

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



P.O. Box 30217  
LANSING, MICHIGAN 48909

BILL SCHUETTE  
ATTORNEY GENERAL

January 31, 2014

Ms. Mellie Nelson  
Supervisory Attorney  
U.S. Department of Justice  
Disability Rights Section – NYA  
950 Pennsylvania Avenue, N.W.  
Washington, DC 20530

Ms. Judith Levy  
Ms. Susan DeClercq  
Assistant U.S. Attorneys  
U.S. Attorney's Office  
211 W. Fort Street, Suite 2001  
Detroit, MI 48226

Re: Women's Huron Valley Tri-Annual Status Report of Access  
Improvements and Other Program or Service Improvements

Dear Mellie, Judith and Susan:

This is the second of the Women's Huron Valley (WHV) tri-annual status reports. The next tri-annual status report will be submitted May 30, 2014.

These tri-annual status reports are to keep you apprised of progress made at WHV toward completion of the improvements described in my letter to you of March 8, 2013, as clarified in the Michigan Department of Corrections' (MDOC) draft letter to you of December 18, 2013.

### Physical Plant Improvements

The physical plant improvements are described in the updated physical plant grid. During our July 2013 meeting at the WHV facility, we indicated that it might be possible to update the Excel spreadsheet with photo links so that you would be able to see a photographic confirmation of the particular items in the grid that were being improved from that time period going forward. The facility added a small number of photographic links to the September 30, 2013 grid, and has added more photograph links to this updated version of the grid. Unfortunately, those

photographic links, like before, do not allow the Excel spreadsheet to be sent by email. Therefore, I am enclosing a disc with the hard copy of this report and grid. There are instructions, included as Attachment A to this report and with the disc, that explain how to download the data to view the photo links to the grid. In addition, the grid itself on the disc has been color-coded. The tabs indicate the location for each project in this physical plant improvement grid. The tabs are colored to indicate areas where the renovations are complete (green), where there is a change from the first tri-annual report's grid (yellow) and where the work has not yet begun (black). We have also improved the main page on the grid to include a Tab Title list and the corresponding cell item numbers.

The cell item numbers are color-coded using the same color indicators as used for the tabs. A green cell item number indicates the renovation in that cell item was completed before the previous report, a yellow item number indicates a change from the previous report and a black number indicates the item has not been completed and there has been no change from the previous report. Yellow items may be completed and, if so, will be indicated in green in the next report. We thought it more helpful to point out changes from the last status report to reduce the duplication of repeated review.

### Mental Health Services and Suicide Risk Reduction Activities

1. PD 04.06.115 entitled *Suicidal and Self-Injurious Behavior*, effective November 1, 2013 (provided with the first tri-annual report).

2. PD 04.05.112 entitled *Managing Disruptive Prisoners*, effective November 1, 2013 (provided with the first tri-annual report). Note: *This policy directive is exempt under the State of Michigan's Freedom of Information Act and would only be disclosed in litigation if covered by a protective order. Consistent with what I perceive to be Department of Justice's behavior throughout your investigation and review at Women's Huron Valley, please consider this policy directive to be privileged and not appropriate for public release.*

3. The Program Statement for the OPT Dialectical Behavior Therapy (DBT) Program was provided with the first tri-annual report. This program continues to be provided in the Emmet, B-wing, housing unit. Twenty-five prisoners were served by the OPT DBT Program from October 1, 2013 - January 30, 2014. The first 6 month pilot phase of the program concluded at the beginning of January, 2014. The experience from this pilot phase informed numerous recent modifications of the structure of the milieu, schedule, program rules and expectations, custody-clinical staff communication, prisoner selection and admission criteria, and privilege/behavioral stages. Currently, at the start of the new six

month program cycle (late January 2014), there are 18 prisoner/patients, with the plan to gradually expand the treatment group to 24 over the next 4 months. Intra-facility DBT training was provided on December 3, 2013 and January 21, 2014 to custody staff, including approximately 10 correctional officers. Additional staff training for DBT is planned during the next 4 months.

4. The Program Statement for Counseling Services and Interventions (CSI) was provided with the first tri-annual report. This program currently has 58 prisoners enrolled and an additional 148 prisoners have been discharged (completed) from their participation in CSI. The CSI program began in November 2011 at WHV.

5. Additional Mental Health Services Data: The current case loads for Outpatient Mental Health Treatment (OPMHT) (not including CSI) is 672, Residential Treatment Program (RTP) is 39, Mental Health (Inpatient) Acute Care is 8, and Mental Health (Inpatient) Rehabilitative Treatment Services is 21. Between October 1, 2013 and January 30, 2014, the total number of prisoners served by the OPMHT (not including CSI), RTP, Mental Health (Inpatient) Acute Care and Mental Health (Inpatient) Rehabilitative Treatment Services are: 744, 40, 8 and 22, respectively.

6. Frequency Update Regarding Suicide and Suicide Attempts at WHV:

a) Between January 1, 2011 and December 31, 2011, there were 25 suicide attempts at WHV and one completed suicide.

b) Between January 1, 2012 and December 31, 2012, there were eight suicide attempts and one completed suicide at WHV.

c) Between January 1, 2013 and September 22, 2013, there were three suicide attempts and no completed suicides at WHV. All three of the 2013 suicide attempts occurred on or before February 14, 2013.

d) Between January 1, 2014 and January 26, 2014, there were no suicide attempts at WHV. Regrettably, there was a completed suicide on January 2, 2014 in Emmett Housing Unit. Information relating to that suicide will be provided separately.

### Health Care Quality Improvement

1. Following the July 17 and 18, 2013 site visits at WHV and our review of the comments of your medical expert, Dr. Greifinger, the MDOC, in conjunction

with its health care contractor, Corizon Medical Services, implemented what is known as the "Warfarin Initiative." Information regarding that initiative was provided with the first tri-annual report.

2. Attachment B is an updated set of chronic care clinic degree of control timeliness "seens" chart, one each for good, fair and poor control, through October 2013. Review of this data has disclosed that the facility is pretty good at catching up within 10 days with the scheduled fair and poor control patients, but not as good with actually seeing those patients on their scheduled day. The facility has reviewed this information and determined that a portion of the "late" seens were due to Medical Providers (MPs) scheduling medication review follow-ups as chronic care visits. That is being corrected. Also, in December 2013, a project reviewing the scheduling and data related to reporting of chronic care scheduling and visits was being reviewed for improvement. See update in WHV PI meeting minutes for January 30, 2014 (Attachment E-3).

