STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL

P.O. Box 30217
Lansing, Michigan 48909

BILL SCHUETTE
ATTORNEY GENERAL

December 5, 2014
(Submission of September 30, 2014 Tri-Annual Report)

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

Ms. Susan DeClercq
Assistant U.S. Attorney
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 and Susan:

This is the fourth of the Women's Huron Valley (WHV) tri-annual status reports. The next tri-annual status report will be submitted January 30, 2015. This current report was delayed by several factors unrelated to WHV's efforts to continue with 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 and as accepted by you in your June 16, 2014 Resolution letter.

Physical Plant Improvements

The physical plant improvements are described in the updated physical plant grid, plus instructions on how to open it, emailed and mailed to you on October 7, 2014 (Attachment A). 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 added more photographic links to the January 31, 2014 and May 30, 2014 versions of the grid. The grid sent to you on October 7, 2014 added additional photographic links to that most current version of the grid.

The tabs on the grid spread sheet indicate the location for each project item. The tabs are colored to indicate areas where the renovations are complete (green), where the work has started but is not yet complete (yellow), and where the work

has not yet begun (black). The main page on the grid includes a Tab Title list and the corresponding spreadsheet 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 has been completed. A yellow item number indicates the work on that item has begun, but is not yet complete. A black number indicates the item has not yet begun.

By comparing the color coding for the spreadsheet cells on the face page of the current grid with the grid from May 30, 2014, you will note that despite the contract performance problems encountered over the 2014 spring and summer construction season, two of the three construction / renovation contracts have been completed, such as accessible doorways, showers and bathrooms. In addition, a new contract to investigate and design the specifications to complete that portion of the pathways contract not completed satisfactorily by the former contractor was issued October 2, 2014. Attachment B is the Scope of Work portion of that contract. When the investigation is completed and the design work accepted, a new construction contract will be bid.

WHV management anticipates that this last portion of the physical plant improvements will be contracted for and completed before the end of the construction season in 2015.

Mental Health Services and Suicide Risk Reduction Activities

The items below are changes from or updates to the May 30, 2014 tri-annual report:

1. A new pilot program to divert severely mentally or medically impaired prisoners from placement in administrative segregation for 72 hours until they can be assessed to determine their appropriate level of care placement has been initiated. (Attachment C). This program is entitled the "Pilot Guidelines for Segregation Diversion of WHV Prisoners with Urgent or Emergent Mental Health and/or Physical Health Issues". This Pilot is operational and is referenced in two of the attached Health Care Performance Improvement (HCPI) meeting minutes (G-5 and G-6), attached. The training for all aspects of this activity has not yet been completed, but is scheduled as to the training on the memorandum to the warden contemplated in Section B. 3 and 4 is still to be provided. However, the diversions contemplated by the Pilot Program are being done. It may be possible to provide an evaluation of the early results of the diversion Pilot and some numbers

of cases involved, when the January 30, 2015 Tri-Annual Report is submitted.

2. Suicide Risk Assessment Training was approved to present to Nursing Staff at the selected pilot sites of Chippewa (URF) and WHV (Attachment D). The training was presented at WHV on April 28-29, 2014 (Attachment E – PowerPoint slides). This training also included the "Guidelines for Suicide / Self-Injury Risk Assessment and Interventions (Attachment E-1), and the use of a "Suicide Risk Assessment Worksheet (Attachment E-2, 2 pgs.). During the training session, participants were trained regarding the "Actions and Factors to Include in a Mental Health Management Plan" (Attachment E-3). Attachment E-4 is the sign-in sheets for the WHV staff receiving the Suicide Risk Assessment Training (2 pgs).

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. Since the inauguration of DBT in Emmett B, the DBT program has been expanded to Emmett A for RTP prisoners and to some out-patient prisoners not in Emmett A or B. The experience from the initial 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, allowing the expansion of the program beyond the initial offering. There are 24 prisoners currently enrolled in DBT.

4. The CSI program began in November 2011 at WHV and is still active and ongoing. There are 45 prisoners currently in CSI.

5. Additional Mental Health Services Data: The current case loads for Outpatient Mental Health Treatment (OPMHT) (not including CSI) is 674, Residential Treatment Program (RTP) is 36, Mental Health (Inpatient) Acute Care is 3, and Mental Health (Inpatient) Rehabilitative Treatment Services is 27.

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 December 31, 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 September 28, 2014, there were two suicide attempts (Feb. 24 and June 22, 2014) at WHV. There was the one successfully completed suicide on January 2, 2014 in Emmett Housing Unit, which was reported in the January 31, 2014 report. There were no successful suicides at WHV for the time period January 3 through September 28, 2014.

During the August 27-28, 2014 visit to WHV, you asked for an updated response to the items in your former mental health consultant's recommendations. We had set those recommendations out in grid format and responded initially on March 7, 2013. Attachment F to this report contains our updated responses to those recommendations.

Health Care Quality Improvement

1. Following your 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. Warfarin monitoring is occurring on an on-going basis.

a) Attachment G contains the minutes from the WHV Health Care Performance Improvement Meetings held in May, June, July, August, September and October 2014. Health Unit Manager Heather Bailey's temporary assignment to WHV ended September 30, 2014 and she returned to the Thumb Correctional Facility. Former WHV HUM Pam Friess has returned to WHV from the Woodland Correctional Facility. She has continued the Health Care Performance Improvement meetings as indicated by the October meeting minutes.

b) Attachment H contains a series of tracking charts. The first two (H-1 and H-2) show the timeliness of the on-going effort to perform annual physical exams of all prisoners. The first chart is the timeliness of conducting annual physical exams by nursing of prisoners not in a Chronic Care Clinic and the second shows the timeliness of annual physical exams by medical providers of prisoners enrolled in a Chronic Care Clinic.

The next three charts (H-3, H-4 and H-5) show the timeliness of regular follow up appointments for prisoners with a chronic condition. There is one chart each for the timeliness of appointments for prisoners in Good control, Fair control and Poor control. All of these charts show that the timeliness is good, at over 90% for Good and Fair control and at 86% for Poor control, when allowing for the 10 day catch-up window.

Attachment H-6 is the WHV Medication Grievances totals for 2013- October 2014 (first page) and an itemization of the medication related issues for those eight grievances for October 2014.

Personal Page Alert System of the Hearing Impaired

As reported in the May 30, 2014 Tri-Annual Report, WHV has accomplished the implementation of the personal page alert system for hearing impaired prisoners. The page alert system has a vibrate function to signal receipt of a message and a screen to show a variety of pre-set messages. There is also the ability to send prisoners personalized messages. The broadcast system has been installed and the personal notification devices were issued to the appropriate prisoners on Wednesday, May 21, 2014. Initial reports were that the prisoners receiving the devices were very happy with them and found them functional and helpful. This system was demonstrated to you during your visit to WHV on August 28, 2014 and remains in place.

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 and as accepted in your letter of June 16, 2014. Despite the January 2, 2014 suicide, the facility has

made significant progress in reducing the risk of suicide over the last four years, as can be seen by the frequency statistics cited above. The information in this package, as relevant, will be updated for your review in the next tri-annual report, due on January 30, 2015.

Sincerely,

A. Peter Govorchin

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

APG:kjs
Enclosures
cc: Daphne Johnson
Womens Huron Valley\DOJ\Tri-Annual Status Report Ltr 12-05-14

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A - Instructions for Grid and Physical Plant Grid (previously sent 10/7/14)

B - Scope of work to design specifications to complete ADA pathways work – October 2, 2014

C - Pilot Program Description for Ad Seg Diversion for Seriously Mentally or Medically Ill

D - Suicide Risk Assessment Training Memorandum – May 1, 2014

E - Suicide Prevention Training PowerPoint/Slide Set (from April 22, 2014). Training presented at WHV on April 28-29, 2014.

1. Guideline for Suicide/Self-Injury Risk Assessment and Intervention
2. Suicide Risk Assessment Worksheet (2 pgs.)
3. Actions and Factors to Include in a Mental Health Management Plan
4. Individual Training Program Report (2 pgs.)

F - Updated WHV Response to Lindsey Hayes' Report Recommendations Grid (formerly "Attachment O" to Defendants' March 7, 2013 Letter to DOJ)

G - QI Meeting Minutes (May, June, July, August, September and October 2014)

1. May 2014
2. June 2014
3. July 2014
4. August 2014
5. September 2014
6. October 2014

H - Health Services Audit Charts

1. Annual Health Screens Timeliness
2. CCC Annual Health Screens Timeliness
3. CCC Appointment Timeliness for Good Control
4. CCC Appointment Timeliness for Fair Control
5. CCC Appointment Timeliness for Poor Control
6. Medication Grievances Chart for 2013-2014

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ATTACHMENT B

Scope of work to design specifications to complete ADA pathways work – October 2, 2014

Scope of Work – 472/12424.DES
Woman's Huron Valley Correction Facility
ADA Compliance and Pavement Reconstruction
NFE ISID Assignment

- Perform an ADA Compliance analysis of existing site exterior infrastructure for the those areas within the Phase II paving limits. ADA Routes will be identified (with assistance from DOC staff) and compliance of those routes per Federal/DOJ requirements will be verified through field inspection and measurements. This work includes the review of exercise areas and sport courts for compliance with ADA requirements for these types of facilities. Additionally, Identify trip hazards at building entrances and propose modifications to entry concerns. All findings will be documented in field notes prepared by NFE. An ADA Compliance Audit Report will not be prepared.

- Perform topographic survey of existing pavement and ramp areas to support design efforts for pavement reconstruction. Existing site features including pavement, drainage facilities, and existing underground utilities (maps to be furnished by owner) will be identified on the drawings in all work areas. It is understood that all areas do not require topographic survey. Only those areas where drainage concerns exist, areas where maximum pavement slopes are expected, areas and where ADA compliant parking spaces will be added. This item of work supplements the ADA analysis identified above.

- Perform geotechnical investigation of existing subsurface conditions where pavement reconstruction is proposed. The geotechnical investigation will include obtaining 28 - 5 foot deep soil borings, and 28 pavement cores. Pavement cores will provide depths of existing HMA surface and aggregate base thickness. From the geotechnical investigation, engineering recommendations for proposed pavement cross sections will be developed. Pavement cross sections will consider a heavy duty (truck area) pavement section and a light duty pavement section. TEC will also provide utility locating services to clear soil boring locations not cleared by the MISS Dig system (see attached proposal for specific scope).

- Perform a drainage structure investigation, evaluation and condition assessment of existing drainage structures within the limits of the project. Any drainage structures requiring improvement will be identified on the plans for adjustment or reconstruction/rehabilitation.

- Perform site planning services to support design modifications for truck turning movements in the areas of the Industries Building, Technical Rule Violators Unit Garage, and Food Services area. This work would include developing preliminary design sketches for review by DOC Staff and a turning movement study utilizing "Autoturn" software.

- Provide site planning and construction plan development services for the addition of 8 Accessible parking spaces in the East Admin Parking Lot. Our office will field verify a suitable location based on proximity to the accessible route together with verifying existing pavement slopes meet ADA requirements.

- Develop a striping plan as appropriate that identifies 2 coats of latex striping with first application being completed at the completion of paving, and the second application being applied as a part of final project punch list.

- Develop an overall project phasing strategy that addresses DOC requirements for site security and clearly communicates to the prospective bidder existing site access constraints and access conditions. The phasing strategy will include exploring night work as a significant phasing strategy. Also, construction means and methods will be evaluated as a part of the design to more closely restrict contractor's operations to address DOC concerns.

- It is contemplated that there is another project involving the old food services building. As a part of that project, sidewalk connections will be reconstructed, and they are therefore not in this contract to investigate. NFE will provide coordination language in the specifications that requires the contractor to coordinate activities with this project together with other site activities supporting DOC operations.

- Considering all of the above, prepare Phase 300 (Schematic Design), Phase 400 (Preliminary Design) and Phase 500 (Final Design) documents and assist the owner in the bid procurement process.

- Provide Phase 600 (Construction Administration – Office) and Phase 700 (Construction Administration – Field) services on behalf of the project. It was requested that full time inspection not be performed on this project. Rather, it was desired to support part time inspection by the NFE forces. Final As-built drawings will be submitted by the contractor, and NFE will perform a final audit of the propose work to assure that all constructed elements are in compliance with DOJ requirements.

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ATTACHMENT C

Pilot Program Description for Ad Seg Diversion for Seriously Mentally or Medically Ill

Pilot Guidelines for Segregation Diversion of WHV Prisoners with Urgent or Emergent Mental Health and/or Physical Health Issues V1.3

I. Pilot Guidelines Statement: WHV prisoners with urgent or emergent mental health referrals being placed on observation status by custody or health/mental Health and/or who have serious health care issues requiring medical services unavailable in the segregation unit will not be housed in segregation. Such prisoners will be placed in K-OBS, RTP observation, inpatient observation or medical infirmary cells. Unless overridden by the Warden/DW due to extraordinary safety concerns requiring their retention in segregation, these prisoners' misconduct processing (if any) or segregation classification will be suspended for 72 hours to allow for a collaborative health care, mental health and custody assessment to determine the appropriate level of care placement that will meet the prisoner's health care and MH needs and custody management requirements.

A. These pilot guidelines relate to prisoners in general population, mental health units or currently in segregation who are being placed on observation status by custody or clinical staff due to suicide or self injury risk concerns or demonstrating other urgent/emergent mental health and/or physical health presentations.

B. Within 72 hours a collaborative case consultation "triage" meeting involving custody, mental health, and health care staff will occur to determine which placement/treatment best meets the individual prisoner's needs.

