UCHC Newsletter

SUMMER EDITION  JUL/AUG/SEP 2012

UCHC Team Earns First Place!

3rd Annual University Behavioral Health Care QI Fair

Congratulations to this year’s First Place Winners of the Governor Cody Award in the Annual Statewide Behavioral Health Care Quality Improvement Fair!

The New Jersey State Prison Inpatient Mental Health PI Team brought home the trophy for their project entitled: “Are There Bugs in Your Bed Utilization Review.” The team was led to victory by Kerri Edelman and included Virginia Gogarty, Maggie Hofman, Jordan Lieberman, Susanne Pitak-Davis, Dana Moreschi, Randy Wilson, Todd Zimmerman and Sharon Decker.

Other UCHC participants included:
- Southwoods State Prison RTU/TCU, The Shadow Program -Jill Adamucci, Melissa Arrieta, Suzanne Blizzard, Doreen McKishen
- Juvenile Justice Commission, Conflict Resolution Initiative -Freda Walls, Marissa Gibbons, Mark Yushchak
- Juvenile Justice Commission, Investigating and Improving Psychotropic Medication Compliance -Jason Fleming, Virginia Boga, Shan Reeves, Melissa Lopreiato, Natasha Manning, Lauren Lane-Herman

With almost half of our staff now participating in Performance Improvement Teams we are all winners!

Jeff Dickert, PhD, Unit Vice President

L to R: Shula Minsky, Maggie Hoffman, Kerri Edelman, Chris Kosseff, Dana Moreschi, Jeff Dickert

Editors Note:
You may notice Ask Mechele and Improve UCHC are absent from this newsletter. Don’t fret...both will soon return to answer your questions, tackle tough topics and keep you informed, but could use your help. Please send questions, topic ideas, etc. to the email or fax below. Every effort is made to keep the sender’s identity confidential unless absolutely necessary.

Ask Mechele: morrisme@umdnj.edu or fax to 609-341-9380 (Attn: Ask Mechele)
Improve UCHC: ImproveUCHC@umdnj.edu or fax to 609-341-9380 (Attn: Improve UCHC)
From the Clinic to the Capitol

The following article was included in the August 2012 edition of Clinical Psychiatry News. Visit www.clinicalpsychiatrynews.com for more information.

July 17, 2012
By: ANNA ROSSI, D.O.

We psychiatrists must sometimes step out of our traditional roles as clinicians to become advocates for our patients on the political stage. Recently, I did just that.

The Fair Release and Reentry Act of 2009, after it was passed in the N.J. statehouse, needed to be immediately implemented by correctional facilities across the state. The law was designed to help ex-inmates make a better transition back into the community. As an example, it mandated providing inmates with information about appropriate social service benefits for which they might qualify upon release.

However, one requirement in the law concerned some of my fellow mental health staff members and administrators, and me. It read: "A copy of the inmate’s full medical record at no charge to the inmate [would] be made available to the inmate in a safe and secure manner."

Until this point, at the time of release, all inmates from the prison system had been given a standard medical discharge summary, including any and all diagnoses, current medications, allergies, and information about possible post-release appointments.

Senior medical and psychiatric staff of University Correctional HealthCare (UCHC), together with the Department of Corrections medical personnel, worked together to form an implementation plan. An important consideration was whether the record, often thousands of pages long, should be provided in the form of a paper chart or burned onto a CD. Concerns about the confidentiality and portability of a bulky paper chart prevailed, and the decision was made to provide CDs.

CDs, however, presented significant obstacles for the recently released inmates. Many released inmates were computer illiterate or had limited or virtually no access to computers. The information stored in the electronic medical record also proved difficult for medical providers to access because of unfamiliarity with the software and the massive amount of medical information stored in each chart.

For UCHC mental health staff, other concerns emerged as well. Not only were psychiatric notes being released without any possible opportunity for discussion with the patients, but therapy notes also were to be included. Frank, detailed descriptions of malingering and personality disorders are more prominent in correctional mental health notes, compared with notes about patients in community treatment settings. The ultimate effect of complete access to mental health records on this group of patients was unclear and thought to be potentially destabilizing.

"The ultimate effect of complete access to mental health records... was unclear and thought to be potentially destabilizing."

Complete and unmediated access could prove provocative to patients already known to have difficulty appropriately managing impulses and observing prosocial norms and values — perhaps even leading to increased recidivism.