3. Attachment C is a chart indicating the changing Wait List count at WHV as compared to the regional average. WHV all but eliminated its wait list for the 4<sup>th</sup> quarter of 2013.

4. Attachment D is an update of the charts indicating compliance with timely annual health screens for both the general population and those enrolled in chronic care clinics.

5. Attachment E consists of the minutes from the October 24, 2013, December 19, 2013, and January 30, 2014 facility performance improvement meetings. The minutes reference three performance improvement projects underway.

6. Attachment F is the WHV Medication Grievances report that is used to identify new or recurring issues with medications.

7. Attachment G is a chart of the request for healthcare taken from a tally of health kites for the time period indicated in the chart.

8. Attachment H is a chart of the changing frequency of Emergency Room visits to identify spikes in visits as an indicator of possible provider-issues or of possible contagion.

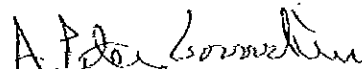
9. Attachment I is a graph of the alternative treatment plan frequency at WHV versus the Southern Health Care Region. Alternative Treatment Plans are provided, when the situation warrants, through Corizon's utilization review process in response to an MP's 407 request for a referral to a specialist.

10. The Service Level Agreement (SLA) monitoring issues that are being tracked are considered by Regional Health Care and will guide the specific audits and monitoring done at the facility level. The items listed above include the types of audits and monitoring that could be indicated by the SLA review or other indicators of need for quality improvement.

### Conclusion

The MDOC and the WHV Correctional Facility are committed to carrying out their access improvement projects and quality improvement for the delivery of mental health services and medical services as described above and in the Department of Corrections' letter to you of December 18, 2013. Despite the January 2, 2014 suicide, the facility has made significant progress in reducing the risk of suicide over the last three years, as can be seen by the frequency statistics cited above. The information in this package will be updated for your review in the next tri-annual report, due on May 30, 2014.

Sincerely,



A. Peter Govorchin  
Assistant Attorney General  
Corrections Division  
(517) 335-7021

APG:jah  
Enclosures  
cc: Daphne Johnson

# MICHIGAN DEPARTMENT OF CORRECTIONS

*"Expecting Excellence Every Day"*

## MEMORANDUM

**DATE:** January 30, 2014

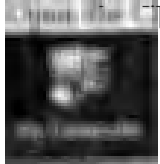
**TO:** Pete Govorchin, Assistant Attorney General  
Corrections Division, Department of Attorney General

**FROM:** Paul Slagter, Administrative Assistant  
Women's Huron Valley Correctional Facility

**SUBJECT:** DJ 204-37-333; 204-37-334; 204-37-335; 204-37-336  
Women's Huron Valley  
AG No.: 2010-0034076-A

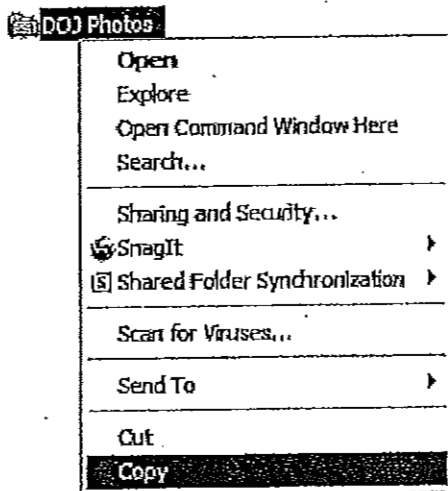
Attached is the 01/31/2014 version of the "Physical Plant / Architectural Modifications Grid" of the Women's Huron Valley Correctional Facility.

I have included four copies of the CDRoms per your request. To view this grid, the user will need to be on a computer with a version of Microsoft Excel 2003 (or newer) and should follow the below steps:

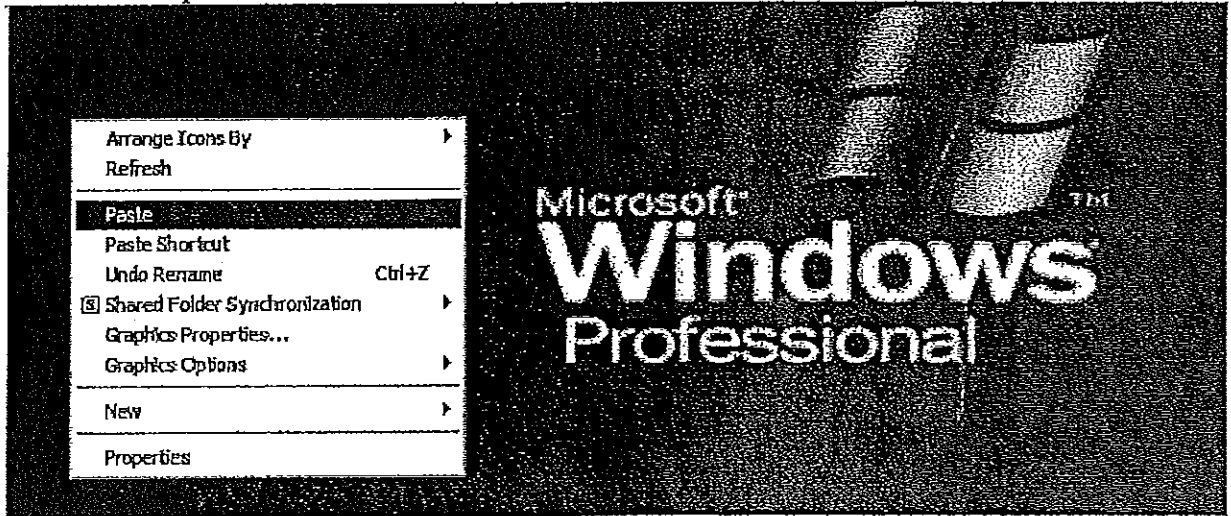
1.  D contents in the "My Computer" application.

2. Double Click on the drive for your CDRom and then Right Click on the folder named "DOJ Photos" and choose Copy.

Files Currently on the CD



3. Paste this document on the Desktop (Complete this by right clicking in an empty space on your desktop)
  - a. The links in the document will only work if the folder is saved on the C: of the computer.

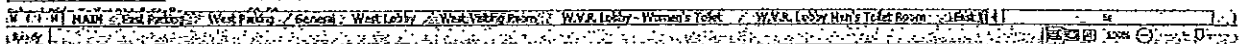


4. Double click the DOJ Photos folder on the desktop and then on the "DOJ\_Report.Physical Plant 09.30.13.xlsm" file.

Name	Size	Type	Date Modified
3		File Folder	9/17/2013 3:08 PM
9		File Folder	9/17/2013 3:15 PM
10		File Folder	9/17/2013 3:19 PM
12		File Folder	9/17/2013 3:16 PM
13		File Folder	9/17/2013 3:17 PM
14		File Folder	9/23/2013 9:44 AM
15		File Folder	9/17/2013 3:09 PM
16		File Folder	9/17/2013 3:10 PM
17		File Folder	9/17/2013 3:12 PM
52		File Folder	9/24/2013 10:49 AM
55		File Folder	9/24/2013 10:47 AM
60		File Folder	9/24/2013 10:50 AM
<b>DOJ_Report.Physical Plant 09.30.13.xlsm</b>	210 KB	Microsoft Excel Mac...	9/25/2013 8:05 AM

When the file opens, please take note of the tab at the bottom labeled "Main". This is an index of the Item Numbers with a "quicklink" feature to increase the ease of navigating. Also included on this page is a key to define the color scheme and link functions.

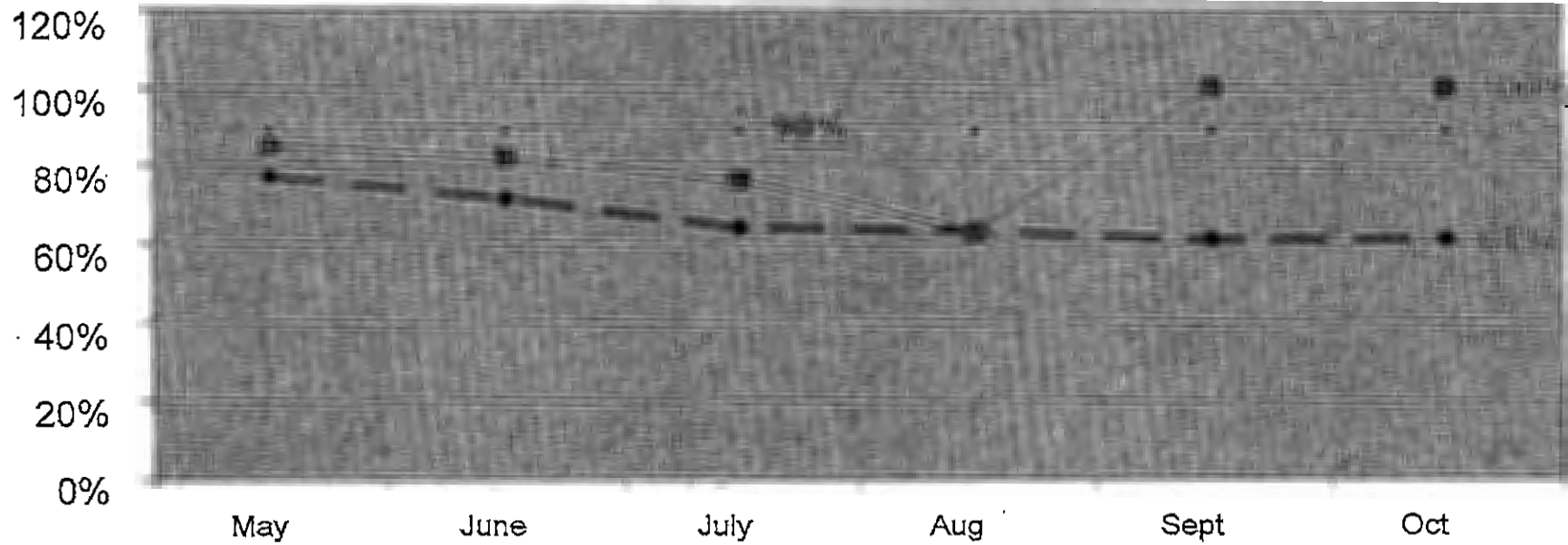
<a href="#">Intake Health Care Toilet Room</a>	36, 38, 40, 41
<a href="#">Intake Area Bathroom</a>	42, 43, 44, 45
<a href="#">East Dining Room</a>	46
<a href="#">Food Service Building</a>	47, 48
<a href="#">School Building</a>	49, 50, 51, 52, 53
<a href="#">School Building Auditorium</a>	54, 55, 56, 57



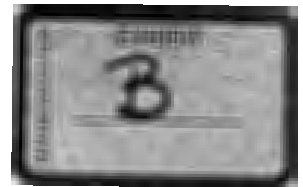
Please advise if additional information is needed.

