ROBERT B. GREIFINGER, M.D.

May 14, 2016

Mellie Nelson, Esq.
U.S. Department of Justice
Civil Rights Division, Section on Disability Rights
1425 New York Avenue, NW
Washington, DC 20005

Re: Women's Huron Valley Correctional Facility

Dear Ms. Nelson:

This is a report on the medical care provided to women with disabilities at Women's Huron Valley Correctional Facility (WHV) in Ypsilanti, Michigan. My opinions are based on my visit to the facility April 12 – 13, 2016, interviews with staff, review of documents, and review of medical records. I made prior visits in January 2011, July 2012, July 2013, August 2014, and August 2015 and issued reports on my findings. My opinions are expressed to a reasonable degree of medical certainty. If I receive any additional materials, I may choose to supplement my report.

All of my medical record review was done in conjunction with the WHV health services administrator to assure the reliability and validity of my findings.

Medical and nursing care is provided through a combination of Michigan Department of Corrections (MDOC) employees and contracted physician and mid-level providers through Corizon, Inc.

I found the medical care provided to prisoners at WHV continuing to improve compared to my prior visits. However, notwithstanding the improved tone among staff and improved processes, several areas still have opportunities for improvement. These include clinical performance measurement and quality management; grievance analysis and trending; and medication management.

I was accompanied on this trip by DOJ consultant Joel Dvoskin, PhD, a licensed clinical psychologist, who will report on mental health care and suicide prevention. I shared my findings with WHV staff and MDOC attorneys at an exit briefing on April 13, 2016.

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Findings

Mental Health Care and Suicide Prevention

1. During the period January 1 – April 13, 2016, there was no use of electrical conductive devices (ECD), no ECD displays, and no four-point restraints. This is an improvement.

Performance Measurement and Quality Management

2. Repeat paragraph from my prior reports: Clinical performance measurement is an evidence-based mechanism to identify opportunities for improvement, typically based on nationally accepted clinical guidelines. WHV staff holds quarterly meetings and performs some measures of access to care, though there is no indication in the minutes of the quality management committee of any presentation or analysis of data.
3. Tracking patients with chronic disease has improved substantially. This includes reminders for scheduling and stratification of degree of control (e.g., good, fair, and poor) for the purposes of intervention and assessment of performance. The staff has the ability to reach out to patients who miss chronic care visits, but do not always do so (see chronic care below).
4. Repeat paragraph from my prior reports: WHV staff was not able to produce any clinical performance measurement for nursing, medical, or mental health care. The Corizon regional medical director reports that there are corporate performance measures, available through the site medical director; however, the site medical director was unaware of these reports.
5. MDOC would not produce mortality reviews, even for eyes–only review without taking copies. MDOC reported to us orally that there was a mortality review of a recent death that led to staff changes and at least one system change.

   Repeat Recommendations: MDOC should expand its performance measurement to the clinical areas, including mental health, following nationally accepted clinical guidelines. MDOC should incorporate its access and clinical performance measurement into the quality management committee meetings, including quantitative and qualitative analysis of data (including grievances), problem identification, barrier reduction, and follow-through.

Chronic Care

6. At the time of my visit, there were approximately 60 prisoners at WHV who were being followed with diabetes. On my prior visit, I found problems with nurse practitioner documentation and practices. On this tour, I reviewed the care of ten patients with a diagnosis of diabetes. The care for nine of these was acceptable. In one case where a patient refused a chronic care visit, there was no affirmative counseling or follow-up with this patient. This patient's diabetes was substantially out of control, putting her at risk of serious harm.

7. Three years ago, I noted very poor monitoring and evaluation of patients on the blood thinner Coumadin. The care was improved in 2014 and 2015. On this visit, I reviewed the care for five patients currently on Coumadin who each had an abnormal laboratory value of blood clotting (INR). The care for four of them was appropriate and acceptable. The fifth patient had a significant time lag of 12 days between a highly abnormal measurement of clotting and a practitioner visit. This lag put the patient at significant risk of harm.

8. On my last visit, medication continuity was a problem for women on medication for HIV infection. On this visit, I reviewed medication continuity for seven women on HIV medication. Six had excellent medication management; one received no counseling for non-compliance on multiple occasions, putting her at risk for the development of life threatening drug resistance.

   Recommendations: MDOC and Corizon should increase vigilance in performance monitoring to assure adherence to policies and procedures for timely follow-up with patients with chronic disease.

Medication Management

9. I reviewed the current medication administration records for patients on dose-by-dose administration and I reviewed the keep-on-person records of six patients housed on the Gladwin housing units. Medication management has improved demonstrably at WHV. There are few serial refusals of medication. New nurse documentation has improved. There are fewer refill and renewal lapses, in large part because the pharmacy technician now has trained backup.

10. Reporting patients who have serial refusals of medication to the prescribing practitioner remains a significant problem. I reviewed the records of six patients who had documented refusals of medication on three or more consecutive days. None had medical record documentation that the prescribing practitioner had been notified. Patients who are not adherent to prescribed medication are at risk of harm. Each of them should have a practitioner visit to determine the reason, e.g., side effects that some patients complained were not explained. Each patient should have a custom-tailored treatment plan to improve the likelihood of treatment effectiveness.

11. The facility reports shorter medication lines.

12. The nursing staff continues to pre-pour medication for patients in segregation and the infirmary. The health services administrator reports that this is statewide policy, notwithstanding the fact that this practice poses a significant risk of harm from medication error.

    Recommendations: MDOC and Corizon should develop a safer means to administer medication in special housing units. Corizon should improve training and supervision of medication staff when there are serial refusals of prescribed medication.

Copayment policy

13. There is a widespread and persistent belief among the prisoners that they have to see a nurse three times, and pay three times, before they can access a physician. This misunderstanding of the policy is troublesome and increases distrust between nurses and their patients.

    Recommendation: MDOC should re-train nurses on the correct policy, distribute a clarification to prisoners, and monitor to make sure the copayment policy is properly administered.

Facilities

14. MDOC is planning to open a west side outpatient clinic. This is a valuable addition to the medical care program, especially for disabled patients.

Infirmary

15. Nurses are expected to make a medical record chart entry every shift. I reviewed the records of six infirmary patients. All records contained appropriate nursing notes.

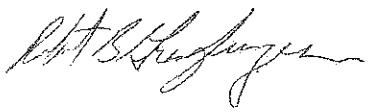
16. One patient had a stroke during the Fall of 2015. She had an evaluation for physical therapy at Duane Waters Hospital. The physical therapist recommended no physical therapy follow-through because of "permanent" injury. However, despite not having any physical therapy the nursing staff reports that the patient is improving. As a result of our interest in the possible value of another physical therapy evaluation, we were notified on May 12, 2016 that the patient was seen again by the physical therapist at Duane Waters Hospital. The therapist prescribed adaptive equipment, a special wheelchair, and physical therapy two times per week. MDOC will arrange to have these prescriptions fulfilled.

Recommendation:. Medical staff should be reminded of their ability to appeal clinical decisions when necessary in their own medical judgment.

Staffing

17. Five registered nurse positions have been added at WHV. In addition, a social worker and activity therapist positions have been added. These additions are an improvement that will enhance the ability to provide timely and appropriate care to patients.

Sincerely,



Robert B. Greifinger, M.D.