1. Mental health, health care and custody staff will begin their respective assessments as soon as possible and complete the assessments and reports within time frames defined by MDOC policy/procedure and guidelines regarding urgent or emergent conditions or 72 hours, whichever is shorter

2. Health care (at minimum a registered nurse) and custody staff will meet within 24 hours (and then on a daily basis for the next 2 days) to discuss, consult and collaboratively assess, manage, treat and execute any indicated emergent, urgent or routine mental health and/or physical medical referrals for each prisoner diverted from segregation. During normal business days and on week-end and holidays, when required in the case of urgent and emergent MH referrals, a QMHP will join health care and custody staff in these meetings.

3. The findings and actions of this collaborative process will be documented in NextGen and in a joint memorandum sent to the Warden, HUM, MH Unit Chiefs and Assistant MH Services Director.

4. In addition to following existing documentation policy/procedure(s), the above documentation shall identify the following information during the segregation observation period.

a. Identify previous and currently recommended mental health and physical health level of care.

b. Clearly identify the mental health/behavioral, physical medical and safety management concerns at issue.

c. Mental health Assessments

d. Suicide and violence risk assessment.

e. Determine any physical medical issue(s) causing behavioral problems or emanating from such problems

1. Complete history & physical by MSP

2. Review and confirmation of any relevant pharmacologic and hospitalization /medical history

3. Updated relevant laboratory and radiologic studies

5. For cases involving self-injurious or suicidal behavior the prisoner will receive property pursuant to WHV OP 04.06.115, Managing Suicidal and Self-Injurious Behavior.

6. As soon as reasonably possible—and no later than 72 hours after the initiation of the segregation diversion process, a collaborative decision regarding placement (general population, RTP, Acute Care, RTS, infirmary, or reinstitution of the misconduct determination process and/or segregation) is formulated and documented in NextGen and the memorandum sent to the Warden, HUM, MH Unit Chiefs and Assistant MH Services Director.

7. In the rare event that the Warden or Deputy Warden overrides the segregation diversion process, Health care (at minimum a registered nurse) and custody staff will meet in the segregation unit within 24 hours (and then on a daily basis for the next 2 days) to discuss, consult and collaboratively assess, manage, treat, execute any indicated emergent, urgent or routine mental health and/or physical medical referrals, review the appropriateness of the current segregation placement and recommend any appropriate alternative placement(s) as soon as reasonably possible—and no later than 72 hours following the override decision. During normal business days and on week-end and holidays, when required in the case of urgent and emergent MH referrals, a QMHP will join health care and custody staff in these meetings.

II. Short and Long-term planning regarding the proposal include:

A. Writing pilot guidelines and, if ultimately formally implemented, a WHV operating procedure regarding this initiative

B. Training staff involved; including shift commanders, mental health and health care staff

C. Initiating a process of collaborative rounding and staff support in segregation and Kent OBS

1. Determine dedicated times for mental health, health care and custody staff to meet.

2. Select a dedicated office with a polycom machine, a computer and a printer for interviews/assessments and management plans.

D. Determine default placement for PREA prisoners when they demonstrate Suicidal and Self-Injurious Behavior.

E. Documentation

1. Identify additional paperwork/documentation needed during observation.

2. Determine which staff would be responsible for additional documentation for this pilot project.

F. Tracking and Monitoring

1. Develop a monitoring system to track the outcomes for this project.

2. Identify which staff will be responsible for monitoring/tracking.

3. Cases will be monitored/reviewed during the weekly WHV collaborative case management meetings.

G. Quality Assurance

1. Develop a continuous quality assurance and improvement plan to ensure successful outcomes.

2. Identify which staff will be responsible for monitoring and updating quality assurance procedures.

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ATTACHMENT D

Suicide Risk Assessment Training Memorandum – May 1, 2014

MICHIGAN DEPARTMENT OF CORRECTIONS

"Expecting Excellence Every Day"

MEMORANDUM

DATE: May 1, 2014

TO: Bureau of Health Care Services (BHCS) Staff

FROM: Joanne Sheldon, Health Services Administrator *Joanne Sheldon*
Bureau of Health Care Services

SUBJECT: Suicide Risk Assessment/Evaluation Interim Responsibility

MDOC Policy Directive 04.06.115 Suicidal and Self-Injurious Behavior effective 11/01/2013 indicates that either a Qualified Mental Health Professional (QMHP) or a Qualified Health Professional (QHP) can assess a prisoner's risk for suicide or self-injurious behavior. The sections in the Policy Directive, Paragraphs K, L, N, O, P, and Q, specifically mention referring a prisoner to "a QMHP or QHP for a mental health evaluation" to assess suicide risk.

It has been determined that due to a need for additional training, only QMHPs are to perform these suicide risk assessments until QHPs have received the training to perform them. QHPs will continue to perform suicide or self-injurious behavior screenings.

RNs currently working on Outpatient Mental Health Teams are considered QMHPs, and will continue to perform assessments per their current practice.

Suicide Evaluation training for QHPs is to be completed initially at Women's Huron Valley Complex (WHV) and Chippewa Correctional Facility (URF) during April and May. Woodland Center Correctional Facility (WCC) will also begin training their QHPs. Upon their completion of the training, the QHPs will be qualified to perform suicide risk assessments, and should begin doing so immediately. Mental Health staff will be available to coach and assist in these important assessments as this process rolls out. We will keep you posted as progress is made toward the completion of these trainings.

Thank you for your cooperation with this issue.

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ATTACHMENT E-1

Guideline for Suicide/Self-Injury Risk Assessment and Intervention

GUIDELINE FOR SUICIDE / SELF-INJURY RISK ASSESSMENT AND INTERVENTIONS

HIGH RISK

Determination of High Risk assessment requires direct, continuous observation and a Mental Health Management Plan. A combination of some or all of the following factors requires high risk determination.

A. Self-injurious acts, potentially lethal, with efforts to avoid rescue and/or which require emergency medical care.
B. Current symptoms of a severe depression with likely constant suicidal preoccupation and intention—especially in the context of a specific plan (described verbally or writing) for imminent end to one's life.
C. Severe mood or perceptual disturbance including: severe depression, hopelessness, agitation/anxiety/panic, manic behavior, severe anger, psychotic symptoms (especially delusions or hallucinations with suicide/death themes).
D. Historical factors including: repeated suicide attempts or self-injurious acts, seriousness or potential lethality of these acts, suicide "rehearsal" behavior, mental illness (especially a Major Mental Illness diagnosis), family history of suicide.

MODERATE RISK

Determination of Moderate Risk requires observation at least every 15 minutes and a Mental Health Management Plan. A combination of some or all of the following factors requires moderate risk determination.

A. Threats of suicide or serious self-injury.
B. Moderate mood or perceptual disturbance or significant, sudden changes in mental status.
C. Historical factors including: repeated suicide attempts or self-injurious acts, seriousness or potential lethality of these acts, mental illness (especially a major mental illness diagnosis).
D. Minor self-injurious acts or suicidal gestures designed to elicit attention.
E. Strong statements made to manipulate environment for secondary gain (e.g., If this happens, I might feel like committing suicide, cutting myself, etc.).

INTERMEDIATE RISK

Determination of Intermediate Risk requires a Mental Health Management Plan. The following factors may be used in determining the need for intermediate risk management.

A. Return from inpatient treatment.
B. After evaluation the individual is no longer at high or moderate risk, step down to intermediate is required.
C. Threats of self-harm by prisoners who are being transferred from a RTP or hospital to an Outpatient setting. The threats appear manipulative in nature and designed to stop planned placement.
D. Report of self-destructive thoughts, although no evidence of current threat.
E. Major life stressors outside the norm for prison.
F. Entry to prison, parole violation/return to prison and parole decisions (favorable and unfavorable), and discharge from prison are statistically higher risk periods.

LOW RISK

Determination of Low Risk does not require special precautions or a Mental Health Management Plan.

A. History of suicide attempt or superficial self-injuries for secondary gain but no evidence of suicidal ideation or self-injurious behavior in past month.
B. No history of suicide attempts or self-injurious acts.

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ATTACHMENT E-2

Suicide Risk Assessment Worksheets (2 pages)

SUICIDE RISK ASSESSMENT WORKSHEET

Michigan Department of Corrections – Bureau of Health Care Services

Rev 4/2014

The following checklist is a list of risk factors to consider when completing your assessment of suicide risk.

Y	N	Risk Factors	COMMENTS
☐	☐	Current/Recent Attempt	
☐	☐	Suicidal Ideas	
☐	☐	Suicidal Intent	
☐	☐	Suicide Plan	
☐	☐	Available Means of Suicide	
		CLINICAL	
☐	☐	Depressed Mood	
☐	☐	Crying/Agitation	
☐	☐	Hopelessness	
☐	☐	Unable to Experience Pleasure	
☐	☐	Insomnia	
☐	☐	Anorexia/Weight Loss	
☐	☐	Impaired Concentration	
☐	☐	Irrational Thinking/Lack of Insight	
☐	☐	Hallucinations/Delusions	
☐	☐	Anxiety/Panic Symptoms & Signs	
☐	☐	Impulsive Behavior	
☐	☐	Other Clinical Factor(s)	
		HISTORICAL	
☐	☐	Prior Suicide Attempts	
☐	☐	Past Attempts to Conceal Suicide Plans/Intent	
☐	☐	Prior Self-Injurious Behavior	
☐	☐	H/O Family/Friend Suicide	
☐	☐	Alcohol/Substance Abuse or Dependence	
☐	☐	Other Historical Factor(s)	
		INTERPERSONAL	
☐	☐	Uncooperative	
☐	☐	Poor Peer Relationships or Social Isolation	
☐	☐	Unstable Family Relationships/Lacks Support	
☐	☐	Other Interpersonal Factor(s)	
		SITUATIONAL TRIGGERS/STRESSORS	
☐	☐	Loss of Significant Other	
☐	☐	Other Major Loss (e.g., job, home, $)/Shame	
☐	☐	Physical Illness	
☐	☐	Poor Institution Adjustment	
☐	☐	Other Situational Factor(s)/Stressors	
		INDIVIDUAL/UNIQUE	
☐	☐	Lack of Personal Coping Skills	
☐	☐	Unable to Identify Reasons to Live	
☐	☐	Lack of Religious/Life Affirming Beliefs	
☐	☐	Other Individual/Unique Factors	
OVERALL SUICIDE RISK LEVEL: ☐ **HIGH** ☐ **MODERATE** ☐ **INTERMEDIATE** ☐ **LOW**			

SUICIDE RISK ASSESSMENT WORKSHEET

Michigan Department of Corrections – Bureau of Health Care Services

Rev 4/2014

The Summary and Conclusions section is to assist in the evaluation of suicide risk, weigh the identified risk factors in terms of their impact and meaning for the individual. This section may be used to document Evaluation of Suicide Risk in the EHR.

SUMMARY CONCLUSIONS

BACKGROUND INFORMATION (Reason for current suicide observation precautions; Staff Reports; Collateral Information; Summary of Recent Suicide Risk Assessment[s], if applicable):

SUBJECTIVE (Prisoner's Report) & OBJECTIVE (Undersigned Clinician's Observations), including summary of Historical, Clinical, Interpersonal, Situational and Individual/Unique Risk Factors:

ASSESSMENT (Estimation of and Rationale for Suicide Risk Level; Need for Suicide Observation Precautions, including any restrictions of routine privileges or personal property, including need for suicide prevention gown):

PLAN/RECOMMENDATIONS:

Prisoner Name: Prisoner Number:

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ATTACHMENT E-3

Actions and Factors to Include in a Mental Health Management Plan

ACTIONS AND FACTORS TO INCLUDE IN A MENTAL HEALTH MANAGEMENT PLAN

HIGH RISK

A. Suicide Risk Assessment shall be completed. HIGH RISK FOR SUICIDE assessment requires referral to CSP. Prisoner will be placed on direct, continuous observation and a Mental Health Management Plan while waiting for transfer. Follow OP 04.06.180B "Crisis Stabilization Program Referral/Admissions.

B. The Mental Health Management Plan must address the following:

1. RESTRICTIONS - All safety precautions listed in policy remain in force and may include removal of all personal property.

2. FREQUENCY OF OBSERVATION – Must be direct, face to face, and continuous.

3. BEHAVIORS TO OBSERVE AND REPORT - Specific to the prisoner and address at a minimum: suicidal gestures or behavior, verbal suicidal threats, self-injurious gestures, verbal threats of self-injury, bizarre or unusual behavior that may require mental health intervention, lack of cooperation with staff directions, including failure to respond to verbal directions, anger, agitation, or verbal lashing out at staff. Include any behaviors known to have preceded escalation or past attempts at suicide, misuse of items in the cell to impede observation or to attempt suicide or self-injury.

4. STAFF INTERVENTIONS – Follow applicable MDOC Policy Directives and Operating Procedures in managing prisoner's behavior.

5. FREQUENCY OF QMHP/QHP CONTACT – Must be evaluated a minimum of once per day by a QMHP/QHP until transfer to inpatient/acute care takes place.

MODERATE RISK

A. Suicide Risk Assessment shall be completed. When initial QMHP/QHP evaluation is inconclusive or prisoner is engaged in non-suicidal self-injurious behavior then safety precautions and placement in an observation room continue. The QMHP/QHP will determine appropriate actions in accordance with these guidelines and complete a Mental Health Management Plan. QMHP/QHP will document reasons for continued use of observation in the health record following each evaluation.

B. The Mental Health Management Plan must address the following and be reviewed and revised as needed:

1. RESTRICTIONS - Continued safety precautions, including observation cell placement, for a minimum of one day. All safety precautions listed in policy remain in force.