C: Litigation Section  
File

### WHV CCC Good Control

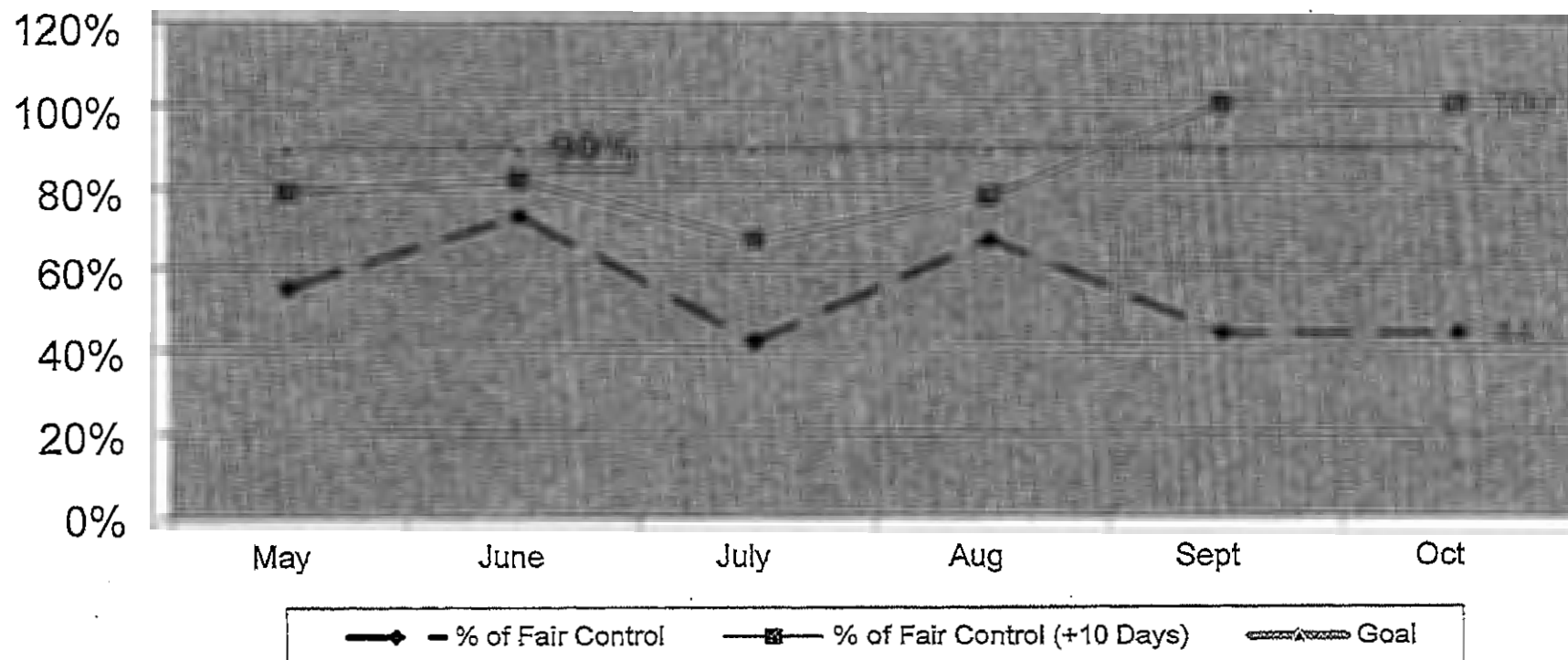


—●— % of Good Control    -■- % of Good Control (+10 Days)    -▲- Goal

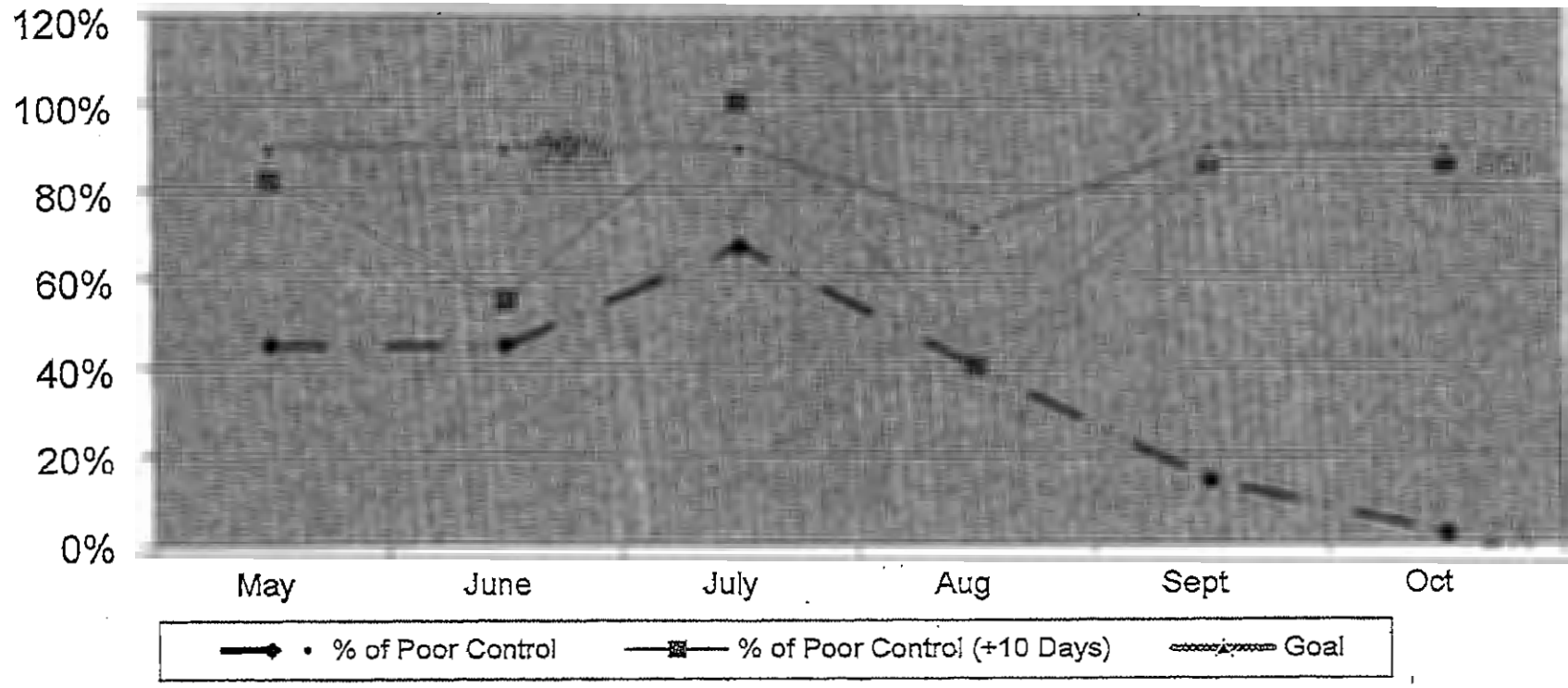




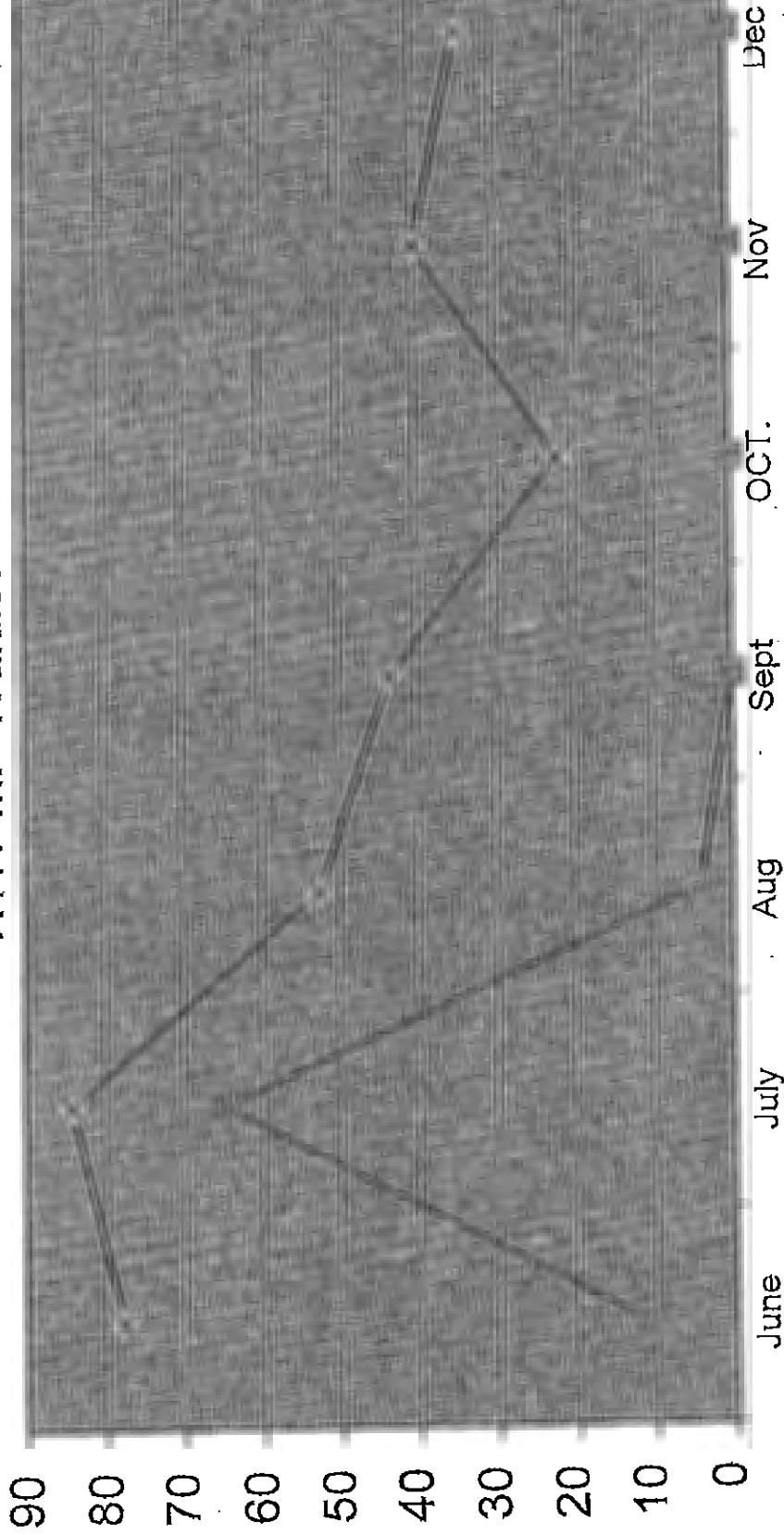
### WHV CCC Fair Control



### WHV Poor Control



# WHV MP Waitlist



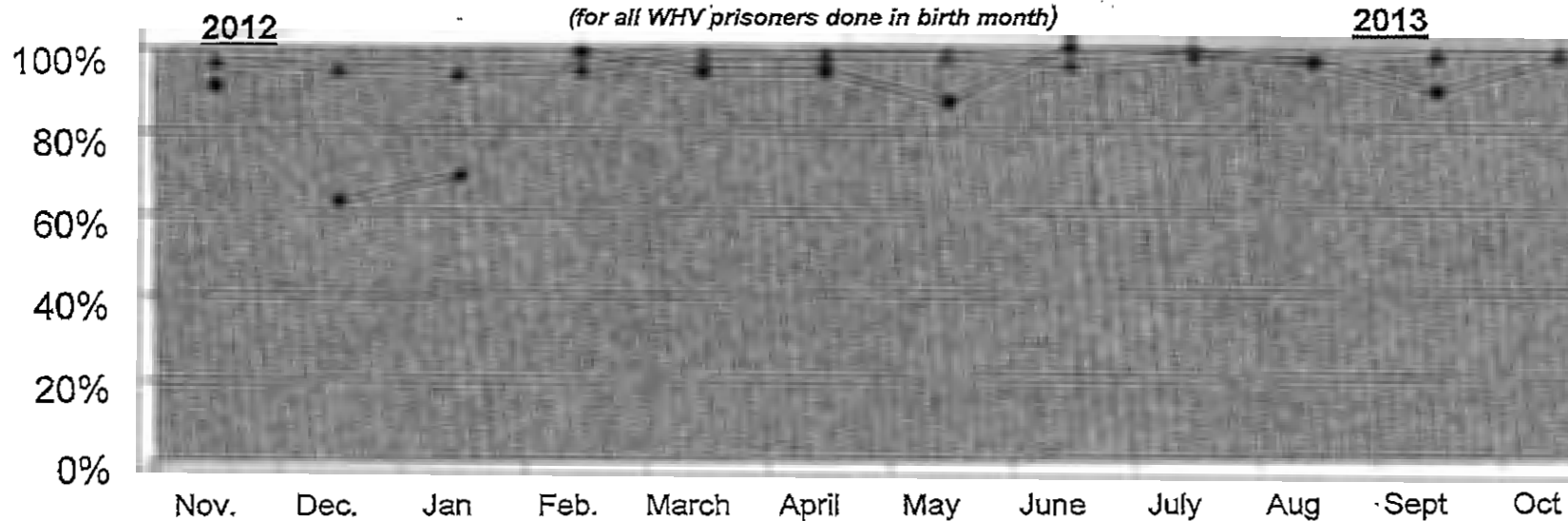
