidation with the intent to cause fear, distress, or harm. The CDC further identifies that bullying demonstrates an imbalance of power, whether real or perceived, between the bully and the victim. In more recent years bullying has also taken on a new electronic media face via the internet, social networking sites, cell phones, and email.
Some examples of bullying behaviors include:
• Initiation rituals
• Verbal or physical aggression – e.g. shouting, throwing things, pushing or standing over someone
• Threatening or abusive phone calls or emails
• Spreading derogatory rumors about someone
• Abusive or offensive language
• Insults, ridicule or intimidating remarks
• Isolation
• Making competent people appear incompetent

Here are some tips to help you manage this type of behavior:
• If you feel comfortable, consider telling the bully to stop – clearly, firmly and directly.
• Keep records for yourself to help you present a formal complaint if necessary (who, what, where, when etc.)
• Follow your company’s complaint procedures and policies on Anti-Bullying
• Get support from family, friends, co-workers, supervisor, Ombudsperson, etc.
• Practice good self care – eat right, get plenty of rest, take breaks, practice relaxation techniques.

Common reactions to bullying include:
• Denial
• Self-blame
• Humiliation
• Anger
• Depression
• Weakened immune system
• Sleep or eating disorders
• Fatigue
• Headaches, backaches

Bullying behaviors can cause a great amount of stress; the EAP is here to help!
Employee Assistance Program
1-866-EAP-UBHC
(1-866-327-8242)

Have You Seen This Message?

Why am I receiving it?

“This e-mail was delivered to its intended recipient(s) and has been encrypted. It was encrypted for transmission over the internet since it may have contained protected health information (PHI) and/or sensitive information.”

According to University policy, any email sent to an outside address (one that doesn’t end in @umdnj.edu), even the Department of Corrections (DOC) and the Juvenile Justice Commission (JJC), is encrypted. This is the result of a software program determining that the message contains protected health information (PHI) and is enforced in order to comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule regulations. The recipient of the email is required to establish an account with the University’s secure server to access and retrieve these messages.

The account login name is the receiving email account, for example ljagrillo@gmail.com. Also included is a password of the users choosing. The password doesn’t have to be the email account password; it can be different, but I recommend using a password that’s easy to remember. The user will be sent an email with instructions on how to set up this account and retrieve the encrypted message. The password will be activated by a second email to the user that includes a link. The recipient must follow these steps to get the email because there’s no getting around this process. It isn’t difficult, but it does require extra effort by the recipient to meet the HIPPA regulation.

If a problem is not reported…

then Information Technology (IT) staff cannot fix what they don’t know about.

Often, many reports are received indicating computers and/or applications used every day are either not working or are slow and not easy to use. Upon investigation we cannot find any record of the complaint being registered. It is imperative problems be reported and when the IT staff ask for help from the user to identify the problem the person reporting the problem MUST work with the IT staff. Complaining to your coworkers is not reporting a problem and telling IT staff you are too busy is not helping yourself and your coworkers. If you are too busy to report and work with the IT staff then you don’t have a computer problem / issue that can be resolved. The only way to get problems resolved is to build a history of the issue. The best method of reporting problems is via email as this creates a tracking record automatically. If you are using the telephone make sure that you receive and keep the trouble ticket number so in the event of that a problem is not corrected follow-up can be done. If the ticket number is not known then it is the same as starting over on the same problem. All of the help desks have ticket tracking systems.

The help desk reporting email addresses and phone numbers are listed below depending on type of issue. If you are not sure of which help desk to call, pick one and they will direct you to the correct department.

- Department of Corrections OIT (helpdesk@doc.state.nj.us) +1 (609) 984-8288 (Novell login, Logician, iTag)
- Juvenile Justice Commission (JJC.HELPDESK@njjjc.org) +1 609 341 3102 (Login, JJC EMR)
- UMDNJ - IST Service Center (isthelp@umdnj.edu) +1 (732) 743-3200 (my UMDNJ portal, email)

Secure Your Computer:

Windows Logo + L

Computer/Login Issues!!! Who Do I Contact?

NJDOC Computer issues, Passwords or Log-Ins for Novell, Logician/Centricity, LIVE Inmate Mgmt:
- Contact the NJDOC help desk: (609) 984-8288, helpdesk@doc.state.nj.us

JJC Computer Issues, Passwords or Log-Ins:
- Contact the JJC help desk: (609) 341-3102, jjc.helpdesk@njjjc.org

Passwords or Log-Ins for My.UMDNJ.edu and Email:
- Contact the UMDNJ IST Service Center: (732) 743-3200, isthelp@umdnj.edu

For general trouble-shooting – NOT passwords/logins – contact:
Leo Agrillo, (609) 292-1615, agrilile@umdnj.edu

NJDOC staff must log in at least once every 30 days or your account will be disabled. Activation of disabled accounts requires re-submission of paperwork to the UCHC Central Office and may take 2-3 weeks for processing.
Ask Mechele…

It appears that all must be well
Since there’s no question for “Ask Mechele”
But have no fear
The column is still here
And next time there’ll be advice to tell

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

In a time where it seems only bad news gets press,
we at UCHC would like to share stories about our own
who are doing good things.

Please forward any such info to Dr. Mechele Morris at morrisme@umdnj.edu.
Hope to hear from you soon!

Suggestions? Ideas? Your leadership wants to know!!!

In response to employee feedback, the UCHC Leadership Team created ImproveUCHC@umdnj.edu as
avenue to communicate with the Leadership Team. This electronic communication method is available
for you to send your ideas any time of the day or night. 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 otherwise.

Your valued input will help us better manage our programs and become better manag-
ers ourselves, so we invite you to use this new Performance Improvement initiative. We
hope to hear from you soon!

The UCHC Leadership Team
Spotlight!

- **Annie Yocum**, Psy.D., MH Clinician II, Edna Mahan Correctional Facility (EMCF), passed the New Jersey oral examination and licensing requirements as a practicing psychologist in March 2012. *Way to go!* 

- **Elizabeth Ward**, RN, BSN, Infection Control Nurse, Adult Diagnostic Treatment Center (ADTC), passed the Certified Correctional Health Professional exam. *Congratulations Beth!* 

- **Johnny Wu**, MD, Central Region Medical Director, has been selected as a distinguished St. George’s University graduate with notable accomplishments. Dr. Wu will be recognized at a sponsored dinner at the National Association of Advisors for the Health Professions Annual meeting in Baltimore, MD on June 21, 2012. *Bravo Dr. Wu!* 

- **Carmen Hodges**, PsyD, Mental Health Clinician II at Albert C. Wagner Youth Correctional Facility (AWYCF) has completed the licensure process to independently practice psychology in the State of New Jersey. *Congratulations Dr. Hodges on this major professional achievement!* 

- **Erica Musser**, D.O., has been selected as UCHC’s new Acting Southern Regional Director of Psychiatry. Having worked several years as a staff psychiatrist on the inpatient unit at Southwoods State Prison, Dr. Musser already has a strong reputation as an excellent clinician who is known for being organized and decisive. *Welcome and congratulations Dr. Musser!* 

- **Susan Pitak-Davis** won second place in the professional category in the National Arts Show at UMDNJ for her piece entitled, “Angel as Art Car.” It is also anticipated that the piece will be mentioned in PULSE Magazine. *Way to go Susan!* 

- Kudos to **Roberta Gallo** at ADTC who caught an error on the Suicide Awareness online training (below).

  4. Contacting to not commit suicide

    A. Is legal documentation that protects clinicians
    B. Requires notarization
    C. Does deter suicide, doesn’t reduce liability and isn’t recommended
    D. Requires a handshake.

    *While the answer is C, it should say Does *not* deter suicide?*

- **Angeline Jean-Louis**, RN, New Jersey State Prison (NJSP) responded to a code 53 on the North 2C common area where an inmate/patient who had been playing a game, had passed out on floor. After determining no vital signs Nurse Jean-Louis began CPR. NJDOC officers joined in doing chest compressions while she supported the airway with the ambu bag and AED application. After the second shock the patient responded with pulse and respirations. He was then brought to the clinic and staff LPN’s Tiffany White & Paris Wilson assisted with stabilization until EMS arrived. *We commend our UCHC and the NJDOC staff for their lifesaving teamwork!* 

- Recently at East Jersey State Prison (EJSP) an inmate/patient was taken to the medical department complaining of chest pain. While being assessed and awaiting an EKG, he became unresponsive. The staff responded immediately by beginning CPR and hooking up the AED. The patient responded on the third shock and was transported to the hospital by EMS with a pulse and rescue breathing. The following staff are credited with performing this lifesaving treatment: Dr. Herbert Smyczek, MD, Grace Amistoso, APN, Charles Ndege, RN, Jeffrey Heend, RN, and Rae Bennett, RN. As stated so eloquently by Dr. Hesham Soliman, MD, Northern Region Medical Director, “This truly exemplifies our commitment to caring, healing as well as teaching our staff and patients. *Excellent teamwork EJSP!*
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.

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

As of March 1, 2012 the mileage reimbursement rate remains the same.

**Problems with UCHC Pagers/Cell Phones**

Report all problems to Jennifer VanEmburgh at the UCHC Central Office, phone (609) 341-3093, email storicjd@umdnj.edu. Remember to check your pager on a routine basis.

**Tuition Assistance Program**

The Tuition Assistance Program policy and information can be found online at: http://www.umdnj.edu/hrweb/policies/pi405000.htm

To go directly to the Tuition Assistance Application visit: http://www.umdnj.edu/hrweb/forms/tapapplication.pdf.

**HIPAA Training**

In order to comply with UMDNJ policy, all staff, faculty and students must complete HIPAA Privacy and Security Update training on an annual basis.

This year’s training completion deadline for UBHC is May 30, 2012. To access the online training, log onto www.umdnj.edu/complweb. Once you’ve accessed the site, sign in; click on HIPAA on your training dashboard; and launch the course.

If you have completed HIPAA training since October 3, 2011, you need not retake the updated training.

Thank you in advance for your adherence to the May 30th deadline.

**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!

**Mark Your Calendars!**

Mark your calendars for the upcoming 2012 Susan G. Komen North Jersey Race for the Cure!

This year’s race will be held on Sunday, May 6th at the Essex County South Mountain Recreation Complex in West Orange.

Last year UMDNJ raised nearly $30,000 for this terrific cause, with a portion of the race proceeds benefiting the Mobile Mammography program at NJMS/University Hospital.

A quick link to our team is http://northjersey.info-komen.org/goto/teamumdnj

Keep an eye on your email for more race information!
Litigation, unfortunately, is commonplace in prisons. Most litigation comes to naught, however, all require attention.

In such matters you would be directly served a summons or complaint. Supervisors, peers and support staff are not authorized to accept service/sign off on an Affidavit of Service on behalf of another employee. Rather, supervisors should assist to arrange a meeting with the individual being served a summons or complaint.

If you receive notice that you are named in a lawsuit or other legal action do the following immediately:

1) Alert the UCHC Central Office by calling (609) 341-3093. Fax the legal papers, along with the letter template requesting legal representation (see example on left), to the attention of Jeff Dickert at (609)-341-9380
2) Contact UMDNJ Risk and Claims at (973) 972-6277.

The UCHC Central Office and/or Risk and Claims will forward the complaint to the UMDNJ Legal Department and inform you which attorney will represent you in the matter.

Call the assigned lawyer, explain the case and make sure you understand what you are directed to do. Denial or nonchalance will not serve you well in such a situation. Educate yourself about the case. Do not assume the attorney knows the case as you do and don’t be afraid to suggest strategy to the attorney. If you have questions or wish to speak about ongoing litigation, you may contact Jeff Dickert by phone (609) 341-3093 or e-mail (dickerje@umdnj.edu).
# Revised Central Office Directory

*** Updated 4/2012 ***

<table>
<thead>
<tr>
<th>Central Administration</th>
<th>Office</th>
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<tr>
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<td>732-580-1055</td>
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<td>dickerje</td>
</tr>
<tr>
<td>Shirley Lee</td>
<td>609-633-2786</td>
<td></td>
<td></td>
<td>leesm</td>
</tr>
<tr>
<td>Melody Massa:</td>
<td>609-292-1247</td>
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<td></td>
<td>massamk</td>
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<tr>
<td>Sharry Berzins</td>
<td>609-984-4599</td>
<td></td>
<td></td>
<td>berzinsh</td>
</tr>
<tr>
<td>Jennifer VanEmburgh</td>
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<tr>
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<tr>
<td>Rhonda Lyles</td>
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<tr>
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<td>609-943-4372</td>
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<tr>
<td>Hesham Soliman</td>
<td>732-574-2250x8591</td>
<td>609-238-0513</td>
<td>856-223-2262</td>
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<tr>
<td>William Briglia</td>
<td>856-459-7221</td>
<td>856-701-6362</td>
<td>856-223-2320</td>
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<tr>
<td>Johnny Wu</td>
<td>609-777-3755</td>
<td>609-238-0993</td>
<td>609-229-0675</td>
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<td>Mitch Abrams</td>
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<tr>
<td>Christina Prestien-LaPenta</td>
<td>609-777-0440</td>
<td>609-668-0892</td>
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<td>Andrew Youngblood</td>
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<td>609-218-0697</td>
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</tr>
<tr>
<td>Harold Mapes</td>
<td>908-735-7111 x3430</td>
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<td>Christine Bartolomei</td>
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<td>Vacant</td>
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<td>Dolcie Sawyer</td>
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<tr>
<td>Tamika Monique McCollough</td>
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<tr>
<td>Cindy Romano</td>
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<td>Ellen Shelley</td>
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<td>Leo Agrillo</td>
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<tr>
<td>Lisa DeBilio</td>
<td>debilila</td>
<td>Patti Ford</td>
<td>609-292-2352</td>
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<tr>
<td>Debbie Pavlovsky</td>
<td>pavolsde</td>
<td>Pat Reed</td>
<td>609-777-1510</td>
<td>reedp1</td>
</tr>
<tr>
<td>Roger Thornton</td>
<td>thorntr</td>
<td>Jose Torres</td>
<td>609-292-6953</td>
<td>torresj9</td>
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<tr>
<td>Debra Crapella (JJC)</td>
<td>crapelda</td>
<td>Rebecca Cozzens</td>
<td>856-459-8034</td>
<td>cozzennra</td>
</tr>
<tr>
<td>Samantha Pezzella</td>
<td>856-459-8753</td>
<td>pezzelss</td>
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**EFFECTIVE JUNE 4, 2012**