As an American Psychiatric Association member, I called the New Jersey APA district branch and was put in contact with its lobbyist, Tim Martin of MBI-GluckShaw, the state’s largest public affairs firm. Mr. Martin immediately understood our concerns and set about to remedy the so-called unintended consequences of the legislation by getting an amendment passed.

Some colleagues at the University of Medicine and Dentistry of New Jersey—UCHC worked on this project. Dr. Donald R. Reeves, statewide director of psychiatry, and Nancy W. Graffin, Ph.D., clinician supervisor at the N.J. Adult Diagnostic Treatment Center, joined me in meeting the N.J. state legislators and staff, and speaking before an assembly hearing for the Law and Public Safety Committee.

We encountered frequent delays in our efforts to get the amendment passed, partly because of a change in political party leadership in the Trenton statehouse. Ultimately, we prevailed when the New Jersey legislature passed Amendment 2282. The amendment read that in place of a full medical record, released inmates would receive "a medical discharge summary" with the option of requesting a complete, free medical record (including all psychiatric notes), should they choose to do so. In early 2012, the governor signed the amendment into law.

At first, this seemed like a partial solution. Then I remembered that compromise often defines political achievement.

We must not be reticent to advocate beyond the clinic walls to protect patients with mental illness. Only when we do this will we be able to affect positive change on their behalf.

Dr. Rossi works in the New Jersey prison system for UMDNJ-UCHC as a staff psychiatrist and has a private practice at First Mountain Health and Wellness in West Orange, N.J.
UCHC Strategic Plan Highlights

Improvement in HIV Treatment
Eighty five percent of HIV infected inmates receiving treatment for at least six months are obtaining undetectable viral loads of < 70 copies/ml. As a quality benchmark, the Yale School of Medicine 2003 documented that 59% of their HIV patients on HIV medications for at least six months at the time of discharge from a Connecticut prison, achieved virological suppression of a viral load <400 copies/ml.

Improved Medical Outcomes
For Hyperlipidemia, UCHC achieved LDL levels equal to or less than 130 in 69% of patients in 2011. For Hypertension, 89% of the patients were below the 140/90 threshold in calendar year 2011. This figure bests the Michigan Department of Corrections 65.3%, Commercial insurers 62.2%, Medicare 57.7% and Medicaid 53.4% (Quality Assurance Office of Michigan Department of Corrections, 2008). For Diabetic care, 59% of inmates achieved HbA1c less than 7 in the second half of calendar year 2011 (MDOC 48.4%).

Addressing Unexplained Increase in the Mental Health Special Needs Roster (MHSNR)
During the summer of 2010, the rate of Central Reception and Assignment Facility (CRAF) inmates placed on the MHSNR was unexpectedly high...as high as 39%. A review of the process by psychiatry leadership resulted in a rapid reduction to the prior monthly average of 14% to 20%. The monthly percentage of new intakes placed on the MHSNR averaged 18.4% in 2010, 16.7% in 2011 and 16.1% in 2012. The placement of inmates on the MHSNR at CRAF should be, and is, modestly higher than the 13-14% placement rate for various reasons, most importantly, safety, until those with questionable symptoms are further assessed.

Impact of Dental Cleanings on Hemoglobin A1C Levels for Patients with Diabetes
In a study of the long term effectiveness of dental cleanings on 25 patients with uncontrolled Hemoglobin A1C levels, a 12% improvement was noted following this intervention (10.5% to 9.1%) with four dropping to 7% or lower.

Patients Reporting Improvement as a Result of Mental Health Treatment
Most SN inmates who indicated problem areas on the Basis 24 (scoring 2 or > on depression, interpersonal problems, self-harm, emotional liability and psychotic symptoms) reported improved functioning in these areas. Seventy five percent reported improvement in primary problem(s); 5% remained the same and 20% reported worsening symptoms while in prison.

Successful Implementation of Cognitive Behavioral Therapy (CBT) Treatment of Mild to Moderate Depression
Through a combination of training and peer reviews, consistent with the evidence-based research in the treatment of mild to moderate depression, MH clinicians are more frequently treating these disorders with CBT. Subsequently, psychiatrists are now less likely to treat these disorders with antidepressant medication. As of 6/1/12, the medical treatment of Depression NOS and Adjustment Disorder decreased by approximately 45% (307 to 170 patients). This and chart reviews provide evidence that CBT has increased for this population 14% to 50%.

Impact of Chronic Disease Self-Management Program
Four hundred ninety inmates have participated in the Chronic Disease Self-Management Program. Evaluation of the program has demonstrated that participants have significantly reduced their LDL and improved their HDL, however, their weight has remained stable.