2. FREQUENCY OF OBSERVATION - Minimum every 15 minutes

3. BEHAVIORS TO OBSERVE AND REPORT - Specific to the prisoner and address at a minimum: Suicidal gestures or behavior, verbal suicidal threats, self-injurious gestures, verbal threats of self-injury, bizarre or unusual behavior that may require mental health intervention/attention, misuse of items in the cell to impede observation or to attempt suicide or self-injury. Include any usual behaviors known to have preceded escalation or past attempts at suicide.

4. STAFF INTERVENTIONS - Follow applicable MDOC Policy Directives and Operating Procedures in managing prisoner's behavior.

5. FREQUENCY OF QMHP/QHP/QHP CONTACT – At a minimum, the prisoner must be evaluated every business day until removed from observation.

INTERMEDIATE RISK

A. Suicide Risk Assessment shall be completed. A Mental Health Management Plan must be developed and shall address the following:

1. RESTRICTIONS – None.

2. FREQUENCY OF CONTACT - Regular custody rounds on the housing unit.

3. BEHAVIORS TO OBSERVE AND REPORT - Specific to the prisoner and address at a minimum the following behaviors: Suicidal gestures or behavior, verbal suicidal threats, self-injurious gestures, verbal threats of self-injury, bizarre or unusual behavior that may require mental health intervention.

4. STAFF INTERVENTIONS - Follow applicable MDOC Policy Directives and Operating Procedures in managing prisoner's behavior.

5. FREQUENCY OF QMHP/QHP/QHP CONTACTS – At a minimum, the prisoner must be evaluated every seven days for 2 weeks.

LOW RISK

A. Suicide Risk Assessment shall be completed indicating low suicide risk. A Mental Health Management Plan is not required. No additional QMHP/QHP intervention required.

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ATTACHMENT E-4

Individual Training Program Reports (2 pages)

MICHIGAN DEPARTMENT OF CORRECTIONS
INDIVIDUAL TRAINING PROGRAM REPORT

CAR-854
REV. 7/04
4835-0854

PAGE OF

Course Number	Course Title	Course Hours	Instructor Number (Need Name for EO2 and 120 Trainers only)
	Suicide Risk Assessment Training	3 1/2	

TRAINING LOCATION WHV START DATE 4/28/2014 END DATE 4/28/2014

TADS ENTRY BY / (Initial / Date) AUDIT BY / (Initial / Date)

For * See Comment Section Below

	Employee Identification Number	Score	Work Site or Region	Print or Type Name (last name first)	Signature	CS Title	Firearm (CCW) Expiration (Instructor Use)
1	[redacted]		WHV	PORTER, MARCIA	M. Porter RN	RN	
2			WHV	McIntosh Sheila	S. McIntosh	RN-12	
3			WHV	Robinson, Patricia	Patricia Robinson	RN	
4			WHV	Hardin-Collins L	Lucia Hardin-Collins	RN	
5			WHV	Mcdonald, Laura error CK.			
6			WHV	McDonald, Laura	Mcdonald RN	RN	
7			WHV	Lott, Pennie	P. Lott RN	RN-12	
8			WHV	Bertoni, DRJ	DRJ Bertoni RN	RN12	
9			WHV	Cattanach Error	Cattanach	RN-12	
10			WHV	WEAVER, JEAN	J. Weaver	RN-12	
11			WHV	LIPE, CURTIS	[illegible]	RN-12	
12			WHV	HARKROAD, KATHERINE	[illegible]	RN-12	
13							
14							
15							
16							
17							
18							
19							
20							

* Comments:

MICHIGAN DEPARTMENT OF CORRECTIONS
INDIVIDUAL TRAINING PROGRAM REPORT

CAR-854
REV. 7/04
4835-0854

PAGE OF

Course Number	Course Title	Course Hours	Instructor Number (Need Name for EO2 and 120 Trainers only)
	Suicide Risk Assessment Training	3 1/2	

TRAINING LOCATION WHV START DATE 4/29/2014 END DATE 4/29/2014

TADS ENTRY BY / (Initial / Date) AUDIT BY / (Initial / Date)

For * See Comment Section Below

	Employee Identification Number	Score	Work Site or Region	Print or Type Name (last name first)	Signature	CS Title	Firearm (CCW) Expiration (Instructor Use)
1	[redacted]		WHV	Rose, Margie	M. Rose RN	RN12	
2			WHV	McDonnell, Kelly	K McDonnell RN	RN12	
3			WHV	Hawkins, Tamika	T Hawkins	RN12	
4			WHV	Washington, Dawn	D Washington RN	RN12	
5			WHV	Brooks, Shantae	S Brooks RN	RN12	
6			WHV	Insley, Bryant	B Insley	RN12	
7			WHV	[illegible]	[illegible]	RN12	
8			WHV	Reed, S.	S Reed RN	RN12	
9			WHV	S. Holmes	S. Holmes	RN12	
10			WHV	Angela Stewart	Angela K Stewart	RN12	
11			WHV	Brown, Shirelese	S Brown	RN12	
12							
13							
14							
15							
16							
17							
18							
19							
20							

* Comments:

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ATTACHMENT F

Updated WHV Responses to Lindsey Hayes' Report

Recommendations Grid (formerly "Attachment O" to

Defendants' March 7, 2013 Letter to DOJ)

	A	B	C	D	E	J
2	AREA	#	VIOLATION NOTED	COMPLETE	ANTICIPATED COMPLETION DATE	NOTES
3	Staff Training	1.a.	Discontinue use of any computer-based training program for suicide prevention.			In addition to the prior response of March 7, 2013, additional IveSuicide Risk Assessment Training was provided on April 28/29, 2014.
4	Staff Training	1.b.	Ensure that all correctional, medical, and mental health personnel working at huron valley receive eight hours of initial suicide prevention training. At a minimum, the program should include avoiding negative attitudes to suicide prevention, prison suicide research, why correctional environments are conducive to suicidal behavior, potential predisposing factors to suicide, high-risk suicide periods, warning signs and symptoms, identifying suicidal inmates despite the denial of risk, components of the suicide prevention policy, and liability issues associated with inmate suicide.	Dec-10	Dec-10	
5	Identification/ Screening/ Assessment	2.a..	Require that state counties submit a completed "sheriff's questionnaire for delivered persons" form whenever an inmate is transferred from county to state custody.	No	N/A	Some prisoners arrive with Sherriff's questionaires completed but requiring county sherriffs to send completed Sherriff's questionaires with each prisoner sent to WHV
6	Identification/ Screening/ Assessment	2.b.	Revise the criteria for an inmate/patient's entry into the out-patient mental health services program to allow less restrictive criteria, as well as eliminate the provision that a psychiatrist is the sole determiner of services.	Yes	Approx. 2011	
7	Communication	3.a:	maintain a daily roster of all inmates on suicide precautions and distribute the list to appropriate correctional, medical, and mental health personnel.	yes	Feb-11	On WHV blotter report
8	Housing	4.a.	Ensure that suicidal inmates are housed in "suicide resistant" cells, i.e., without any obvious protrusions that would easily enable an inmate to hang herself.	yes	June 2011 forward	

	A	B	C	D	E	J
2	AREA	#	VIOLATION NOTED	COMPLETE	ANTICIPATED COMPLETION DATE	NOTES
9	Housing	4.b	Revise policies and procedures for the management of suicidal inmates in general population to be housed in the least restrictive setting possible. Restrictions must be reasonable and commensurate with the inmate's level of suicide risk. The new procedures should include, but not be limited to, the following:	Yes	Jan-14	These revised policy directive were provided with the January 31, 2014 Tl-Annual Report
10	Housing	4.b.1	All decisions regarding the removal of an inmates's clothing, bedding, possessions (books, shoes or slippers, eyeglasses, etc.) And privileges shall be commensurate with the level of suicide risk as determined on a case-by-case basis by mental health staff. There must be written justification as to why an inmate under constant observation needs to be issued a safety smock;			See suicide prevention guidelines
11	Housing	4.b.2	All inmates on suicide precautions shall be allowed all routine privileges (e.g., family visits, showers, telephone calls, recreation, etc.), unless the inmate has lost those priviliges as a result of a disciplinary sanction;	partial		1) visits allowed, 2) Showers Allowed, 3) personal property and telephone calls restriction under review
12	Housing	4.b.3	Safety smocks shall never be utilized to deter/punish perceived manipulative behavior.	yes	Mar-11	
13	Housing	4.c.	Revise and implement policies so that an inmate is not subject to disciplinary sanction and/or charged for medical services as a result of engaging in self-injurious behavior.	No		State Law prohibits such revision by MDOC
14	Levels of Supervision/ Management	5.a.	Utilize two suicide risk levels and require that suicidal inmates be observed in a range between constant observation and interyals of 10 to 15 minutes.	No / Partial		Safety precautions apply to high and moderate risk levels, Intermediate and low risk levels relate only to the frequency of MHP contacts, not to observation

	A	B	C	D	E	J
2	AREA	#	VIOLATION NOTED	COMPLETE	ANTICIPATED COMPLETION DATE	NOTES
15	Levels of Supervision/ Management	5.b.	Mental health staff must "assess," not simply "see," suicidal inmates on a daily basis, and must enter quality progress notes into the mental health section of the inmate's medical record.	yes	April / May 2011	
16	Levels of Supervision/ Management	5.c.	Suicide risk evaluations must provide a sufficient description of the current behavior and justification for a particular level of observation and/or discharge from suicide precautions. "cell-side" assessments should be avoided whenever possible, and justified in writing if utilized.	Yes	updated April 2014	See new Suicide Risk Assessment Training
17	Levels of Supervision/ Management	5.d.	Discontinue the practice of contracting for safety.	yes	mid-2011	Not used at WHV since mid-2011
18	Levels of Supervision/ Management	5.e.	mental health staff must provide regularly scheduled follow-up assessments of all inmates discharged from suicide precautions until their release from custody unless an inmate's individual circumstances direct otherwise (e.g., an inmate inappropriately placed on suicide precautions by non-mental health staff and released less than 24 hours later following an assessment). A reassesment schedule following discharge from suicide precautions should be within the first 24 hours, then within the next 72 hours, then within the next week, and then periodically until release from custody.	Partial	Mar-11	The step down level of suicide precautions(intermediate and low) are the procedures used for follow-up.
19	Levels of Supervision/ Management	5.f.	Develop treatment plans for all inmates on suicide precautions greater than 24 hours, regardless of whether they are on the mental health caseload. The treatment plans must describe signs, symptoms, and the circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, and actions the patient or staff can take if suicidal thoughts do occur.	yes	March 2011, April 2014 and September 2014	See the updated training on Suicide Risk Assessment and the Pilot Program for Administrative Segregation Diversion of Seriously mentally or medically ill

	A	B	C	D	E	J
2	AREA	#	VIOLATION NOTED	COMPLETE	ANTICIPATED COMPLETION DATE	NOTES
20	Intervention	6.a.	To ensure efficient emergency response to suicide attempts, incorporate "mock drills" into both initial and refresher training for all staff.	yes	Since WHV existed	suicide is sometimes involved in mobilization drills
21	Reporting	7.a.	The critical incident report regarding an inmate's death, must include the time that the inmate was last observed alive.	Partial	Not required by PD 01.05.120, critical incident reporting	This information is often included in critical incident reports.
22	Reporting	7.b.	Discipline any employee who violates a policy, falsifies a document, or impedes an investigation.	yes	Since WHV inception	Standard Operating Procedure
23	Follow-up/morbidity-mortality review conclusion/ remedy:	8.a.	The area of follow-up: morbidity/ mortality review is deferred because we were not allowed to review the mortality reviews conducted on the four (4) recent inmate suicides, and it was unclear if the process also included a morbidity review for serious suicide attempts (i.e., incidents requiring outside medical treatment). The department renews its request for its suicide prevention consultant to review these records so that he can provide any constructive feedback that may be needed for ada compliance.	deferred	deferred	Mortality review and portions of the post-incident review are protected from disclosure by the Peer Review Privilege

	A	B	C	D	E	J
2	AREA	#	VIOLATION NOTED	COMPLETE	ANTICIPATED COMPLETION DATE	NOTES
24	Follow-up/morbidity-mortality review conclusion/ remedy:	8.b.	Include the topic of suicide prevention in quality assurance and performance improvement plans.	Yes	Current	Part of training and performance improvement

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ATTACHMENT G-1

QI Meeting Minutes (May 2014)

Facility Performance Improvement Meeting Agenda/Minutes

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

Meeting Date: May 15, 2014

Invitees:

HUM (Chair): **Heather Bailey**

A/MH Unit Chief: **Denise Armstrong**

Nursing Supervisor:

MP: **Audley Mamby**

Dentist: **William Chapman** Absent

Custody Rep: **Laura Williams, RUM** Absent

RHIT: **Molly Hayes**

RHIA: **Sheila Tyus**

Social Worker: **Jimmica Donald**

Guests / Other: **David Lacy, DO**

1. **Review Previous Meeting Minutes**
   - Previous Performance Improvement meeting held April 17, 2014.

2. **Utilization Review**
   - KITES: Health Care received 1425 kites for the month of April, 2014.
   - GRIEVANCES: Health Care received 51 grievances for April, 2014.
   - SEGREGATION: Staff has been reminded that 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: Up-to-date; 98-100%.
   - Chronic Care: Chronic Care annual appointments are up-to-date. For April there were 63 Birthdays in the month due for CCC, all 63 were completed. We will be looking at the Chronic care for poor and fair control next month.
   - Staff are reminded to select the right visit category when charting in NextGen. Nsg. should not use the 'provider visit' category.