**2013**

—■— WHV —x— Reg. Average



### WHV Annual Health Screens

(for all WHV prisoners done in birth month)



◆ WHV    ▲ Reg. Avg.

*This is a RN screen/personal visit*

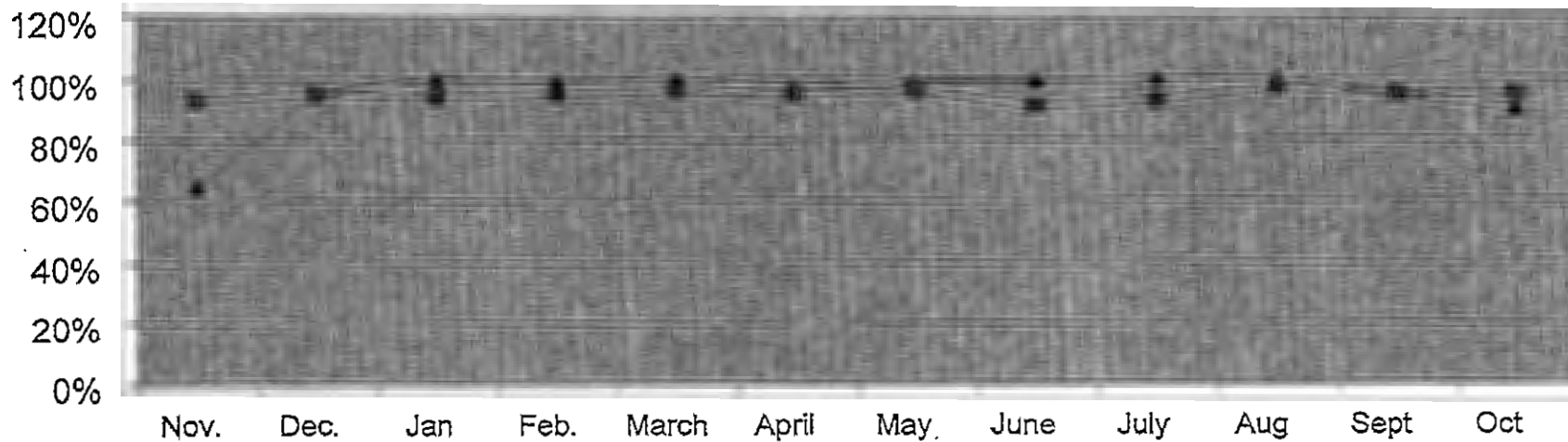


### Chronic Care

(Annual Health Screens for CCC patients done in birth month)

2012

2013



—▲— WHV    —■— Reg. Avg.

*This is a provider contact visit. It is in addition to the annual health screen visits per RN*

## Facility Performance Improvement Meeting Agenda/Minutes Template

**Facility Name:** Women's Huron Valley Correctional Facility (WHV)

**Meeting Date:** October 24, 2013

**Invitees:**

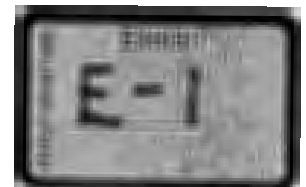
HUM (Chair): Pamella Friess	
MH Unit Chief: John Macari	
Nursing Supervisor: Joyce Jackson	Absent
MP: Audley Mamby	
MP: Robert Lacy	Absent
Dentist: William Chapman	
Custody Rep: David Johnson, DW Housing	Absent
RHIT: Sheila Tyus	
Social Worker: Jimmica Donald	
Guests / Other: Laura Williams, Housing Rep.	

### 1. Review Previous Meeting Minutes

- Previous Performance Improvement meeting held September 12, 2013.

### 2. Utilization Review

- **KITES:** Health Care received an average of 1200 – 1300 kites last month.
- **GRIEVANCES:** Health Care received an average of 64-70 grievances. Although grievances have decreased, scheduling delays due to staffing issues may result in a temporary increase.
- **SEGREGATION:** No data
- **Annual Health Screens:** A backlog in appointments is being addressed.
- **Chronic Care:** 97% completion
- **CASE MANAGEMENT:**
  - (7) Infirmity Prisoners
  - (10) Pregnant Prisoners
  - (8) Special Needs Prisoners



**3. Mental Health**

- Problems have been experienced with both formulary and non-formulary medication bridge orders for the weekend. Medication orders to cover weekend periods should be placed with Health Plus Pharmacy; orders should be placed with Meijer or CVS as a last resort. Nsg. staff should verify the medication, call the order in to the pharmacy, and it should be delivered by 1600hrs.

**4. Dental Services**

- Dental is experiencing an increase of emergency kite requests due to the new treatment timeline for dental services.
- Prisoners not showing for scheduled appointments or arriving late continue to be problematic.

**5. Communicable Diseases and Infection Control**

- None

**6. Risk Management**

- 1 death on prison grounds; Mental Health conducted a TISM for the infirmary prisoner population.

**7. Pharmaceuticals/Medications**

- MAR committee meetings were cancelled and will be rescheduled at a later date.
- Regional staff are visiting facilities to ensure there is procedural uniformity among all the medication rooms in the region.

**8. Staffing**

- 12 new staff were hired; 1 has subsequently resigned and 1 is on MLOA.
- The unit is near full staffing.

**9. Roundtable/Additional Items**

- The RHIT is working with the ARUS and the Transcase Processor to ensure the RGC Intake Screening Log is accurate and up-to-date.

## Facility/Unit PI Committee Report

### Summary of Performance Improvement Projects:

Project Title

Project Summary

Status

### Recommendations:

■

### Additional Comments/Actions:



**Women's Huron Valley Facility  
Performance Improvement Meeting  
Sign-In Sheet**

Date: 10.24.13

NAME	TITLE	SIGNATURE
CHAPMAN, W.	Dentist	
DONALD, J.	Social Worker	<i>Sumner Donald</i>
FRIESS, P.	HUM	<i>P Friess</i>
HAYES, M.	Health Information Mgr.	
JACKSON, J.	A/Nursing Supervisor	
JOHNSON, D.	DW Housing	
MACARI, J.	Psychologist <i>h. Williams</i>	<i>John Macari</i>
MAMBY, A.	Physician	<i>A. Mamby</i>
TYUS, S.	Medical Records	<i>Suzela Tyus</i>

VISITOR(S):

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## Facility Performance Improvement Meeting Agenda/Minutes Template

Facility Name: Women's Huron Valley Correctional Facility (WHV)

Meeting Date: December 19, 2013

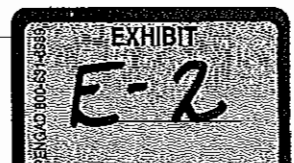
Invitees: HUM (Chair): Heather Bailey  
MH Unit Chief: John Macari  
Nursing Supervisor: Betsy Roberts-Spreeman  
MP: Audley Mamby  
Dentist: William Chapman Absent  
Custody Rep: David Johnson, DW Housing Absent  
RHIT: Molly Hayes  
RHIT: Sheila Tyus  
Social Worker: Jimmica Donald  
Guests / Other:

### 1. Review Previous Meeting Minutes

- Previous Performance Improvement meeting held October 24, 2013.

### 2. Utilization Review

- **KITES:** Health Care received an average of 1294 last month.
- **GRIEVANCES:** Health Care received 38 grievances.
- **SEGREGATION:** All segregation beds are occupied. •Nsg. staff are required to make daily rounds, The nursing supervisor makes weekly rounds, and MPs are to make cell to cell rounds every two weeks. •Custody is not allowing KOP meds, all meds are to be restricted. HUM Bailey will discuss with the Custody DW. HUM discussed this with Deputy and per the Warden it was a decision to have all medications in Segregation restricted due to the past history of overdoses. Discussed with the RHA, he states that is the history.
- Prisoners housed in Segregation cannot be denied health care services, i.e. x-rays, exams, etc. W
- **Annual Health Screens:** There was a backlog up until today; scheduling was problematic. During the month of December we caught up as of 12/19 and no longer



have a back log. Medical Records and Health care worked together on scheduling and was able to get it resolved.