Telemedicine
UCHC telemedicine encounters to avoid onsite medical specialty visits have increased from 15.3% in the second half of FY 11 to 19.9% in the first half of FY 12 and 23.7% in the second half of FY 12.

Improving the Reliability of Optometry Screenings
In November 2010, UCHC changed the process of assessing vision at intake after optometrists’ reported too many referrals for inmates with no vision problems. Assessments are now done privately using the Optec 5000 Visual Screening and Peripheral Vision Testing equipment in a private area. As a result, monthly referrals were reduced 43% (from 186 to 106).

Improving Compliance with Objective Performance Indicators (OPIs)
In calendar year 2011, 90% of the time medical staff achieved at least the 97% thresholds on the 32 OPIs. In the first half of 2012, that has improved from 90% to 93.2%.

Further Reduction in Complaints regarding Medical, Mental Health and Dental Services
The total number of medical, mental health & dental complaints dropped another 9% from 4,081 in 2010 to 3,702 in 2011. Mental health complaints dropped 33% (351 to 234). Dental complaints dropped 24% (223 to 170). Medical complaints dropped 6% (3,507 to 3,298). In calendar year 2009, 4,144 inmate complaints were received and addressed. In 2008, 4,575 complaints were received and addressed. In 2007, 6,717 complaints were received.

Nursing Reduced Overtime
Nursing leadership again reduced overtime by another 7.6% ($164,000) in fiscal year 2012 as compared to fiscal year 2011. In 2011 the reduction was 7.7% when compared to 2010.

Reduction in Average Daily Inpatient Census
With a reduction in the average length of stay and number of admissions, the average daily hospital census was reduced from 11.72 patients in fiscal year 2011 to 10.39 in fiscal year 2012. This reflects a continued decline in the daily hospital census. In fiscal year 2010, the average daily census was 11.99. In fiscal year 2009 it was 12.25.

Continued—Page 4
The Biopsychosocial Model of Medicine

Traditional medicine has always dealt with the biomedical & not the psychosocial aspect of health care, & has relegated the latter to the field of psychiatry & mental health. This results in a disjointed healthcare delivery system where the patient is never wholly treated & as a result is left dissatisfied with his/her medical & mental health care.

The majority of patients we treat are not mentally ill, but all patients require that their psychosocial issues be addressed along with their medical issues. It was with this pretext in mind that Dr. George Engel developed the Biopsychosocial Model of Medicine. Its fundamental assumption is that health and illness are consequences of the interplay of biological, psychological & social factors. Dr. Engel states:

The crippling flaw of the (biomedical) model is that it does not include the patient & his attributes as a person, as a human being. The biomedical model can make provision neither for the person as a whole nor for data of a psychological or social nature, for the reductionism & mind-body dualism on which the model is predicated requires that these must first be reduced to physiochemical terms before they can have meaning. Hence, the very essence of medical practice perforce remains “art” and beyond the reach of science.

It is exactly this flaw of the biomedical model that Dr. Marian Stuart & Dr. Joseph Lieberman set out to correct in the field of primary care, & more specifically, in the discipline of family medicine as opposed to the discipline of internal medicine which relies heavily on the biomedical model. Their approach lent itself more favorably to family medicine since the method of training of family medicine residents is geared to outpatient treatment with less emphasis on inpatient treatment on which internal medicine so heavily relies.

Drs. Stuart and Lieberman adapted the biopsychosocial model in their book The Fifteen Minute Hour, readily showing that incorporating this model in primary care medicine would reap many rewards for both the patient & the medical provider. Although initially geared toward training family medicine residents, the model could easily be adopted by all in primary care residency training.

The book is replete with many helpful techniques toward providing care for patients as a whole. However, one technique in particular, which is the essence of the book, is a method for history-taking called BATHE: B-background, A-affect, T-trouble, H-handling and E-empathy. This technique allows the provider to get a complete history of the patient’s presenting issues in a concise & consistent manner. It addresses the needs of the patient & not the wants, making it a more reasonable approach in satisfying both the patient & the provider.

The BATHE technique, based upon the biopsychosocial model of medicine, can be easily adapted to correctional health care to fully & completely treat the inmate-patient, improving outcomes & diminishing the number of inmate complaints.

It is sometimes tempting to throw a pill or a treatment at the presenting medical issue & demand that the patient take it & get better. However, if the ailment is impacted by psychosocial factors, no amount of treatment or medication will produce the desired effect. Realizing that this doesn’t call for an automatic referral to mental health, nor does it imply that the patient has significant psychological needs doesn’t mean that you have nothing more to offer him/her. Rather, by choosing to utilize simple mental health techniques you can aid medical management; & by including the patient in his/her treatment plan, you will come a long way toward achieving a far more successful therapeutic outcome.

