

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL



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May 30, 2014

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

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

Physical Plant Improvements

The physical plant improvements are described in the updated physical plant grid. During our July 2013 meeting at the WHV facility, we indicated that it might be possible to update the Excel spreadsheet with photo links so that you would be able to see a photographic confirmation of the particular items in the grid that were being improved from that time period going forward. The facility added a small number of photographic links to the September 30, 2013 grid, and has added more photographic links to the January 31, 2014 version of the grid, and has added additional photographic links to this most current version of the grid. Unfortunately, those photographic links, like before, do not allow the Excel spreadsheet to be sent by email. Therefore, I am enclosing a disc with the grid on it with the hard copy of this report. There are instructions, included as Attachment A to this report and with the disc, that explain how to download the data to view the photographic links to the grid. In addition, the grid emailed to you and included on the disc has been color-coded. The tabs indicate the location for each project in this physical plant improvement grid. The tabs are colored to indicate areas where the

renovations are complete (green), where the work has started but is not yet complete (yellow), and where the work has not yet begun (black). The improved 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 January 31, 2014, you will note the many completions that have been accomplished on the physical plant renovations since January 31, 2014, and the many additional items where work has begun. In addition, certain construction logistical difficulties have been resolved for the pathways work. The asphalt plants in Michigan began operating again after May 15, 2014, and the pathway work that was suspended over the cold weather months has begun.

Mental Health Services and Suicide Risk Reduction Activities

The items below are changes from the January 31, 2014 tri-annual report.

1. Suicide Risk Assessment Training has been approved to present to Nursing Staff at pilot sites of URF and WHV. Training was tentatively expected to begin at these sites in April 2014. The training was presented at WHV.
2. Updated Mental Health Services procedures have been completed, as well as protocols. Training and distribution of protocols took place before the end of 2013.
3. The Program Statement for the OPT Dialectical Behavior Therapy (DBT) Program was provided with the first tri-annual report. This program continues to be provided in the Emmet, B-wing, housing unit. Twenty-five prisoners were served by the OPT DBT Program from October 1, 2013 - January 30, 2014. The first 6 month pilot phase of the program concluded at the beginning of January, 2014. The experience from this pilot phase informed numerous recent modifications of the structure of the milieu, schedule, program rules and expectations, custody-clinical staff communication, prisoner selection and admission criteria, and privilege/behavioral stages. At the start of the new six month program cycle beginning late January 2014, there were 18 prisoner/patients. The program was gradually expanded to 20 at present.

4. The CSI program began in November 2011 at WHV and is still active and ongoing. As of May 2, 2014, there were 45 persons currently receiving CSI services.

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 May 25, 2014, there was one suicide attempt (Feb. 24, 2014) at WHV. Regrettably, there was the successfully completed suicide on January 2, 2014 in Emmett Housing Unit, which was reported in our previous report.

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.

2. Attachment B is a further updated set of chronic care clinic degree of control timeliness "seens" charts, one each for good, fair, and poor control, from May 2013 through April 2014. Review of this data has disclosed that the facility is very good at catching up within 10 days with the scheduled good and fair control, and has maintained an 86% timeliness with those patients in poor control. Previously, the facility reviewed this and the previous chronic care clinic timeliness information and determined that a portion of the "late" sees in the past were due to Medical Providers (MPs) scheduling medication review follow-ups as chronic care visits.

That is now mostly corrected. Also, in December 2013, a project reviewing the scheduling and data related to reporting of chronic care scheduling and visits was being reviewed for improvement. See update in WHV Performance Improvement meeting minutes for January 30, 2014 (Attachment E-3). We believe that the 10 day catch up effort has yielded solid results.

3. Attachment C is a chart indicating the changing Wait List count at WHV as compared to the regional average. WHV all but eliminated its wait list for the 4th quarter of 2013 and maintained functionally no wait list for the January – April period in 2014.

4. Attachment D is an update of the two charts indicating compliance with timely annual health screens for both the general population and those enrolled in chronic care clinics. The cold weather resulted in some delays but the screens were still completed at a high timeliness rate.

5. Attachment E consists of the minutes from the April 17, 2014, health care performance improvement meeting. The minutes reference three performance improvement projects underway and describe the low numbers of infectious disease cases currently at WHV.

6. Attachment F is the WHV Medication Grievances totals and a chart of the nature of April 2014's medication grievances. This data is used to help identify particular recurring issues with medications.

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

8. Attachment H is a chart of the changing frequency of off-site Emergency Room visits. This data helps identify spikes in ER visits as an indicator of possible provider-issues or of possible contagion.

9. Attachment I is a chart showing the results of an audit of the off-site ER visits for April 2014. WHV uses this data to help identify issues that may have been resolved earlier to avoid the off-site ER visit.

10. One of the Regional Health Care and WHV strategic initiatives is to refine a disease management program to more effectively manage chronic care conditions. Currently, an asthma registry is being developed, and a diabetes and Hepatitis C registry are also in the works. These registries will assist WHV in better managing patient outcomes for certain chronic conditions.

11. An internal workgroup, consisting of Bureau of Health Care Services clinical staff and Corizon representatives, is assessing the ability to expand telemedicine options – linking patients to outside specialists. The group should have preliminary recommendations within the next three months.


Personal Page Alert System of the Hearing Impaired

In a major initiative, WHV has accomplished the implementation of the personal page alert system for hearing impaired prisoners. Attachment J is the facility Operating Procedure, OP 04.07.110B, effective March 10, 2014. This OP describes the page alert system which 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.