- CASE MANAGEMENT:
  - (16) Infirmary Prisoners
  - (16) Pregnant Prisoners
  - (06) Special Needs Prisoners

3. Mental Health

- Chris Wilson de Medina will attend P.I. meetings in the future. She will report on the acute care population
- Denise Armstrong, Acting Unit Chief, states they are still working on the below.
- 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 provided 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-this is still a concern.
  - There are observation cells on Kent unit being utilized now.

Currently there is 1 observation cell with construction underway to make it into a wet cell in Calhoun Acute Care per RUM Williams. The other wet has been completed in Calhoun.

• 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. We discuss individual cases at case management weekly if applicable.

Mental Health started 4/25/14 training for our nurses on Suicide Risk Assessment/ Evaluation Training.

Dental Services

- Dental has begun charging $5 co-pays per PD 03.04.101 for non-emergent/routine dental visits.

4. Communicable Diseases and Infection Control (These are new cases for the month)

- Per Dr. Hutchinson, during the intake process, a Hep B panel will be drawn, the results checked, and then prisoners will be offered treatment.
- TB (latent): 0
- Hep C: 20 new HEP C for the facility
- HIV 2
- Scabies 0

5. Risk Management
   - 1 death- inmate was terminal and in CHOICE'S program
   - The HUM will instruct nursing staff to improve charting in NextGen.

6. Social Worker

HOUSING PREGNANT PRISONERS 5/27/14 (EXEMPT) 2014

MDOC #	Date of Arrival	PRISONER NAME	LOCATION	EDC (DUE DATE)	KNOWN CPS HISTORY	Level	NOTE
[redacted]							

- Effective June 8, 2014, Elizabeth Turner, LMSW, will be joining our Jackson Healthcare Office team as the new State Administrative Manager overseeing the clinical social workers and the expanding Affordable Care Act program.

8. Pharmaceuticals/Medications

- Auditor General and Regional audits are scheduled.
- The issues with the Pharmacy are slowly improving, plan is below. This is a continuous work in progress.
- We have shared drive we will start putting things in there like logs, etc
- Med lines chaotic – we are working on getting better control over the med lines, I have spoken with Deputy and he is working on making sure housing and custody are helping us maintain control of our medication lines.
- RN Tinsley is visiting all med rooms at least weekly, more if needed.
- We are following up with Corrective action if OP is not followed.
- Getting areas organized as much as possible, clutter brings chaos.

9. Department Quarterly Review/Quality Assurance Audit –There was a regional transfer audit completed in February 2014, WHV received 91.5%

10. Staffing – these are authorized positions that are vacant (*any of these filled with contractors or actings?)

- Vacancies: •2 LPN (these are filled with contractual), • 3RN (these are vacant positions, no contractual currently in these positions), • 1 RN13 (there is an acting in this position)

11. Roundtable/Additional Items

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.
Make sure inmates do not go without their medications.	See above for plan of action	Ongoing, currently working on this.
Admission Testing Breast, Testicular, or Rectal Exam indicator	Went over the MDOC QA audit, need to improve on documentation of breast exams upon the Health Assessment at intake. See above	MP states they are doing breast exams and offering rectal exams on all intakes.

Recommendations:

*

Additional Comments/Actions:

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ATTACHMENT G-2

QI Meeting Minutes (June 2014)

Facility Performance Improvement Meeting Agenda/Minutes

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

Meeting Date: June 19, 2014

Invitees: HUM (Chair): **Heather Bailey**

A/MH Unit Chief: **Denise Armstrong**

Nursing Supervisor: **Bryant Tinsley**

MP: **Audley Mamby** **Absent**

Dentist: **William Chapman**

Custody Rep: **Beverly Smith, DW Housing**

Laura Williams, RUM

RHIT: **Molly Hayes** **Absent**

RHIA: **Sheila Tyus**

Social Worker: **Jimmica Donald**

Guests / Other:

1. **Review Previous Meeting Minutes**
   - Previous Performance Improvement meeting held May 15, 2014.

2. **Utilization Review**
   - **KITES: Health Care received an average of 1570 kites for May 2014..**
   - **GRIEVANCES:** Health Care received 58 grievances for May 2014.
   - **SEGREGATION:** Staff has been reminded that 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:** Up-to-date; read & sign distributed to staff.

     56 pap smears need completing; staff assistance requested. We have given them an extra day of staffing to help with pap smears.
   - **Chronic Care:** Completion of Chronic Care annual appointments is improved. We are looking at the chronic care with poor control (to be seen within 30 days) and fair

control (to be seen within 90 days). The appointment scheduler needs to be more involved in the process.

- <u>When documenting for a patient who is in the infirmary we are to document under skilled care, it is hard to tell if the patient is being seen for CC or just being seen by the Provider for a regular visit.</u> So the MP's will document under skilled care still but will put in the note that patient is being seen for CCC.

To track the continuity of care of chronic care inmates, the Chronic Care template in NextGen should be used to chart on prisoners housed in the Infirmary.

- <u>Wound Care</u>: Documentation of wound care needs improvement in the EMR(electronic medical record). Step-by-step instructions were distributed to staff via email. These are the steps to appropriately document on wounds

- 1. **Visit Type** – Wound Monitor
- 2. **Reason for Visit** – Integumentary
- 3. Wound Care Monitor and Skin Integrity Template. We are getting clarification on this one, but the important thing is to make sure all areas are addressed, so if you only use one of them then you will need to make sure a progress note gets placed to address areas not in that template, that is why the Regional audit team want both as it covers all areas. But again we will clarify just make sure to cover all things listed in this email and document.
- 4. Document the Location of wound
- 5. Document the Size of the wound
- 6. Document the Drainage
- 7. Document the Level of pain using the pain scale
- 8. Document the Wound status
- 9. Document the Antibiotic compliance
- 10. Document the Dressing used
- 11. Make sure the Vital signs are entered on vital signs template (temp, pulse, respirations, BP, and weight) if you miss one of these it gets counted as no VS being done. The Regional audit team also check to see if abnormal vital signs were addressed
- 12. Make sure you documented Dressings were applied according to physician's order
- 13. Make sure Patient Education was provided
- 14. Document the plan of action
- 15. And last but not least make sure the document was generated.

- <u>CASE MANAGEMENT</u>:
  - (13) Infirmary Prisoners
  - (15) Pregnant Prisoners
  - (05) Special Needs Prisoners

3. Mental Health

- Chris Wilson de Medina will attend P.I. meetings in the future. She will report on the acute care population

- Denise Armstrong, Acting Unit Chief, She states they are still working on the below.

- 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 provided 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 this is still a concern.
  - There are observation cells on Kent unit being utilized now.

Currently there is 1 observations cell with construction underway to make it into a wet cell in Calhoun Acute Care per RUM Williams. There is one wet cell in Calhoun Acute being utilized.

• 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 by MH..

Mental Health completed training for our nurses on Suicide Evaluation Training.

• As part of the intake process MH has to now see all new inmates's so Roberta-R's do not need to be completed for them. .

Dental Services

- Dental has begun charging co-pays for dental visits.

4. Communicable Diseases and Infection Control (These are new cases for the month)

- TB (latent): 0

- Hep C: 4 Newly Diagnosed with HEPC at intake and 16 reported HEP C diagnoses at intake by the inmate for a total of 20 new HEP C for the facility
- HIV 2
- Scabies 1

5. Risk Management
   - No deaths to report
   - The HUM instructed nursing staff to improve NextGen charting on wound care see instructions that were sent out above. Also went over in the Nursing staff meeting.

6. Social Worker

HOUSING PREGNANT PRISONERS 6/17/14 (EXEMPT) 2014

MDOC #	Date of Arrival	PRISONER NAME	LOCATION	EDC (DUE DATE)	KNOWN CPS HISTORY	Level	NOTE
[redacted]							

- Effective June 8, 2014, Elizabeth Turner, LMSW, will be joining our Jackson Healthcare Office team as the new State Administrative Manager overseeing the clinical social workers and the expanding Affordable Care Act program. Ms. Turner will also assist with the Choices program.

7. Pharmaceuticals/Medications

An inmate went without her medication because the chart review was not completed timely, went over this in nurses meeting also. Nurses need to monitor the medications closely, when inmates are down to 3-5 days the sticker needs to be pulled to order the refill, if expired a chart review needs to be completed ASAP. If you notice an inmate is out, call the MP and get a verbal order. Do not let an inmate go without their medications.

- Auditor General and Regional audits are scheduled.
- The issues with the Pharmacy are slowly improving, plan is below. This is a continuous work in progress.
- We have shared drive. We will start putting things in there like logs, etc
- Med lines chaotic – we are working on getting better control over the med lines, I have spoken with Deputy and he is working on making sure housing and custody are helping us maintain control of our medication lines. Still a work in progress but improving
- RN Tinsley is visiting all med rooms at least weekly, more if needed.
- We are following up with Corrective action if OP is not followed.
- Getting areas organized as much as possible, clutter brings chaos.
- Additional staff training will be provided to help deal with the issue of prisoners not receiving their medications in a timely manner. We are working on sending out instructions again on specific areas of the OP on medication administration.

9. Department Quarterly Review/Quality Assurance Audit –

10. Staffing – these are authorized positions that are vacant
- Vacancies: •2 LPN (have contractual in these positions, • 3RN (offered 3 contractual to fill this and all turned down, will interview again), • 1 RN13 (interviews scheduled june.),

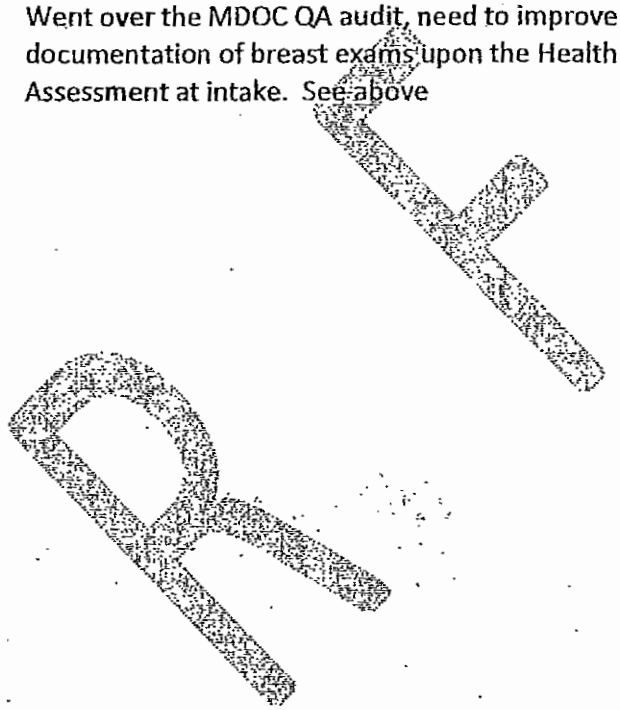
Approval received for 1 temporary C-RN position.

11. Roundtable/Additional Items

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.
Make sure inmates do not go without their medications.	See above for plan of action	Ongoing, currently working on this.
Admission Testing Breast, Testicular, or Rectal Exam indicator	Went over the MDOC QA audit, need to improve on documentation of breast exams upon the Health Assessment at intake. See above	MP states they are doing breast exams and offering rectal exams on all intakes. He is doing another audit on this will hopefully be able to take this off the project summary.



Recommendations:

Additional Comments/Actions:

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ATTACHMENT G-3

QI Meeting Minutes (July 2014)

Facility Performance Improvement Meeting Agenda/Minutes

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

Meeting Date: July 17, 2014

Invitees:

HUM (Chair): **Heather Bailey**

A/MH OPMH Unit Chief: **Denise Armstrong** Absent

MH Acute Care Unit Chief: **Christine Wilson de Medina**

Nursing Supervisor: **Bryant Tinsley**

MP: **Audley Mamby**

Dentist: **William Chapman**

Custody Rep: **Beverly Smith, DW Housing** Absent

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 June 19, 2014.

2. **Utilization Review**
   - **KITES: Health Care received 1650 kites from June, 2014.**
   - **GRIEVANCES:** Health Care received 82 grievances for June 2014.
   - **SEGREGATION:** Staff were alerted to reports that prisoners are using denture paste to adhere medicine to the roof of their mouth. Staff have been reminded to always perform mouth checks. Staff are reminded that prisoners housed in Segregation cannot be denied health care services.
   - **Annual Health Screens:** Detailed instruction packets were distributed to all nsg. staff. We are still having issues with PPD's being read too early or too late, or documents being created, we are discussing it with the individual staff that are involved. Medical Records Bouck states things are looking better, we are having fewer issues, but I don't see much improvement at this point.

- **Chronic Care:** Completion of Chronic Care annual appointments is improved. We are looking at the chronic care with poor control (to be seen within 30 days) and fair control (to be seen within 90 days). The appointment scheduler needs to be more involved in the process. The scheduler needs to be monitoring this very close making sure inmates are seen timely and the appt's are being kept.
- **When documenting for a patient who is in the infirmary we are to document under skilled care, it is hard to tell if the patient is being seen for CC or just being seen by the Provider for a regular visit.** So the MP's will document under skilled care still but will put in the note that patient is being seen for CCC.

  To track the continuity of care of chronic care inmates, the Chronic Care template in NextGen should be used to chart on prisoners housed in the Infirmary.
- **Wound Care:** Documentation of wound care needs improvement in the EMR (electronic medical record). Step-by-step instructions were distributed to staff via email. We will look at wound documentation prior to the August PI meeting and will report.

- **CASE MANAGEMENT:**
  - (09) Infirmary Prisoners
  - (17) Pregnant Prisoners
  - (07) Special Needs Prisoners

3. **Mental Health**

- Chris Wilson de Medina is attending P.I. meetings. She will report on the acute care population.
- Dialectical Behavior Therapy (DBT)
  - Pilot at WHV is ongoing.
  - 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

- The first year has been completed. Continued training being provided to custody staff via telephone consultations with Michelle Galietta.
- DBT groups being provided 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 this is still a concern.
  - There are observation cells on Kent unit being utilized now.

2 wet cells are available and 4 dry observation cells are available in Calhoun Acute Care.

- Mental Health conducts weekly staff improvement meetings.

- Roberta-Rs are no longer needed for intake prisoners; MH staff evaluates all prisoners admitted to the facility. RTP and Calhoun Acute don't need to receive Roberta-Rs; however, nsg. staff must notify MH staff when prisoners displaying specific symptoms are encountered. HUM Bailey and Ms, Wilson de Medina will discuss this issue further.

Dental Services

- Nothing to report

4. Communicable Diseases and Infection Control (These are new cases for the month)

a. TB (latent): 0

b. Hep C: 19 total; 9 newly diagnosed

c. HIV: 1

d. Chlamydia: 2

e. MRSA: 2

f. Employee BBP Exposure (needle stick): 1

5. Risk Management
   - No deaths to report; 1 mortality review conducted.
   - The HUM instructed nursing staff to improve NextGen charting on wound care see instructions that were sent out above. Also went over in the Nursing staff meeting.

6. Social Worker

7. HOUSING PREGNANT PRISONERS 6/26/14 (EXEMPT) 2014

MDOC #	Date of Arrival	PRISONER NAME	LOCATION	EDC (DUE DATE)	KNOWN CPS HISTORY	Level	NOTE
[redacted]							

8. Pharmaceuticals/Medications

We have had some complaints about inmates going without their medication.

Our nurse that was fulltime in the med room has transferred and we have a new LPN in the med room, she is going to get further training. Staff have been reminded to pull stickers and monitor medications appropriately per policy. The MP's have been reminded to monitor all inmates medications when they are reviewing the EMR. Chart Reviews must be completed timely, and a note In the EMR at the time of doing the CRV.

404s (this is a log for our keep on person medications) need to be kept up on

- Auditor General and Regional audits are scheduled.

9. Department Quarterly Review/Quality Assurance Audit –

The ER log from April, May, and June will be completed for the August PI meeting

10. Staffing – these are authorized positions that are vacant
    - Vacancies: •2 LPN (have contractual in these positions, • 3RN (vacant, will be interviewing soon), • 1 RN13 (acting in this position

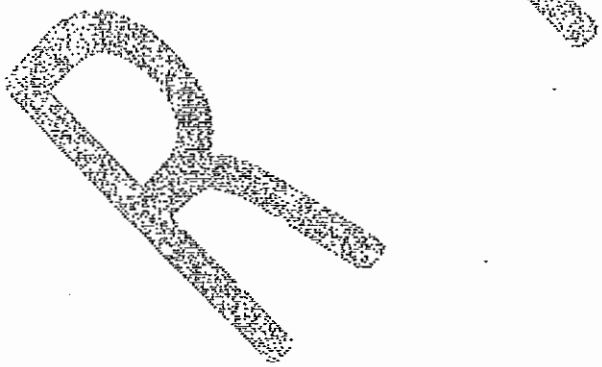
Approval received for 1 temporary C-RN position.

11. Roundtable/Additional Items

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.
Make sure inmates do not go without their medications.	See above for plan of action	Ongoing, currently working on this.
Admission Testing Breast, Testicular, or Rectal Exam indicator	Went over the MDOC QA audit, need to improve on documentation of breast exams upon the Health Assessment at intake. See above	MP states they are doing breast exams and offering rectal exams on all intakes. He is doing another audit on this will hopefully be able to take this off the project summary.



Recommendations:

Additional Comments/Actions:

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TRI-ANNUAL REPORT

(Actually mailed December 5, 2014)

ATTACHMENT G-4

QI Meeting Minutes (August 2014)

Facility Performance Improvement Meeting Agenda/Minutes

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

Meeting Date: August 26, 2014

Invitees:

HUM (Chair): Heather Bailey

A/MH OPMH Unit Chief: Denise Armstrong — Absent

MH Acute Care Unit Chief: Christine Wilson de Medina

Nursing Supervisor: Bryant Tinsley

MP: Audley Mamby

Dentist: William Chapman — Absent

Custody Rep: Sonal Patel, DW Housing — Absent

Laura Williams, RUM — Absent

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 July 17, 2014.

2. **Utilization Review**
   - KITES: Health Care received an average of 1388 in July 2014..
   - GRIEVANCES: Health Care received 63 grievances in July 2014.
   - SEGREGATION: Nsg. staff no longer has to document in the EMR on all segregation patients daily; documentation is only needed in the EMR if it is significant: a hunger strike, someone with a health issue or a mental health issue, observation, etc. Signing the door card is sufficient otherwise. If they are pulling someone out to evaluate them, the hunger strike, the medical issue, etc., would be documented anyway.
   - Annual Health Screens: Improvement seen. Medical Record staff will change their auditing practices for clinic AHS appts. to timeliness only.

- Chronic Care: Completion of Chronic Care annual appointments is improved. We are looking at the chronic care with poor control (to be seen within 30 days) and fair control (to be seen within 90 days). The appointment scheduler needs to be more involved in the process. The scheduler needs to be monitoring this very close making sure inmates are seen timely and the appt's are being kept Our numbers went down in CC for this month as far as timeliness when we had a different GOA in the position doing the scheduling. .

- For CCC in the Infirmary they are using the CC appt documentation and just documenting they are in the Infirmary instead of documenting under skilled care this way the CCC can be monitored more efficiently.

  To track the continuity of care of chronic care inmates, the Chronic Care template in NextGen should be used to chart on prisoners housed in the Infirmary.

- Wound Care: Documentation of wound care needs improvement in the EMR(electronic medical record). Step-by-step instructions were distributed to staff via email. The supervisors are monitoring the wound care in the Infirmary and this has been improving. We don't get many wounds so this will need to be monitored for a while longer to determine if the instructions that were sent out helped the staff.

- CASE MANAGEMENT:
  - (08) Infirmary Prisoners
  - (14) Pregnant Prisoners
  - (04) Special Needs Prisoners

- MAMMOGRAMS: Multi-Diagnostics is no longer entering mammogram results into NextGen. Results are being read by them and sent to WHV via zip files.

- LCRRP (Lake county residential re-entry program) GUIDELINES: The guidelines have been rewritten. Turnaround time here at WHV for LCRRP detainees has changed from 36 days to 10 days.

3. Mental Health

- Chris Wilson de Medina is attending P.I. meetings. She will report on the acute care population.

- Dialectical Behavior Therapy (DBT)
  - Pilot at WHV is ongoing.
  - 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
  - The first year has been completed. Continued training being provided to custody staff via telephone consultations with Michelle Galietta.
  - DBT groups being provided 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 this is still a concern.
  - There are observation cells on Kent unit being utilized now.

2 wet cells are available and 4 dry observation cells are available in Calhoun Acute Care.

• Mental Health conducts weekly staff improvement meetings.

• Roberta-Rs are no longer needed for intake prisoners; MH staff evaluates all prisoners admitted to the facility. RTP and Calhoun Acute don't need to receive Roberta-Rs; however, nsg. staff must notify MH staff when prisoners displaying specific symptoms are encountered. HUM Bailey and Ms. Wilson de Medina will discuss this issue further.

Received no notice of any change from mental health staff.

Dental Services

- Nothing to report

4. Communicable Diseases and Infection Control (These are new cases for the month)

a. TB (latent): 0

b. Hep C: 7 total; 7 newly diagnosed

c. HIV: 1

d. Chlamydia: 1

e. MRSA: 5

f. Syphillis 1

5. Risk Management
   - No deaths to report; 1 mortality review conducted on 7/24/14

- The HUM instructed nursing staff to improve NextGen charting on wound care see instructions that were sent out above. Also went over in the Nursing staff meeting.

6. **Social Worker**
   - Recent training included a session concerning benefits for veterans; prisoners who are veterans were addressed.
   - Posting was approved for a third clinical social worker who will be cross-trained to be able to assist both of the current social workers.

7. **HOUSING PREGNANT PRISONERS 8/7/14 (EXEMPT) 2014**

MDOC #	Date of Arrival	PRISONER NAME	LOCATION	EDC (DUE DATE)	KNOWN CPS HISTORY	Level	NOTE
[redacted]							

8. **Pharmaceuticals/Medications**
   - Auditor General and Regional audits have been completed; results are pending.
   - Discussions are ongoing with the Deputy Warden of Custody concerning Custody staff assisting the medication line nursing staff with prisoner mouth checks.

9. **Department Quarterly Review/Quality Assurance Audit –**
   - The ER log from April, May, and June was completed for the August PI meeting
   - The referrals were appropriate for offsite.

10. **Staffing – these are authorized positions that are vacant**
    - Vacancies: •2 LPN (have contractual in these positions, • 2RN (vacant), • 1 RN13 (acting in this position)

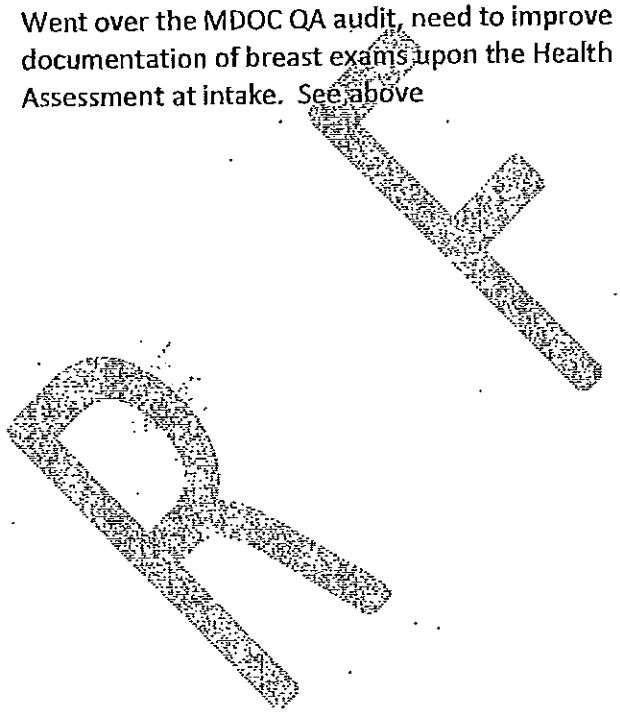
    Approval received for (3) contractual RCAs. Request made for a pm LPN position.

11. **Roundtable/Additional Items**

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.
Make sure inmates do not go without their medications.	See above for plan of action	Ongoing, currently working on this.
Admission Testing Breast, Testicular, or Rectal Exam indicator	Went over the MDOC QA audit, need to improve on documentation of breast exams upon the Health Assessment at intake. See above	MP states they are doing breast exams and offering rectal exams on all intakes. He is doing another audit on this will hopefully be able to take this off the project summary.



Recommendations:

*

Additional Comments/Actions:

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(Actually mailed December 5, 2014)

ATTACHMENT G-5

QI Meeting Minutes (September 2014)

Facility Performance Improvement Meeting Agenda/Minutes

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

Meeting Date: September 18, 2014

Invitees:

HUM (Chair): Heather Bailey

A/MH OPMH Unit Chief: Denise Armstrong Absent

MH Acute Care Unit Chief: Christine Wilson de Medina Absent

Nursing Supervisor: Bryant Tinsley

MP: Audley Mamby

Dentist: William Chapman Absent

Custody Rep: Sonal Patel, DW Housing Absent

Laura Williams, RUM Absent

RHIT: Molly Hayes

RHIA: Sheila Tyus

Social Worker: Jimmica Donald

Guests / Other: Sandy Osier, RHIT; Margaret Getty, OPT. K. Moore, PC

1. **Review Previous Meeting Minutes**
   - Previous Performance Improvement meeting held August 26, 2014.

2. **Utilization Review**
   - **KITES: Health Care received 1331 kites in the month of August, 2014.**
   - **GRIEVANCES:** Health Care received 73 grievances for the month of August, 2014..

I. **SEGREGATION: There is a pilot program starting at WHV.** : WHV prisoners with urgent or emergent mental health referrals being placed on observation status by custody or health/mental Health and/or who have serious health care issues requiring medical services unavailable in the segregation unit will not be housed in segregation. Such prisoners will be placed in K-OBS, RTP observation, inpatient observation or medical infirmary cells. Unless overridden by the Warden/DW due to extraordinary safety concerns requiring their retention in segregation, these prisoners' misconduct processing (if any) or segregation classification will be suspended for 72 hours to allow for a collaborative health care, mental health and custody assessment to determine the appropriate level of care

placement that will meet the prisoner's health care and MH needs and custody management requirements.

- **Annual Health Screens:** Due to staffing issues (call-ins, staff on medical, and the vacancies), we are struggling with keeping up with the AHS's, we are still in compliance with timing. We are making every Attempt to avoid a backlog.

- **Chronic Care:** RGC staff is using a coding component to run reports on CC timeliness daily. They have put all CC inmates into the system so that we can better monitor the timeliness. We just had training for this CC roll-out in August. The report has the inmate's name, their CC diagnosis, if they are in poor, fair, or good control, and shows the last time they were seen. These reports are a great tool to monitor when inmates are due to be seen. The RGC Staff are going to work with GOA Ball who does the MP scheduling so that she can better keep track of the CC appointments.

- Medical Providers were reminded to label prisoner appointments correctly when it comes to scheduling CC appointments.