The doctor-patient relationship, which has evolved from the paternalistic approach to a partnership with the patient, can be improved by using the biopsychosocial model of medicine, & who better to deliver it then the patient advocate-- the primary care provider.

Yasser Soliman, MD


UCHC Strategic Plan Highlights (Continued)

Presentations and Publications
UCHC leadership presented at the Correctional Academic Conference on the Benefits of a Department of Corrections Partnership with a Health Sciences University and on Instituting Chronic Disease Self-Management Program in NJDOC. Articles were published on the UCHC peer review process to assure adherence with psychiatric clinical guidelines (Drs. Reeves, Tamburello, Lieberman, & Baum) and medical treatment of aggression (Dr. Mattes).

Performance Improvement (PI) Fair
In 2012, 43 projects were submitted at the UCHC PI Fair. The New Jersey State Prison (NJSP) project targeting Bed Utilization Reviews on mental health units won First Place in the Governor Richard Cody Statewide PI Fair. The team included: Kerri Edelman, Virginia Gogarty, Maggie Hofmann, Jordan Lieberman, Susan Pitak-Davis, Dana Moreschi, Randy Wilson, Todd Zimmerman, and Sharon Decker.

Juvenile Justice Commission (JJC) Objective Performance Indicators
Within the JJC there are a total of 21 performance indicators with varying thresholds. The indicators range from a compliance rate of 85% to 100% and are reviewed on a weekly basis. Thirteen are nursing indicators and eight are medical provider indicators. Overall compliance for the last two quarters of 2012 combined was 98.8%; with a rate of 98.5% in Quarter 1 and 99.7% in Quarter 2.

Community Supervision for Life (CSL) Services Expans
The New Jersey State Parole Board has funded an expansion of CSL Treatment Services to include those in residential programs.

Jeff Dickert, PhD, Unit VP
Financial Terms of the 4 Locals Representing UCHC Staff

CWA Local 1040 (Mental Health):
- Effective the pay period beginning closest to July 1, 2012, all employees in the bargaining unit having also been employed in an eligible UMDNJ title on or prior to June 30, 2012, shall receive an across-the-board increase in salary of 2%. The JH and JS salary tables will be increased by 2%.
- Effective the pay period beginning closest to July 1, 2013, all employees in the bargaining unit having also been employed in an eligible UMDNJ title on or prior to June 30, 2013, shall receive an across-the-board increase in salary of 2%. The JH and JS salary tables will be increased by 2%.
- Effective the pay period beginning closest to January 1, 2014, all employees in the bargaining unit having also been employed in an eligible UMDNJ title on or prior to June 30, 2013, shall receive an across-the-board increase in salary of 1%. There will be 0% increase to the JH and JS salary tables.

Teamsters Local 97:
- Effective July 1, 2012, employees on payroll as of June 30, 2012 will receive a 2% across-the-board increase.
- Effective July 1, 2013, employees on payroll as of June 30, 2013 will receive a 2% across-the-board increase.
- Effective January 1, 2014, employees on payroll as of December 31, 2013 will receive a 1% across-the-board increase.

UMDNJ (Non-Union)

HPEA Local 5094 (Professionals):
- Effective July 1, 2012, employees hired prior to July 1, 2010 will move one step on the PH or PS salary scales. There will also be a 0.5% ATB increase to employees. Full time employees at Step 20 will receive a $500 lump sum payment in lieu of step move. Part time will receive $250 lump sum.
- Effective July 1, 2013, employees hired prior to July 1, 2011 will move one step on the PH or PS salary scales. There will also be a 0.5% increase to employees. Full time employees at Step 20 will receive a $500 lump sum payment in lieu of step move. Part time will receive $250 lump sum.
- Effective July 1, 2013, one step move for Staff Nurses on the “UB” salary scale hired prior to July 1, 2008, and no increase to steps. Full time Nurses at Step 26 (max) will receive a $500 lump sum payment in lieu of step move. Part time will receive $250 lump sum.

Other Nursing classifications (APNS, CRNAs, Nurse Clinicians and Case Managers) will receive a 2% ATB increase effective July 1, 2012, 2% ATB increase effective July 1, 2013, and 1% ATB effective January 1, 2014.

Nonunionized Employees:
- Effective July 1, 2012, employees on payroll as of June 30, 2012 will receive a 2% across-the-board increase.

I've Been Served!? Litigation unfortunately, is commonplace in prisons. Most litigation against staff comes to naught, however, all requires 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 Central Office by calling (609) 292-4036 x5228. Fax the legal papers, along with the letter template requesting legal representation (see newsletter attachment example), 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 noncompliance 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) 292-4036 x5228 or e-mail (dickerje@umdnj.edu) ●
NJDOC Around the University!

- The June 17-23 edition of “This Week at UMDNJ” highlighted a presentation at the Law Enforcement Officers Against Prostate Cancer Foundation Prostate Cancer Awareness Gala on June 2. The foundation was established by NJSP SCO Lance Lopez who lost his father to prostate cancer last year. SCO Lopez is also Executive Vice President of PBA Local #105, the largest local law enforcement union in New Jersey.

- Pam Anderson, MSN, NP, from the NJDOC Health Services Unit shared her recent battle with breast cancer in a UMDNJ Robert Wood Johnson, University Hospital publication. The image below appears on RWJUH’s home page (http://www.rwjuh.edu/).

St. Francis Medical Center Ranked 10th Among 53 NJ Hospitals

St Francis Medical Center in Trenton ranked 10th among 53 New Jersey Hospitals based upon Consumer Report’s patient safety rating. St. Francis received a score of 53 where the range in NJ was from 62 to 24. This is very remarkable consider the lowest scoring hospitals tend to cluster in metropolitan areas, suggesting that urban hospitals face special challenges. The few NJ hospitals that do not report safety information were excluded.

Consumer Reports used the most current data available from government and independent sources; interviewed patients, physicians, hospital administrators and safety experts; and looked at hospital inspections and investigations. It focused on six categories: infections, readmissions, communication (such as unclear instructions), CT scanning (radiation overload), complications, and mortality.

Consumer Reports, August 2012, pp. 20-28. The full article can also be found online at consumerreports.com

Image from http://www.stfrancismedical.org/
Shout Outs!

• Adebola Adeniran, RN, Staff Nurse, received special recognition commending her actions on May 12, 2012 at Southwoods State Prison (SWSP). "...RN Adeniran demonstrated the highest degree of professionalism in the performance of her duties in a stressful situation. RN Adeniran's training, skill and actions resulted in the preservation of life and avoided a potentially tragic situation. I therefore request that RN Adeniran receive official recognition of her actions..." —Lieutenant Hayes

• To say that this is an exciting time for Wanda Broach-Butts, Dept Nurse Manager, Inpatient Mental Health Unit, New Jersey State Prison is a huge understatement. On April 30 she earned her Doctor of Nursing Practice Degree from the University of Medicine and Dentistry of New Jersey (UMDNJ); culminating her studies with an investigative proposal entitled: “The Mental Health Nurse’s Perception of the Competency Needs when Working with the Forensic Population.” Her academic pursuits included induction into the Sigma Theta Tau International Honor Society of Nursing. And that’s not all. She was also invited to speak at the National Commission on Correctional HealthCare (NCCHC) conference July 22-23rd in Chicago, IL. The two sessions during which Dr. Broach-Butts presented were: Mental Health Emergencies within Corrections and Mental Health and Physical Emergencies and the Effective Use of Nursing Protocols. Congratulations Dr. Broach-Butts!!!

• On July 23, UCHC staff Paula Azara, Regional Nurse Manager, Drs. Flora Defilippo (Outpatient Mh), Kerri Edelman (Inpatient MH) and NJDOC representatives from classification, social work and education met with the Governor’s Task Force on Recidivism at New Jersey State Prison (NJSP). According to excerpts from a letter from Kenneth Nelsen, Assistant Administrator, NJDOC, NJSP the presentations were exceptional: “…the task force had nothing but great things to say about all of you. They stressed how well the different departments at NJSP work together, how honest we were with them, and most importantly how all of you know your jobs. This was the last institution they had to visit in the department and they commented how it was the most informative and positive visit that they have conducted. You folks truly knocked that ball out of the park today! GREAT JOB, THANK YOU, AND KEEP UP THE GOOD WORK!”

• The following are excerpts from a letter sent by a woman who’s brother succumbed to illness while in custody and under the care of UCHC nursing staff: “...I do want to give a big thank you to many for making RJ’s final days as good & comfortable as possible. Heather Burnett talked with me & every time we visited she was so kind & comforting. Megan Madru his caseworker was so wonderful; she never refused to talk to me & even when I got distraught she stayed calm & sweet. I was further pleased with Dolores Guida & the way she took care of RJ. If he had been placed in a nursing home & had hospice take care of him I don’t think he would have gotten as good of care as he got from all of the kind & special folks at the STU. …I realize that RJ isn’t the only one that any of you had to have concern for & yet you made it seem as though he was the only one. I just want to ensure that everyone knows how grateful we are for the care given to RJ in his final days.”