- **Chronic Care:** There is a minimal backlog. Ms. Hayes is going to get with HUM and we will make a plan to make sure Chronic Care are completed timely.
- **CASE MANAGEMENT:**
  - (12) Infirmiry Prisoners
  - (7) Pregnant Prisoners
  - (11) Special Needs Prisoners

### 3. Mental Health

- Mental Health continues to deal with staffing issues. A designated GOA position is needed for scheduling. Temporarily, Nursing Supervisor Betsy Roberts-Spreeman will assist with a portion of the scheduling. ▪ Observation rooms are needed specifically designated for RTP in-patient prisoners. • The Regional Director will have an office on-site.

### 4. Dental Services

- No data

### 5. Communicable Diseases and Infection Control

- -New Hep C – 2: total; 17
- HIV : 1
- MRSA: 3
- Chlamydia: 1
- Gonorrhea : 1

### 6. Risk Management

- No deaths

### 7. Pharmaceuticals/Medications

- Auditor General and Regional audits are scheduled.
- 3 med incidents reported.
- There are many issues with the Pharmacy and we are diligently working on them, here is the plan.

We have shared drive we will start putting things in there like logs, etc

Once we receive the Med carts they will go to east, west, and calhoun, once delivered we will remove all file cabinets out of the west side, then do a work order to take 2 file cabinets from east to west (already have locks on them)

Transferring medications (from one unit to another, from one side to another) we will be making bins for east and west and labeling bins transfer and all areas responsible to get their meds to each pharmacy to get transferred. LPN/RN scheduled to follow up on PM so no one goes without meds.

Med lines chaotic – inmates are allowed to come up even an hour after med lines are down, we are going to work with custody also to help as they are allowing this to go on in HC. Get with custody and other staff on expectations to allow inmates to get their meds at their leisure need to keep a more monitored med line so its not chaotic

Read and signs are currently out and due by the 23<sup>rd</sup> on the Pharmacy OP, CBT, an email with specifics with expectations and key points on the OP will be sent to all staff involved in the pharmacy, then corrective action will follow if OP is not complied with.

Betsy and I will be doing a follow up in all med rooms the third week of January

Betsy will be visiting all med rooms at least weekly, more if needed.

We are going to start writing tickets Possibly, a few have been written we are waiting to see outcome as I have been told they throw them all out. So if these tickets hold we will ask staff to start utilizing so that inmates know to be here during med lines time not hour or two later. If they don't stick we are going to get with custody and see why.

Maybe changing Evelyn's hours to match Edie's hours?

Follow Proper way to notify MP/MH of refusals and showing MH how to do it (CRV's in EPM)

Making sure they are educated on the proper way to fill out the MAR, signing at time, how to do refusals, how to fill out front and back properly.

Calhoun keep at max inventory for emergency medications (psych)

Expectations made very clear (this has happened already on a few) and will be made also via email within the next few days.

I am going to meet with PM/night shift nursing right after the holiday.

Enforcing the refill dates, if they have over the 35 days, meds will get sent back until we get on track.

Nurses shouldn't be passing out Pharmacy Tech routine meds, obviously there are exceptions ie: urgent, start today, they are off, etc

Getting areas organized as much as possible, clutter brings chaos.

404s Betsy going to work on getting these on line as to now have so many books lying around

Returns go back appropriately and daily

PM shift will start reorder sheet and day shift will finish and take to tech as to have only one sheet from each area a day instead of multiple sheets, less clutter, less chance of mistakes.

Batch reports run daily and initialed once they are done. Then every week Betsy to check them. Don't keep them in MAR book and a separate book (messy)

Get syringes on count in pharmacy (meds that include syringes)

Every Saturday nurse working in pharmacy area will go through all OTC's to monitor expiration dates, initials and dates on meds, etc. once there is a routine then eventually move to monthly.

Went over fridge monitoring, sheet must be on fridge or in book if fridge in awkward area. Also make sure to be defrosting fridges and logging when complete. This will help maintain fridge temp.

Schedule LPN/RN at 1530-1600 to pick up transfer meds and pick up kites in chow hall in route.

Work orders to be placed (some of these have been placed in the past we are going to do them again and follow up.

West side pharmacy

- refrigerator needs lock (please put on there this is per the OP)
- -Remove part of the counter in there we need ½ of wide section cut out of there

Segregation

- Need a lock on fridge

RGC

- fridge needs lock

Calhoun acute

- fridge needs lock
- Need the key on their key ring to lock and unlock the cabinet where the tools go.

RTP-

We need to order a new fridge then get a lock put on it

Infirmary

- lock on fridge
- there is the lock on the cabinet/drawer that says lock #915 that we need a key to so they can lock up their tools.

East med room

- the counter is in L form, please cut off the shorter portion and just leave the part against the window.

## 8. Staffing

- Vacancies: •4 LPN, • 5RN, • 2 GOA, • 1 RN13, • 1 MP

## 9. Roundtable/Additional Items

- Effective January, 2014, the SAI Boot Camp is scheduled to move to the RGC section of the WHV compound. RN-13 and HUM took a day and visited the SAI boot camp and all its dynamics. Once they transfer here, the RN13 from SAI will come over to help with the transition.
- The HUM and the Medical Social Worker increase communication concerning infirmary needs.
- The RGC backlog has been corrected. We had approx 70 pap smears backlogged, We did a one day clinic where all MP's and Nursing staff worked together to get caught up. Now the Paps will be conducted one day per week on Thursdays for RGC.
- Labs are current.
- Documents are not always being created in NextGen. Staff will be provided with further instruction and/or training if needed. Staff were informed at the staff meeting to create documents always in Nextgen, and how to do it. Also were educated on the reasons for documenting correctly and creating documents.
- Mammograms were discussed, we believe it would be a good idea to visit the thought of doing intake mammograms, to have an initial base line. We do intake pap smears. This way if there are any abnormalities we would catch it upon intake. Some inmates do not receive proper medical care prior to being incarcerated, It would help us better treat our population.



## Facility/Unit PI Committee Report

### Summary of Performance Improvement Projects:

Project Title	Project Summary	Status
Medication Management	See above for plan of action	Ongoing, currently working on this.
RGC Pap Smears	Catch up the back log of intake Pap Smears	Completed

### Recommendations:

### Additional Comments/Actions:

## Facility Performance Improvement Meeting Agenda/Minutes Template

Facility Name: Women's Huron Valley Correctional Facility (WHV)

Meeting Date: January 30, 2014

Invitees:

HUM (Chair): Heather Bailey

MH Unit Chief: John Macari

Nursing Supervisor: Betsy Roberts-Spreeman

MP: Audley Mamby

Dentist: William Chapman Absent

Custody Rep: Laura Williams, RUM

RHIT: Molly Hayes

RHIA: Sheila Tyus

Social Worker: Jimmica Donald

Guests / Other: Sandy Osier, RHIT

### 1. Review Previous Meeting Minutes

- Previous Performance Improvement meeting held December 19, 2013.

### 2. Utilization Review

- KITES: Health Care received an average of 1000 last month.
- GRIEVANCES: Health Care received 50 grievances.
- SEGREGATION: All segregation beds are occupied. Bed issues are complicated with the addition of Mental Health prisoners housed in Segregation •Nsg. staff are required to make daily rounds, the nursing supervisor makes weekly rounds, and MPs are to make cell to cell rounds every two weeks. •Mental Health staff currently make rounds three times per week: Mondays, Wednesdays, and Fridays.
- Prisoners housed in Segregation cannot be denied health care services, i.e. x-rays, exams, etc. We must go over to segregation to evaluate them.
- Annual Health Screens: The backlog has been resolved and screens are up-to-date. We were at 100% for December.
- Chronic Care: An audit is underway and results will be reported next month.





- **CASE MANAGEMENT:**
  - (12) Infirmery Prisoners
  - (12) Pregnant Prisoners
  - (9) Special Needs Prisoners

### 3. Mental Health

- Mental Health continues to deal with staffing issues. They feel they need a GOA position for scheduling.
  - Dialectical Behavior Therapy (DBT)
    - Pilot at WHV,
    - DBT OPT transition unit in Emmett B opened in June 2013,
    - DBT being conducted in RTP for all RTP prisoners in Emmett A.
    - Outcome data is being collected to demonstrate evidence-based effectiveness
    - Continued training being provided to custody staff
    - DBT groups being proved by OPT staff in GP as well
  - Need for more Observation Rooms in RTP and Acute Care
    - Issue – Disruptive or suicidal prisoners in RTP and Acute Care should be managed in the mental health units
    - Physical plant – cells – does not allow for the safe management of many of these prisoners
    - More observation rooms need to be created in these units
    - Must address this on all levels and reconstruction remains pending.
- Mental Health is working with Health Care to accurately document the communication practiced between the two areas. • Areas of concern include improving prisoner treatment plans and prisoner discharge plans, and medication management. Regular audits will be conducted and additional training provided to staff: • The department is experiencing several staffing changes with the addition of 2 new assistant directors and an acting director.

#### Dental Services

- No data

### 4. Communicable Diseases and Infection Control

- TB (latent): 1 8-9month treatment plan begun
- New Hep C: 14 (1 new cases)
- MRSA: 5
- Syphilis: 1

**5. Risk Management**

- 1 death

**7. Social Worker**

- 4 Roberta-R referrals on separate inmates were made to Mental Health related to the prisoner death.

**8. Pharmaceuticals/Medications**

- Auditor General and Regional audits are scheduled.
- There are ongoing issues with the Pharmacy and we are diligently working on them, plan is below. We are still working on these from last month.
- Make sure inmates do not go without their medications. MP's are to review the 2 week expiration list thoroughly. When doing CRV's make sure they look at all medications not just one. When doing Chronic Care order meds to correlate with their CC clinic. Currently they are ordering 6 months at a time but they do not coordinate with their CC clinic. Nurses are to make sure we are pulling the refill stickers appropriately and giving to Pharmacy Techs to order. MP's to make sure ordering all medications correctly, if they order for 6 months, they need to put in how many refills are allowed.

We have shared drive we will start putting things in there like logs, etc

Once we receive the Med carts they will go to east, west, and Calhoun, once delivered we will remove all file cabinets out of the west side, then do a work order to take 2 file cabinets from east to west (already have locks on them). We received them today 1/30/14 and are working on getting them distributed.

Transferring medications (from one unit to another, from one side to another) we will be making bins for east and west and labeling bins transfer and all areas responsible to get their meds to each pharmacy to get transferred. LPN/RN scheduled to follow up on PM so no one goes without meds.

Med lines chaotic – we are working on getting better control over the med lines.

Betsy and I will be doing a follow up in all med rooms.

Betsy will be visiting all med rooms at least weekly, more if needed.

Changing the West side pharm tech hours in February to better suite the clinic needs.

Follow Proper way to notify MP/MH of refusals and showing MH how to do it (CRV's in EPM)

Making sure they are educated on the proper way to fill out the MAR, signing at time, how to do refusals, how to fill out front and back properly.

Calhoun keep at max inventory for emergency medications (psych)

Expectations of Pharmacy made clear via email and some in person at meetings.

I am going to meet with PM/night shift nursing..

Enforcing the refill dates, if they have over the 35 days, meds will get sent back until we get on track.

Nurses shouldn't be passing out Pharmacy Tech routine meds, obviously there are exceptions ie: urgent, start today, they are off, etc

Getting areas organized as much as possible, clutter brings chaos.

404s Betsy going to work on getting these on line as to now have so many books lying around

Returns go back appropriately and daily

PM shift will start reorder sheet and day shift will finish and take to tech as to have only one sheet from each area a day instead of multiple sheets, less clutter, less chance of mistakes.

Batch reports run daily and initialed once they are done. Then every week Betsy to check them. Don't keep them in MAR book and a separate book (messy)

Every Saturday nurse working in pharmacy area will go through all OTC's to monitor expiration dates, initials and dates on meds, etc. once there is a routine then eventually move to monthly.

Went over fridge monitoring, sheet must be on fridge or in book if fridge in awkward area. Also make sure to be defrosting fridges and logging when complete. This will help maintain fridge temp.

Schedule LPN/RN at 1600-1630 to pick up transfer meds and pick up kites in chow hall in route.

Work orders have been placed for locks on fridge, and removal of some counter tops to better utilize our space.

#### 9. Department Quarterly Review/Quality Assurance Audit –

Made copies for all staff and went over the reason for the quality assurance audit and its results dated February 1, 2013. We discussed the Health Assessment Portion, each category. We scored good in the history, physical examination, current meds reordered, intake labs signed off and the initial health assessment completed within 14 days. The indicator we need to work on is the Breast, Testicular, or Rectal Exam of the Admission Testing. We faired at 28.17% out of 71 charts audited. We went over the screen shot of where this documentation needs to go. I am looking into getting good examples of appropriate documentation for this indicator and am going to hold a meeting with all Medical Providers to provide teaching of proper documentation in this category in the next 2 weeks. We do a breast exam at intake, and a pamphlet is issued to them upon intake on instructions on how to do self-breast exams.

#### 10. Staffing

- Vacancies: •4 LPN, • 6RN, • 2 GOA, • 1 RN13, • 1 MP

#### 10. Roundtable/Additional Items