- **Wound Care:** There are currently no prisoners needing wound care. This still needs to be monitored closely when an inmate needs wound care as step by step instructions have been given to all nursing staff.

- **CASE MANAGEMENT:**
  - (16) Infirmary Prisoners
  - (16) Pregnant Prisoners
  - (05) Special Needs Prisoners

- **MAMMOGRAMS:** Multi-Diagnostics continues to read results and send to WHV via zip files. This remains a problem as the results are supposed to be entered into NextGen by the company. We are looking into ways to get them scanned into nextgen. Ms Osier said she would speak to someone at DWH to see if they could help get the reports scanned into Nextgen. Also we just ordered 2 scanners so we may be able to get them completed.
- The current mammogram technician is off on MLOA. For the time being, WHV will need to continue to use the services of Multi-Diagnostics.

- **LCRRP GUIDELINES:** There have been no issues reported so I assume the new guidelines are effective. The Turnaround time was changed from 36 days to 10 days.

3. Mental Health

- Changes have been made in the treatment plan for a high-risk prisoner. The MH team report that it seems to be working. Staff are taking her out of her cell for a meeting with her therapist for 10-20 minutes daily.

- Staff are conducting Beyond Violence groups instead of the Assaultive Offender groups using DBT skills. This seems to be good at controlling the behavior. Groups began 6 wks. ago.

- Dialectical Behavior Therapy (DBT)
  - Pilot at WHV is ongoing.
  - 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
  - The first year has been completed. Continued training being provided to custody staff via telephone consultations with Michelle Galietta.
  - DBT groups being provided 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 this is still a concern..
  - There are observation cells on Kent unit being utilized now.

2 wet cells are available and 4 dry observation cells are available in Calhoun Acute Care.

- Mental Health continues to conduct weekly staff improvement meetings.

Dental Services

- Nothing to report

4. Communicable Diseases and Infection Control (These are new cases for the month)

a.	TB (latent):	0
b.	Hep C:	32 total; 4 newly diagnosed
c.	HIV:	0
d.	Chlamydia:	0
e.	MRSA:	5
f.	Scabies:	1

5. Risk Management
   - No deaths to report; 1 morbidity review conducted.

6. **Social Worker**

- There have been incidents of parolees once they are out being denied necessary mental health treatment due to a lack of insurance. In response, prisoners scheduled to parole and needing immediate mental health care post-release will be enrolled in Medicaid. Please make sure to refer to Ms Donald and she will get them approved for Medicaid right away.
  The medical social worker will work with medical record staff to obtain the appropriate reports to help identify prisoners who meet the criteria.

- Posting was approved for a third clinical social worker who will be cross-trained to be able to assist both of the current social workers. Posting is still pending.

7. **HOUSING PREGNANT PRISONERS (EXEMPT) 2014**

HOUSING PREGNANT PRISONERS 9/17/14 (EXEMPT) 2014

MDOC #	Date of Arrival	PRISONER NAME	LOCATION	EDC (DUE DATE)	KNOWN CPS HISTORY	Level	NOTE
[redacted]							

8. **Pharmaceuticals/Medications**

- Auditor General and Regional audits have been completed; results are pending.
- Discussions are ongoing with the Deputy Warden of Custody concerning Custody staff assisting the medication line nursing staff with prisoner mouth checks.

- Per OP 03.04.100C, Nursing. Staff must report prisoners that are non-compliant with medication to the appropriate medical provider. Non-compliance must be documented in the EMR and on the back of the MAR. An email was sent out with step by step instructions on what to report, when to report, and how to report for non-compliance of medications to all nursing staff, MH Staff, and MP staff and it was discussed in the Monthly staff meeting. Also informed the staff when the MP's, and the MH providers are made aware of the non-compliance what they need to do per the OP 03.04.100C.

9. **Department Quarterly Review/Quality Assurance Audit –**
   - Quarterly ER Log reports are due for July, August, and September, 2014.

10. **Staffing – these are authorized positions that are vacant.**
    - Vacancies: •All LPN have been filled, • 3RN (vacant), • 1 RN13 (acting in this position

      (2) contractual RCAs have been hired with (1) pending.

      A Request was made for an additional Full time LPN position.

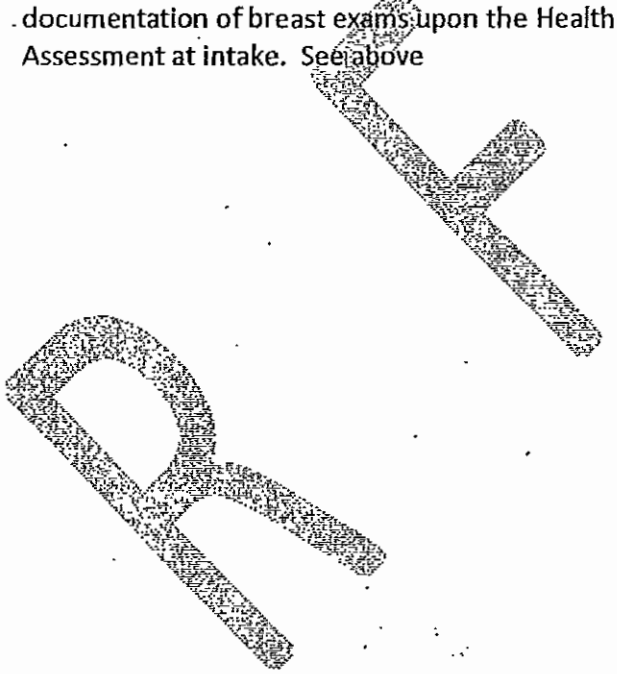
11. **Roundtable/Additional Items**

    Custody noted some confusion with the language on prisoner details designating lay-ins. I informed them to notify us when details need clarification. Staff should notify Health Care if they notice prisoners participating in behaviors contrary to the limitations noted on the medical detail. Example If a prisoner is using a walker but you see them out playing sports or something without the walker please notify HC.

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.
Make sure inmates do not go without their medications.	See above for plan of action	Ongoing, currently working on this.
Admission Testing Breast, Testicular, or Rectal Exam indicator	Went over the MDOC QA audit, need to improve on documentation of breast exams upon the Health Assessment at intake. See above	MP states they are doing breast exams and offering rectal exams on all intakes. He is doing another audit on this will hopefully be able to take this off the project summary.



Recommendations:

▪

Additional Comments/Actions:

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(Actually mailed December 5, 2014)

ATTACHMENT G-6

QI Meeting Minutes (October 2014)

Facility Performance Improvement Meeting Agenda/Minutes

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

Meeting Date: October 16, 2014

Invitees: HUM (Chair): **Pam Friess**

A/MH OPMH Unit Chief: **Denise Armstrong**

MH Acute Care Unit Chief: **Christine Wilson de Medina** **Absent**

Nursing Supervisor: **Bryant Tinsley** **Absent**

MP: **Audley Mamby**

Dentist: **William Chapman**

Custody Rep: **Sonal Patel, DW Housing** **Absent**

Laura Williams, RUM **Absent**

RHIT: **Molly Hayes**

RHIA: **Sheila Tyus**

Social Worker: **Jimmica Donald**

Guests / Other: **Golson, M., ARUS**

1. **Review Previous Meeting Minutes**
   - Previous Performance Improvement meeting held September 18, 2014.

2. **Utilization Review**
   - **KITES:** Health Care received 1381 kites in the month of September, 2014.
   - **GRIEVANCES:** Health Care received 72 grievances the month of September, 2014:

I. **SEGREGATION:** There is a pilot program starting at WHV. WHV prisoners with urgent or emergent mental health referrals being placed on observation status by custody or health/mental Health and/or who have serious health care issues requiring medical services unavailable in the segregation unit will not be housed in segregation. Such prisoners will be placed in K-OBS, RTP observation, inpatient observation or medical infirmary cells. Unless overridden by the Warden/DW due to extraordinary safety concerns requiring their retention in segregation, these prisoners' misconduct processing (if any) or segregation classification will be suspended for 72 hours to allow for a collaborative health care, mental health and custody assessment to determine the appropriate level of care placement that will

meet the prisoner's health care and MH needs and custody management requirements.

- This program is effective. It should be noted however that nursing staff CANNOT complete Management Plans due to the fact that Mental Health has still not provided the training for Nursing staff that was agreed upon.

- Annual Health Screens: WHV is currently up to date with AHS. Currently WHV is scheduling for birthdays from 10/24 forward. This is well within the 30 days prior /30 days after the prisoner's birthday as required by policy.

- Chronic Care: RGC staff is using a coding component to run reports on CC timeliness daily. They have put all CC inmates into the system so that we can better monitor the timeliness. We just had training for this CC roll-out in August. The report has the inmate's name, their CC diagnosis, if they are in poor, fair, or good control, and shows the last time they were seen. These reports are a great tool to monitor when inmates are due to be seen. The RGC Staff are going to work with GOA Ball who does the MP scheduling so that she can better keep track of the CC appointments.

- Medical Providers were reminded to label prisoner appointments correctly when it comes to scheduling CC appointments.

- This program is running effectively in spite of the fact that WHV is not fully staffed with Medical Providers.

- The CC report runs a month behind so there are no current stats for the month of September. All annual CC appointments for completed for the month of August.

- Wound Care: There is 1 prisoner needing wound care. This still needs to be monitored closely when an inmate needs wound care as step by step instructions have been given to all nursing staff.

- CASE MANAGEMENT:
  - (14) Infirmary Prisoners
  - (14) Pregnant Prisoners
  - (05) Special Needs Prisoners

- MAMMOGRAMS: Mammograms are now being completed at the facility. The films are sent to DWH to be read by the Radiologist.

- A new technician has been hired. Mammography protocol is pending.

- LCRRP GUIDELINES: No issues to report

3. Mental Health

- Dialectical Behavior Therapy (DBT)
  - Pilot at WHV is ongoing.
  - 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
  - The first year has been completed. Continued training being provided to custody staff via telephone consultations with Michelle Galietta.
  - DBT groups being provided 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 this is still a concern.
  - There are observation cells on Kent unit being utilized now.

2 wet cells are available and 4 dry observation cells are available in Calhoun Acute Care.

- Mental Health continues to conduct monthly staff improvement meetings.

Dental Services

- Prisoners are often sent to or elect to go to chow rather than report to scheduled dental appointments.

4. Communicable Diseases and Infection Control (These are new cases for the month)

a. TB (latent): 0

b. Hep C: 20 total; 6 newly diagnosed

c. HIV: 0

d. Chlamydia: 0

e. MRSA: 3

f. Scabies: 0

5. **Risk Management**
   - No deaths to report.

6. **Social Worker**
   - The LMSW continues to enroll eligible prisoners in the Medicare/Medicaid programs.
   - Posting was approved for a third clinical social worker who will be cross-trained to be able to assist both of the current social workers. Posting is still pending.

7. **HOUSING PREGNANT PRISONERS (EXEMPT) 10.16 2014**

MDOC #	Date of Arrival	PRISONER NAME	LOCATION	EDC (DUE DATE)	KNOWN CPS HISTORY	Level	NOTE
[redacted]							

8. **Pharmaceuticals/Medications**
   - Auditor General and Regional audits have been completed; results are pending.
   - Discussions are ongoing with the Deputy Warden of Custody concerning Custody staff assisting the medication line nursing staff with prisoner mouth checks.
   - Per OP 03.04.100C, Nursing. Staff must report prisoners that are non-compliant with medication to the appropriate medical provider. Non-compliance must be documented in the EMR and on the back of the MAR. An email was sent out with step by step instructions on what to report, when to report, and how to report for non-compliance of medications to all nursing staff, MH Staff, and MP staff and it was discussed in the Monthly staff meeting. Also informed the staff when the

MP's, and the MH providers are made aware of the non-compliance what they need to do per the OP 03.04.100C

9. **Department Quarterly Review/Quality Assurance Audit –**
   - ER Log reports are being reviewed on a monthly basis. Dr. Mamby reports no real trends were found with the quarterly audits.

10. **Staffing – these are authorized positions that are vacant**
   - Vacancies: • 2 LPN, • 9 RN (4 contractuals in open RN positions) • 1 RN13 (acting in this position; posting is pending)
   - GOA position had to be reposted due to issues with Neogov.
   - The 3rd RCA was hired but quit after 1 day. New potential contractual candidates have been requested.
   - A request was made for an additional full time LPN position.

11. **Roundtable/Additional Items**
   - Dr. Chapman, DDS expressed concerns regarding the change in the parole/discharge lab draws. It is now not required for these labs to be drawn if the prisoner has had them drawn while incarcerated during the current prison term. His objections to this change in policy is noted.

Facility/Unit PI Committee Report

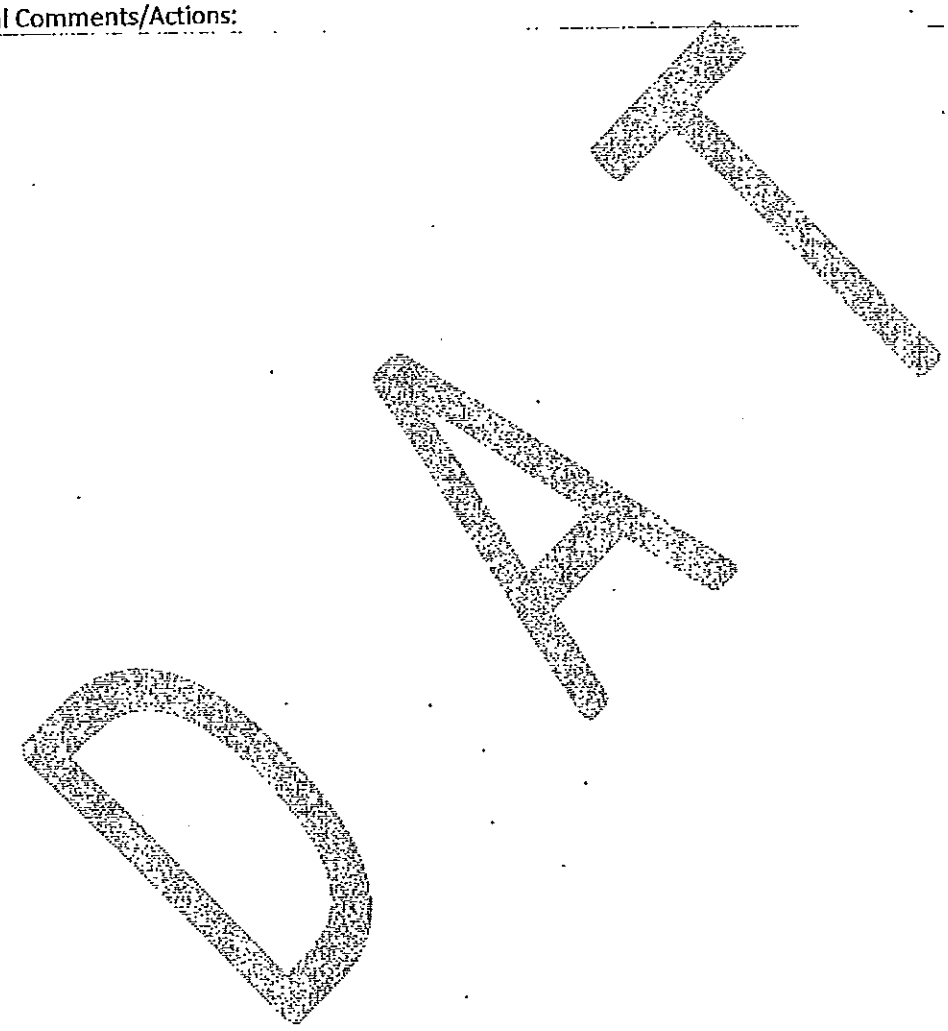
Summary of Performance Improvement Projects:

Project Title	Project Summary	Status
Medication Management	See above for plan of action	Ongoing, currently working on this.
Make sure inmates do not go without their medications.	See above for plan of action	Ongoing, currently working on this.
Admission Testing Breast, Testicular, or Rectal Exam indicator	Went over the MDOC QA audit, need to improve on documentation of breast exams upon the Health Assessment at intake. See above	MP states they are doing breast exams and offering rectal exams on all intakes. He is doing another audit on this will hopefully be able to take this off the project summary.
•Methadone Protocol for pregnant prisoners	Currently WHV is sending the pregnant opiate addicted prisoners to a Methadone clinic weekly to obtain Methadone for treatment. Lead site MP and HUM are working on a proposal to treat these prisoners on site with an alternative to Methadone.	
•Intake Unit Committee	Streamline the intake process.	
•Mammogram Consent Form	Form is being edited	

Recommendations:

*

Additional Comments/Actions:



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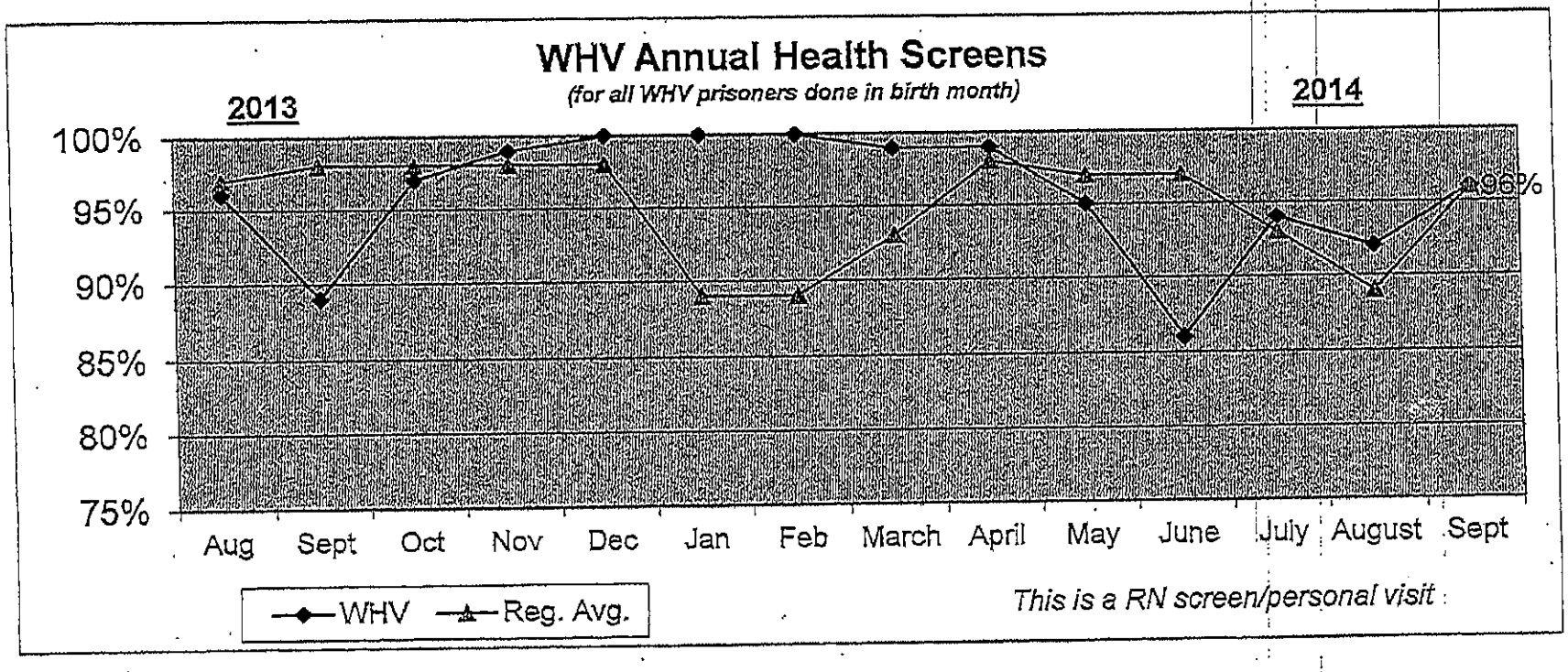
ATTACHMENT H-1

Health Services Audit Charts

- *Annual Health Screens Timeliness*


WHV Annual Health Screens
(for all WHV prisoners done in birth month)
2013
2014
100%
95%
90%
85%
80%
75%
96%
Aug
Sept
Oct
Nov
Dec
Jan
Feb
March
April
May
June
July
August
Sept
WHV
Reg. Avg.
This is a RN screen/personal visit

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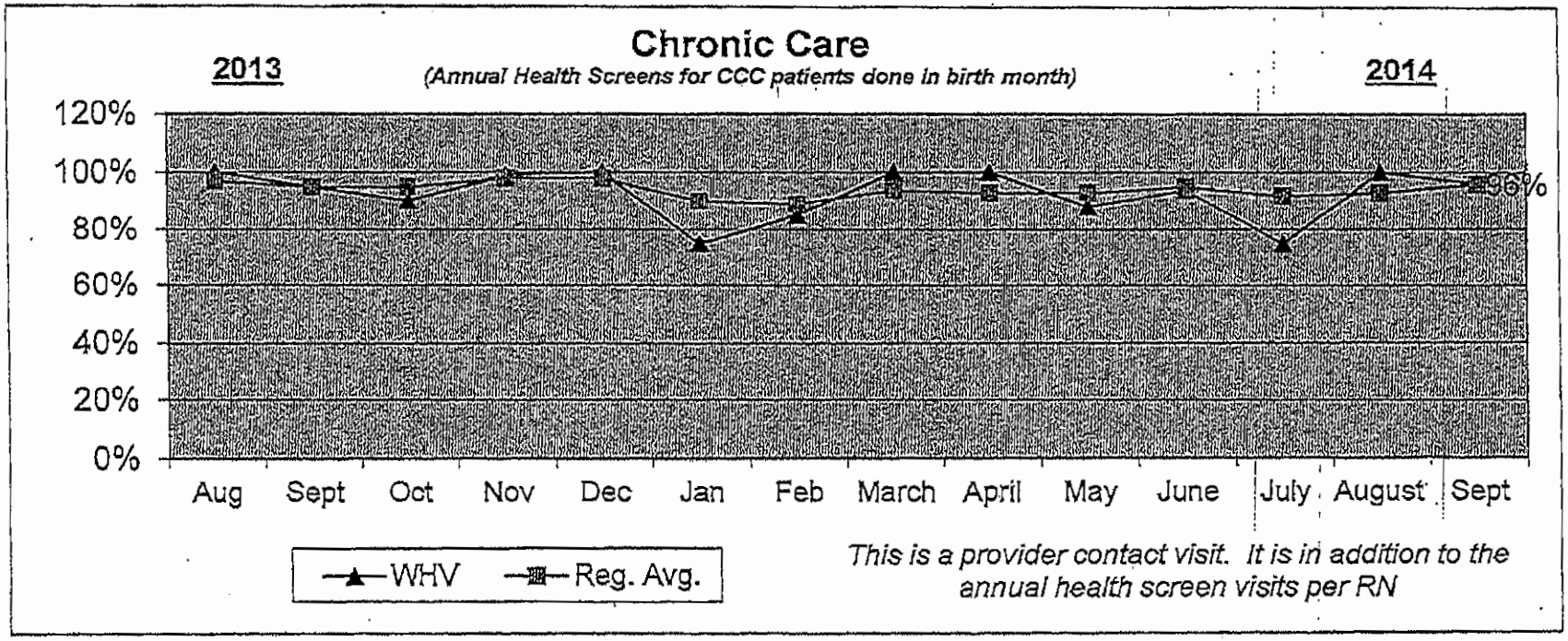
ATTACHMENT H-2

Health Services Audit Charts

- *CCC Annual Health Screens Timeliness*


Chronic Care
2013
(Annual Health Screens for CCC patients done in birth month)
2014
120%
100%
80%
60%
40%
20%
0%
96%
Aug
Sept
Oct
Nov
Dec
Jan
Feb
March
April
May
June
July
August
Sept
WHV
Reg. Avg.
This is a provider contact visit. It is in addition to the annual health screen visits per RN

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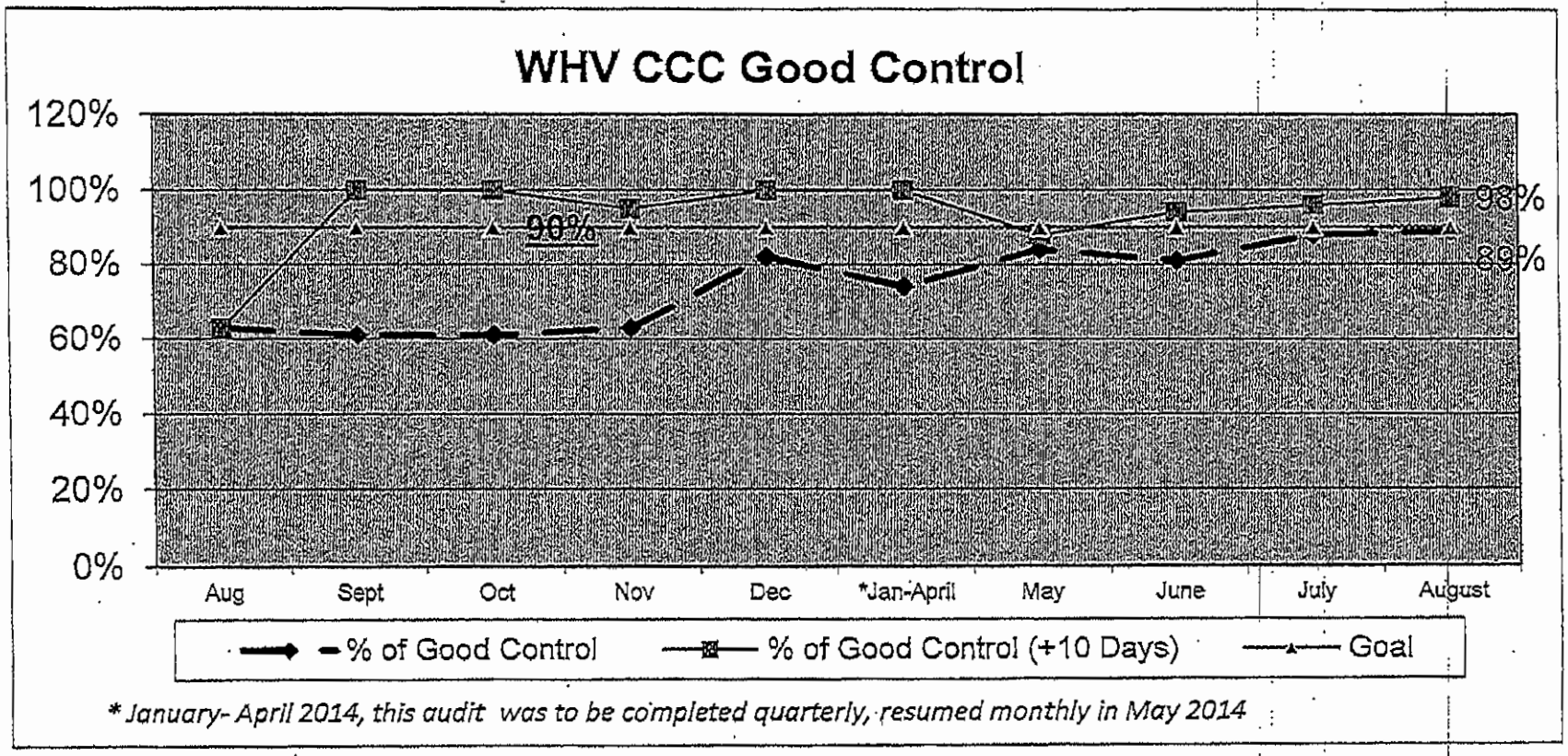
(Actually mailed December 5, 2014)

ATTACHMENT H-3

Health Services Audit Charts

- *CCC Appointment Timeliness for Good Control*


WHV CCC Good Control
120%
100%
80%
60%
40%
20%
0%
99%
98%
89%
Aug
Sept
Oct
Nov
Dec
*Jan-April
May
June
July
August
% of Good Control
% of Good Control (+10 Days)
Goal
* January- April 2014, this audit was to be completed quarterly, resumed monthly in May 2014

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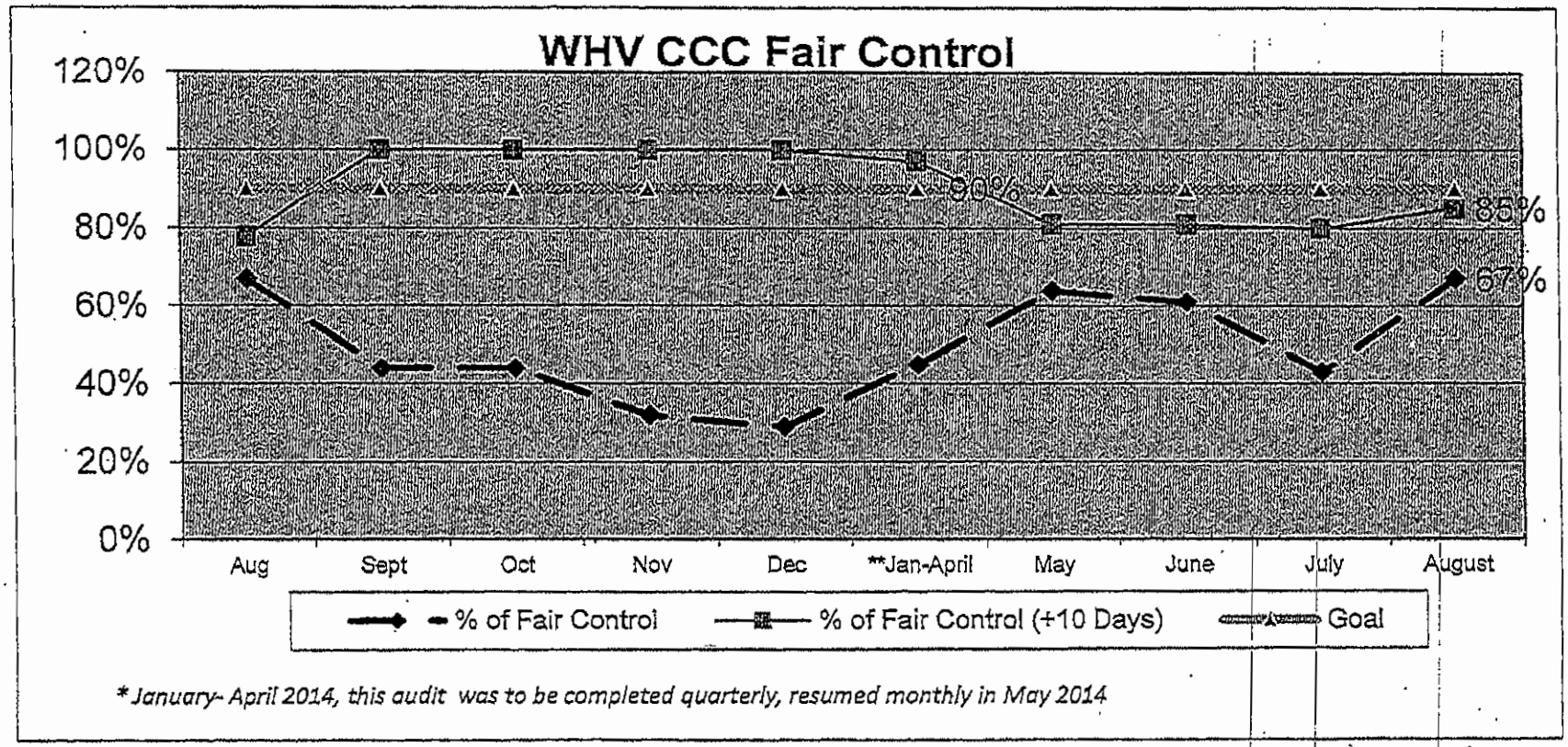
ATTACHMENT H-4

Health Services Audit Charts

- *CCC Appointment Timeliness for Fair Control*



** January- April 2014, this audit was to be completed quarterly, resumed monthly in May 2014*

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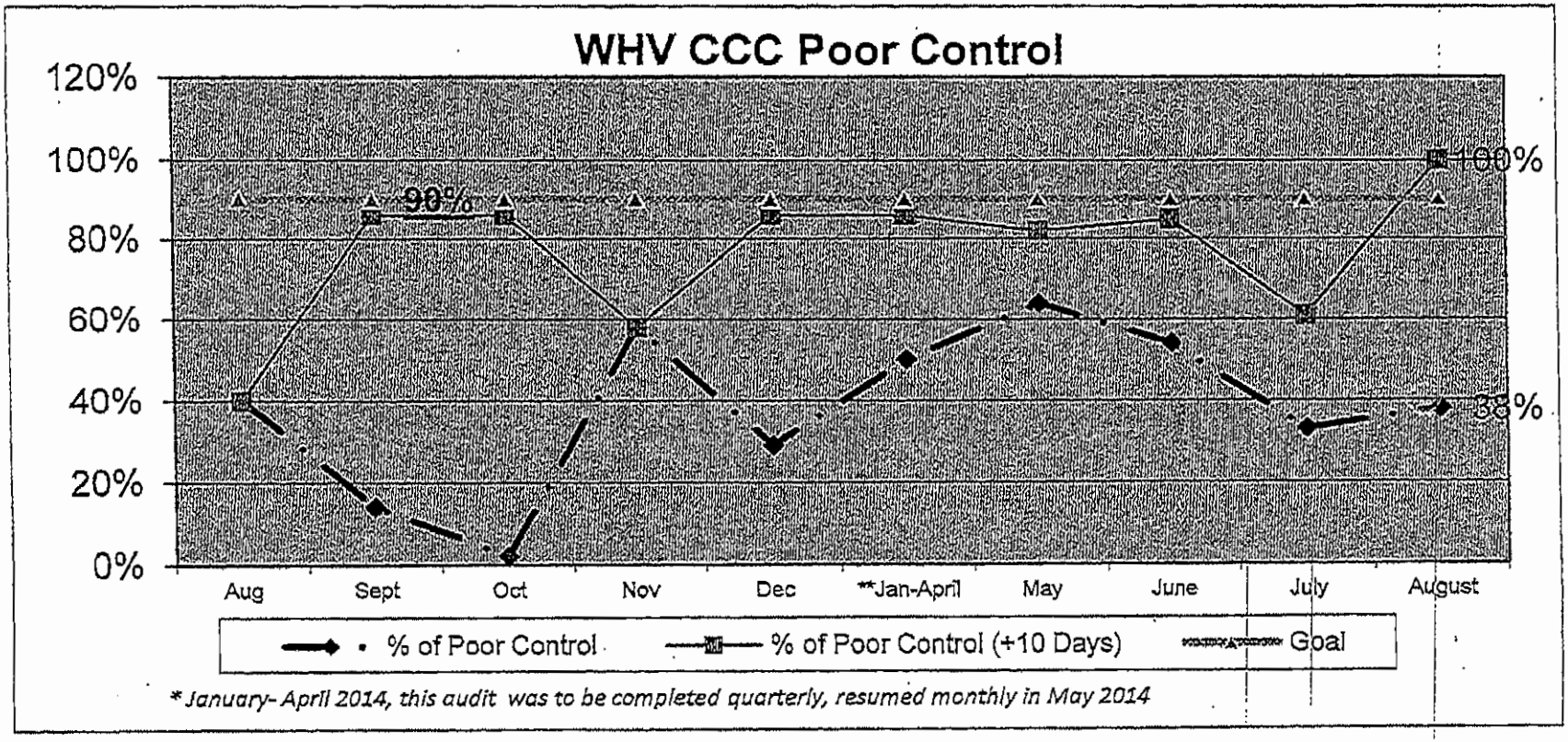
ATTACHMENT H-5

Health Services Audit Charts

- *CCC Appointment Timeliness for Poor Control*


WHV CCC Poor Control
120%
100%
80%
60%
40%
20%
0%
90%
100%
38%
Aug
Sept
Oct
Nov
Dec
**Jan-April
May
June
July
August
% of Poor Control
% of Poor Control (+10 Days)
Goal
*January- April 2014, this audit was to be completed quarterly, resumed monthly in May 2014

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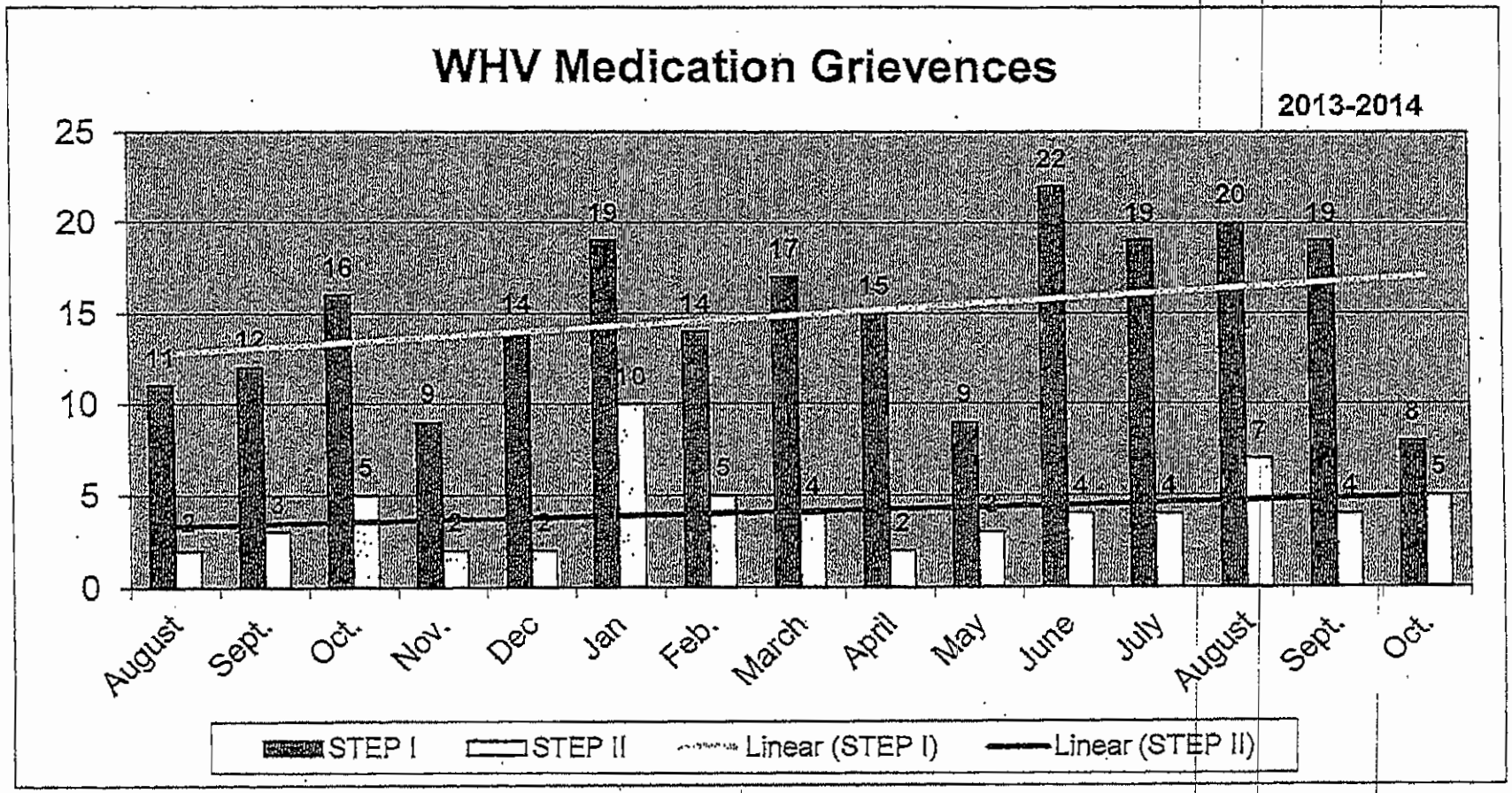
ATTACHMENT H-6

Health Services Audit Charts

- *Medication Grievances Chart for 2013-2014*


WHV Medication Grievences
2013-2014
25
20
15
10
5
0
11
3
12
3
16
5
9
2
14
2
19
10
14
5
17
4
15
2
9
3
22
4
19
4
20
7
19
4
8
5
August
Sept.
Oct.
Nov.
Dec
Jan
Feb.
March
April
May
June
July
August
Sept.
Oct.
STEP I
STEP II
Linear (STEP I)
Linear (STEP II)

October itemized	step I
scripts not renewed/renewed on time	1
allergic reaction	1
didn't receive meds - HU/Seg/med, line	2
wants meds/different meds	2
wrong meds/wrong dosage	2
TOTAL	8