**CENTRAL OFFICE NEW PHONE NUMBER/EXTENSIONS**

**MAIN NUMBER: 609-292-4036**

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<tr>
<td>Jeff Dickert:</td>
<td>x5242</td>
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<td>dickerje</td>
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<tr>
<td>Arthur Brewer:</td>
<td>x5224</td>
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<td>Magie Conrad:</td>
<td>x5229</td>
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<td>conradmm</td>
</tr>
<tr>
<td>Melody Massa:</td>
<td>x5210</td>
<td>201-407-3144</td>
<td>massamk</td>
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| Central Administration Staff: (alpha order) |                  |                 |                     |
| Agrillo, Leo: | x5215          | 609-413-6944    | agrillle            |
| Bartolomei, Christine: | x5219    |                 | bartolch            |
| Berzins, Sharry: | x5239         |                 | berzinsh            |
| Crapella, Debra (JJC): | x5220 |                 | crapelda            |
| Ford, Patti: | x5218          |                 | fordpa              |
| Shirley Lee: | x5228          |                 | leesm               |
| Lyles, Rhonda: | x5233          |                 | lylesrc             |
| Masker, Marci (Acting Ombudsperson): | x5227         |                 | mackenma            |
| McCollough, Tamika Monique: | x5226 |                 | mccolltn            |
| Morris, Mechele: | x5217         |                 | morrisme            |
| Pavlovsky, Debbie: | x5223          |                 | pavolsde            |
| Prestien-LaPenta, Christina: | x5230 | 609-668-0892    | presticm            |
| Reed, Pat: | x5232          |                 | reedp1              |
| Riggins, Cassandra: | x5212         |                 | rigginca            |
| Romano, Cindy: | x5236          |                 | romanoci            |
| Saraf, Komal: | x5238          |                 |                     |
| Sawyer, Dolcie: | x5214          | 201-407-3119    | sawyerdo            |
| Shelley, Ellen: | x5216          |                 | shelleee            |
| Thornton, Roger: | x5240          |                 | thornstro           |
| Torres, Jose: | x5225          |                 | torresj9            |
| UMDNJ VTC-Telemed: | x5503          |                 |                     |
| Vacant (UR Nurse): | x5213 | 609-828-5706    |                     |
| Vacant (Nurse Trainer): | x5221        |                 |                     |
| Vacant (Room 109): | x5237          |                 |                     |
| VanEmburch, Jennifer: | x5620 |                 |                     |
| Youngblood, Andrew: | x5231         | 609-218-0697    | youngbam            |

**Regional Medical Providers**

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<th>Name</th>
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<tbody>
<tr>
<td>Hesham Soliman:</td>
<td>732-238-0513 x8591</td>
<td>solimahe</td>
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<tr>
<td>William Briglia:</td>
<td>856-701-6362</td>
<td>brigilwj</td>
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</tr>
<tr>
<td>Johnny Wu:</td>
<td>609-238-0993</td>
<td>wuo</td>
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**Mental Health Clinician Administrators**

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<tbody>
<tr>
<td>Mitch Abrams:</td>
<td>973-887-5206</td>
<td>abramsmi</td>
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<tr>
<td>Harry Green:</td>
<td>732-512-8846</td>
<td>greenha</td>
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<tr>
<td>Marci Masker:</td>
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<td>mackenma</td>
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<tr>
<td>Ellen Zupkus (JJC):</td>
<td>609-324-6296</td>
<td>732-396-6767</td>
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**Associate Director of Psychiatry**

<table>
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<tr>
<th>Name</th>
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<tr>
<td>Anthony Tamburello:</td>
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**Regional Dental Administration**

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<tr>
<td>Harold Mapes:</td>
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**Regional Scheduler**

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<td>Rebecca Cozzens:</td>
<td>856-459-8034</td>
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<tr>
<td>Samantha Pezzella:</td>
<td>856-459-8753</td>
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</table>
**EMPLOYMENT INFORMATION:**

(Job postings, Employment/Status Changes, General Information)

Tiesha Brown, Human Resource Generalist  
732-235-9412 / browntj@umdnj.edu  
Handles all non-nursing titles (includes Physician Specialists, Physician Assistants, Dentists, Optometrists, UCHC Secretary, Mental Health Clinicians, Occupational/Recreational Therapists)

Stephanie Plaskow, Human Resource Generalist  
732-235-9404 / plaskost@umdnj.edu  
& Christine Beck, Human Resource Generalist  
732-235-9402 / 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)

**DATA ADMINISTRATION:**

(Employment Verifications, Name Changes, Time Accrual Questions)

Dorothy Copeland, HR Information Systems Specialist  
732-235-9418 / copeladv@umdnj.edu  
Mary Martin, HR Information Systems Specialist  
732-235-9419 / martinma@umdnj.edu

**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/](http://www.umdnj.edu/hrweb/)
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

January—March 2012

Name: _____________________________   Site: _____________________

Position: ___________________________

*** PLEASE PRINT CLEARLY***

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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.