• On June 24th, at East Jersey State Prison (EJSP), the medical department responded to a medical emergency with information that an inmate had been found in his cell not breathing and without a pulse. The medical team, Nymbeka Pagan, RN; Charles Ndege, RN and Minnie Thompson, LPN, arrived to find NJDOC Officers Michael Green and Joseph Sloan performing CPR. The three responding nurses took over CPR and utilized the AED, which lead to a positive outcome for the patient. When EMS arrived the patient had a pulse and was breathing. Way to go EJSP medical & custody staff!!!

• A Note of Thanks: As the Regional Nurse Manager at both EMCF and MYCF I want to thank my staff members for doing exceptional work over the last six months. I know having a new manager come in and make changes is not always easy, but you accepted me with open arms and have been very receptive to the small changes I made. I want to thank you all for your dedication and hard work in an area of medicine and healthcare that is not always easy to work in. I hope to have only great things from both these facilities since great people work there. I also could not have done my job without the help of my DNM’s, Gerald and Natalie. Both are hard workers and have been really patient with their new Regional Manager. The physicians have also been very receptive to me and are very responsive to the needs and requests of our patients. I could not have asked for a better group of people to work with. Again, thank you all for making me feel welcomed in my role as your Regional Nurse Manager.
Margaret Cocuzza, APN-C, RNM

Toot your horn! Brag about your staff!! Congratulate a co-worker!!!
Send your shout outs to:
© Mechele Morris, morrisme@umdnj.edu
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 Central Office. Melody’s direct number is (609) 292-4036 x5210.

Problem With Your Paycheck?

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

As of this publication date the reimbursement rate remains the same.

Problems with UCHC Pagers/Cell Phones
Report all problems to Jennifer VanEmburgh, UCHC Central Office, phone (609) 292-4036 x5620 or 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/pl405000.htm

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

Suggestions? Ideas? Leadership wants to know!!!

In response to employee feedback, the UCHC Leadership Team created ImproveUCHC@umdnj.edu as an 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 managers ourselves, so we invite you to use this new Performance Improvement initiative. We hope to hear from you soon!

The UCHC Leadership Team
TELEMEDICINE UPDATE
Most sites now have the ability to conduct telemedicine with a Personal Computer (PC) equipped with a video camera. Instructions for identifying and using this equipment are located in the telemedicine folder on the “G” drive(G:\Medical\AllMed\General\Telemedicine). These PC based units are to be used for all telemedicine encounters.

BE AWARE!
Email is not private and should only be used for business purposes. DOC is storing every message send and received by their users. In order to comply with NJ State records retention regulations, the Department of Corrections will be implementing an email archiving solution over the next 2-3 months. Once it is turned on, the system will capture all GroupWise email (including draft messages that have been saved) and store it in the archive. 

NOTE: GroupWise is the email system used by NJDOC. This warning applies to all messages sent and received to

Stepping away? Secure your Computer!
Windows Logo + L

Ask Mechele…

“Ask Mechele” has taken a summer vacation
Some much needed rest to regain her inspiration
Please continue to send your questions & concerns
Which Mechele will address when the column soon returns

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

Ginseng, Fish, Berries, or Caffeine?
Listen to the buzz about foods and dietary supplements and you'll believe they can do everything from sharpen focus and concentration, to enhance memory, attention span, and brain function. But do they really work? There's no denying that as we age chronologically, our body ages right along with us. The good news is that you can increase your chances of maintaining a healthy brain -- if you add "smart" foods and beverages to your diet.

Caffeine Can Make You More Alert
There's no magic bullet to boost IQ or make you smarter -- but certain substances, like caffeine, can energize and help you focus and concentrate. Found in coffee, chocolate, energy drinks, and some medications, caffeine gives you that unmistakable wake-up buzz -- though the effects are short term. And more is often less: Overdo it on caffeine and it can make you jittery and uncomfortable.

Sugar Can Enhance Alertness
Sugar is your brain's preferred fuel source -- not table sugar, but glucose, which your body metabolizes from the sugars and carbohydrates you eat. That's why a glass of something sweet to drink can offer a short-term boost to memory, thinking processes, and mental ability. Consume too much, however, and memory can be impaired -- along with the rest of you. Go easy on the sugar so it can enhance memory, without packing on the pounds.

Eat Breakfast to Fuel Your Brain
Tempted to skip breakfast? Studies have found that eating breakfast may improve short-term memory and attention. Students who eat breakfast tend to perform significantly better than those who don't. Foods at the top of researchers' brain fuel list include high-fiber whole grains, dairy, and fruits. Just don't overeat; researchers also found high-calorie breakfasts appear to hinder concentration.

Fish Really is Brain Food
A protein source associated with a great brain boost is fish -- rich in omega 3 fatty acids, essential for brain function and development. These healthy fats have amazing brain power: higher dietary omega 3 fatty acids are linked to lower dementia and stroke risks; slower mental decline; and may play a vital role in enhancing memory, especially as we get older. For brain and heart health, eat two servings of fish weekly.

Add a Daily Dose of Nuts and Chocolate
Nuts and seeds are good sources of the antioxidant vitamin E, which is associated with less cognitive decline as you age. Dark chocolate also has other powerful antioxidant properties. And it contains natural stimulants like caffeine, which can enhance focus and concentration. Enjoy up to an ounce a day of nuts and dark chocolate to provide all the benefits you need without excess calories, fat, or sugar.

Add Avocados and Whole Grains
Every organ in the body depends on blood flow, especially the heart and brain. Eating a diet high in whole grains and fruits like avocados can reduce the risk of cardiovascular disease and lower bad cholesterol. This reduces your risk of plaque buildup and enhances blood flow, offering a simple, tasty way to fire up brain cells. Whole grains, like popcorn and whole wheat, also contribute dietary fiber and vitamin E. Though avocados have fat, it's the good-for-you, monounsaturated fat that contributes to healthy blood flow.

Blueberries Are Super Nutritious
Research in animals shows that blueberries may help protect the brain from the damage caused by free radicals and may reduce the effects of age-related conditions such as Alzheimer's disease or dementia. Studies also show that diets rich in blueberries significantly improved both the learning and muscle function of aging rats, making them mentally equivalent to much younger rats.

Benefits of a Healthy Diet
It may sound trite but it's true: If your diet lacks essential nutrients, it can decrease your ability to concentrate. Eating too much or too little can also interfere with your ability to focus. A heavy meal may make you feel lethargic, while too few calories can result in distracting hunger pangs. Benefit your brain: Strive for a well-balanced diet full of a wide variety of healthy, wholesome foods.

Vitamins, Minerals, and Supplements?
Store shelves groan with supplements claiming to boost health. Although many reports on brain-boosting power of supplements like vitamins B, C, E, beta-carotene, and magnesium are promising, a supplement is only useful to people whose diets are lacking in that specific nutrient. Researchers are cautiously optimistic about ginseng, ginkgo, and vitamin, mineral, and herb combinations and their impact on the brain. Check with your doctor.

Get Ready for a Big Day
Want to power up your ability to concentrate? Start with a meal of 100% fruit juice, a whole grain bagel with salmon, and a cup of coffee. In addition to eating a well-balanced meal, experts also advise:
- Get a good night's sleep.
- Stay hydrated.
- Exercise to help sharpen thinking.
- Meditate to clear thinking and relax.

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Retrieved from WebMD.com on 3/28/12
http://www.webmd.com/add-adhd/slideshow-brain-foods-that-help-you-concentrate

This article does not provide medical advice.

REFERENCES:
Nanayak L. Wilson, RD, a spokeswoman for the American Dietetic Association (ADA). Gordon Winocor, PhD, senior scientist for the Rotman Research Institute in Toronto.
Paul F. Gold, professor of psychology and psychiatry, neuroscience program, University of Illinois.
Steven Pratt, MD, author, Superfoods Rx: Fourteen Foods Proven to Change Your Life.
University of California Berkeley Guide to Dietary Supplements.
New Jersey State Prison’s Winning PI Project Summary

Bed Utilization Reviews—Improving and Standardizing the Overall Documentation in order to Justify Current Level of Care:

New Jersey State Prison (Inpatient Mental Health Program)

May 2011-March 2012

**Team Members:** Team Leader: Kerri Edelman, PsyD UMDNJ-UHC Inpatient Clinician Supervisor, Team Facilitator: Virginia Gogarty, LCSW-Mental Health Clinician III and Maggie Hofmann, MT-Music Therapist, Team Members: Jordan Lieberman, MD-Central Region Director of Psychiatry, Susanne Pitok-Davis, AT-Art Therapist, Dana Moreschi, RT-Recreation Therapist, Randy Wilson, RT-Recreation Therapist, Todd Zimmelman, MA-Mental Health Clinician II, Sharon Decker, LCSW-Mental Health Clinician III.

**Title of Project:** Are There Bugs In Your Bed Utilization Reviews

**Purpose:** Mental health treatment team conducts Bed Utilization Reviews for patients on the residential and transitional psychiatric residential units at New Jersey State Prison (NJSP) to: 1. Assure inmate’s need matches the current level of care and 2. Assure treatment team is addressing the critical problems and has established appropriate goals, objectives and interventions to address the critical problems. These units are named Residential Treatment Unit-RTU and Transitional Care Unit-TCU. The documented Bed Utilization Review in the charts, however, were not consistently 1. Documenting the specific clinical information to justify the specific level of care needed, 2. Determining whether a change in level of care is warranted & 3. Assure the treatment plan’s goals, objectives, and interventions are relevant to the critical problems warranting a higher level of care. This should improve the content of the documented bed utilization reviews in the chart.

**Design & Method:**
- The Performance Improvement Team consists of multi-disciplinary mental health staff members from both the RTU and TCU at NJSP. The goals of the PI project was to improve the documentation of pertinent mental health information within the bed utilization reviews in order to justify the current level of care and to improve treatment.
- The Team began meeting in May 2011 to develop the format and content of a peer review form to assess the mental health staffs’ thoughts regarding the specific content to be included within bed utilization reviews in order to improve communication of pertinent mental health information to justify the patients current level of care.
- Through the utilization of a fishbone diagram, the team identified reasons why the content of the bed utilization reviews were inconsistent, primarily the lack of a structured format used by all mental health disciplines as well as lack of training on the matter.

**Measure:**
- Pre-test data (n=40) was collected to assess bed utilization reviews written prior to the development of a bed utilization peer review form between March 2010 and March 2011.
- Didactic Training was conducted on specific content to be included in the bed utilization review with a hand out being provided which went over the pertinent information.
- Post-test data (n=40) was collected in order to determine if the content of the bed utilization reviews has improved between April 2011 and September 2011.
- 6-month follow-up data (n=25) was collected in order to determine sustained improvement in the specific content to be included within the bed utilization reviews between October 2011 and March 2012.

**Improve/Interventions:** To assure full participation in the process, at a staff meeting the team leader solicited all mental health staffs’ thoughts regarding the importance of qualitative content to be included within bed utilization reviews. Upon receiving the mental health staffs’ feedback and analyzing the causes of the breakdown, a Bed Utilization Peer Review Form was developed. Consensus was achieved by the mental health team on the revisions to this new utilization review form. Staff were subsequently trained on completing this new form.

**Assess:** The results from the pre-test to post-test data (after implementing the didactic training) indicate an improvement in mental health staff endorsing the specific content that was perceived as being essential in Bed Utilization Review Forms. Significant improvements were demonstrated from collection of the pre-test to post-test data and post-test to 6-month follow-up data as evidenced by a 20% to 30% improvement in endorsing the essential documentation from each round of data collection.

**Conclusion and Future Directions:**
- By developing a Bed Utilization Review Form to guide staff in documenting the pertinent information within the Bed Utilization Review document, staff significantly improved, including the essential information within the document.
- Follow-up data was collected within 6-months of collection of the post-test data and feedback was provided to the staff.
- Peer Review Bed Utilization Summary Form Orientation for new staff/new hires will be trained on how to compose bed utilization reviews via the essential content included with the peer review bed utilization form.
- Proposal of standardization across the state regarding documentation of bed utilization reviews with the implementation of didactic seminars to train inpatient staff at other institutions.
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. We’d love to hear from you!

Central Office Updates:

- **Christine Barton, RN**, has joined the Utilization Management Dept here at the Central Office. Christine can be reached at 609-292-4036 ext. 5214 or on her business cell phone at 609-828-5706.

- Please note **Debbie Pavlovsky**, QI Dept, UCHC Central Office, is now **Debbie Ortiz**.

**EAP is just a phone call away...**

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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Please submit articles by October 1st for the Fall Newsletter
# Central Office New Phone Numbers/Extensions

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<th>Fax Numbers: 609-341-9380, 609-943-5449, 609-341-3399</th>
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<td>Harold Mapes:</td>
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<td>Rebecca Cozzens:</td>
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<td>Samantha Pezzella:</td>
<td>856-459-8753</td>
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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
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/
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

April-May-June 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.*