Conclusion

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

Sincerely,



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Corrections Division
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APG:jah

Enclosures

cc: Daphne Johnson

Womens Huron Valley\DOJ\Tri-Annual Status Report Ltr 05-30-14

ATTACHMENT E

Facility Performance Improvement Meeting Agenda/Minutes

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

Meeting Date: April 17, 2014

Invitees: HUM (Chair): Heather Bailey
A/MH Unit Chief: Denise Armstrong
Nursing Supervisor: Bryant Tinsley, A/Nsg. Supervisor
MP: Audley Mamby
Dentist: William Chapman
Custody Rep: Laura Williams, RUM
RHIT: Molly Hayes
RHIA: Sheila Tyus
Social Worker: Jimmica Donald
Guests / Other:

1. Review Previous Meeting Minutes

- Previous Performance Improvement meeting held March 20, 2014.

2. Utilization Review

- KITES: Health Care received an average of 1397 last month.
- GRIEVANCES: Health Care received 63 grievances.
- 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.

Clarification was given to both nursing and Custody staff that no injections are to be given through food slots. The cell door must be opened by Custody.

Per policy, prisoners must be cleared by Health Care when they are sent to segregation. Custody should notify Health Care when a prisoner is being transferred to segregation.

- Annual Health Screens: The backlog has been resolved and screens are up-to-date.

- Chronic Care: Chronic Care annual appointments are up-to-date. For March there were 63 Birthdays in the month due for CCC, all 63 were completed.

- CASE MANAGEMENT:
 - (14) Infirmity Prisoners
 - (15) Pregnant Prisoners
 - (04) Special Needs Prisoners

3. Mental Health

- David Dawdy is appointed to the position of Director of Mental Health Services effective March 16, 2014.
- Mental Health continues to deal with staffing issues. They feel they need a GOA position for scheduling.
- Denise Armstrong is the new Acting Unit Chief, she replaced John Macari. She states they are still working on the below, and states they would like the same nurse kept in DBT. I explained we are doing our best to maintain continuity, but nurses are expected to know all areas and do get rotated. But we should use the staff that have been trained in DBT. Currently we have been able to rotate 2 nurses through here to keep up with continuity but still not guaranteed.
- 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.
 - Physical plant – cells – does not allow for the safe management of many of these prisoners
 - More observation rooms need to be created in these units
 - Must address this on all levels and reconstruction remains pending.

Currently there are still 2 observation cells with construction underway to making them into wet cells in Calhoun Acute Care per RUM Williams.

- 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.

Dental Services

- Dr. Choi is the new Acting Regional Dental Director effective March 3, 2014.
- Dental staff is working on streamlining the statistics reported on the monthly report.

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

- TB (latent): 0
- Hep C: 7 Newly Diagnosed with HEPC and 5 reported HEP C diagnoses at intake by the inmate for a total of 12 new HEP C for the facility
- MRSA: 1
- HIV 3
- Chlamydia 3

5. Risk Management

- 0 deaths

6. Social Worker

HOUSING PREGNANT PRISONERS 4.22.14

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

- A second social worker and a supervisor are expected to be hired.
- Social workers, working along with the Department of Human Services, will conduct a state-wide screening of prisoners for the Affordable Care Act. Initially, benefits for Chronic Care patients and those being released into the community will be provided.

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.
- Make sure inmates do not go without their medications. MP's are to review the 2 week expiration list thoroughly. When doing CRV's make sure they look at all medications not just one. When doing Chronic Care order meds to correlate with their CC clinic. The Supervising MP said they are now ordering medications according to their scheduled Chronic Care Clinics. Nurses are to make sure we are pulling the refill stickers appropriately and giving to Pharmacy Techs to order. -MP's to make sure ordering all medications correctly, for example if inmate is seen in January and the next appointment is in April make sure to order the medications at least through April with the appropriate amount of refills
- 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.
- RN Tinsley is visiting all med rooms at least weekly, more if needed.
- This is improving - Expectations of Pharmacy made clear via email and some in person at meetings. We are following up with Corrective action if OP is not followed.
- I am going to meet with PM/night shift nursing..
- Getting areas organized as much as possible, clutter brings chaos.
- Batch reports run daily and initialed once they are done. Then every week RN Tinsley to check them. Don't keep them in MAR book and a separate book (messy)
- Every Saturday nurse working in pharmacy area will go through all OTC's to monitor expiration dates, initials and dates on meds, etc. Once there is a routine then eventually move to monthly.
- Work orders have been placed for locks on fridge, and removal of some counter tops to better utilize our space.

9. Department Quarterly Review/Quality Assurance Audit –

The area (indicator) we discussed in January's PI meeting was the breast/testicular/rectal exam on admission. This assessment is completed within 14 days. I met with Dr. Mamby February 13th with screen shots and how to document properly in these areas, and he discussed it with his staff. We went over the screen shot of where this documentation needs to go. On March 19th meeting he states staff are following this, the requirements for the breast exam at intake, and the offering of rectal exams. He said the MP in RGC is full time and the regular, so we should see improvement in all areas out there.

We do a breast exam at intake, and a pamphlet is issued to them upon intake on instructions on how to do self-breast exams.

10. Staffing – these are authorized positions that are vacant

- Vacancies: • 2 LPN, • 4RN (interviews completed), • 2 GOA Interviews held), • 1 RN13

10. 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	Ongoing, met with MP on 2/13 on correct way of documenting breast exams.

Recommendations:

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Additional Comments/Actions: