From the Director’s Desk....
Welcome to the first edition of our Health Services Newsletter!!! We are pleased to share this newsletter with you. As we continue to promote our TEAM (Totally Effective and Adaptable in the new Millenium) concept, it is fitting that we have one document representative of the entire Health Services Section. Each edition of our newsletter will include information from all disciplines of Health Services. Our goal is to keep you informed on issues relative to all Health Services staff.

For six months, I have been privileged to serve as your Director. The six months have been extremely busy and filled with new challenges daily. Many challenges are the result of the critical budget shortage. I do, however, remain optimistic and believe that we will all step up to the plate and work a little harder so that we will survive this budget crisis.

In an effort to deal with the budget crisis and at the same time improve our section, with excellent leadership and input from my Executive Roundtable, (Health Services Discipline Leads) and the Senior Management Team, we have numerous initiatives underway.

What’s Happening In Nursing
Regina Alexander, R.N., Director of Nursing

I am very excited about this newsletter. I see this as another vehicle to keep you all informed of what is going on in nursing.

As usual nursing is “a rocking and a rolling”. The first progress report on the Nursing Services Strategic Plan was recently distributed to all the nurse managers and superintendents, as well as all Health Services department heads and key correctional staff. You can see from this report that we are working very hard on improving clinical processes, staffing, nursing education, communication, etc. I want to thank all the nurses statewide who have worked on this plan, from providing data to serving on continuous quality improvement teams.

We have also begun to work with key staff on the regionalization project. This is a major undertaking but hopefully it will produce a more cost-effective approach to the delivery of health services, which does not sacrifice quality, while at the same time improves correctional services. I am really enthused about this project.

Another pleasure I have experienced recently was attending the ACHSA (American Correctional Health Services Association) North Carolina chapter conference. It was very informative whereby I received 12.7 contact hours approved by the American Nurse’s Association. That was a real bargain at only $25. At the conference there was an array of topics from broken jaws and other dental problems to privatization of prisons. If you ever get the opportunity to hear Dr. Turpin speak, do so. He is outstanding! I really enjoyed the fellowship of being with other nurses, doctors, dentists, psychologists and correctional staff from the North Carolina Department of Corrections. I even had the pleasure to meet some jail nurses. I would highly recommend this conference.

To close this first article, I want to leave you with a quote from Oliver Wendell Holmes. “The greatest thing in this world is not so much where we stand, as in what direction we are moving.” I hope you believe as I do, that Nursing Services, and Health Services as a whole, are moving in the right direction.
Some of these are:

- Working closely with our administrative and custody colleagues on various issues that cross section lines.
- Conducting massive nursing study to determine staffing needs.
- Exploring creative and innovative ways to deal with the staff shortages.
- Pushing the use of medical and psychiatric clinical guidelines.
- Implementing stricter formulary.
- Working with custody to assure that appropriate health services staff at units are properly trained in OPUS and other areas.
- Working on regionalization project that will include not only Health Services, but Administration, Custody, Programs, Transportation and Nutrition.

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**Bug Patrol**

ARE YOU TB LITERATE? by Kimberly Jernigan, RN

TB stands for the disease Tuberculosis, which is an infection caused by the Mycobacterium Tuberculosis germ. TB usually occurs in the lungs, but it may also infect the brain, back, lymph nodes, bones or other organs. Pulmonary TB is highly contagious and can be a public health nightmare when a patient remains undiagnosed for a prolonged amount of time.

Within the confinement of correctional facilities, it is imperative that TB be recognized and diagnosed early to avoid high rates of transmission. Therefore as correctional health care providers, we should have a thorough understanding of the disease and signs and symptoms to watch for.

So, how do you measure up? Take a few minutes to answer the following questions, and evaluate your TB IQ. Send the completed answer sheet in to Kimberly Jernigan, 831 W Morgan St. 4278 MSC, Raleigh, NC 27699. If your entry is received by 9/15/01, and you answer all questions correctly, you will be entered into a drawing for a special prize. Then watch for the next newsletter to see who the lucky winner is!

1. Active TB can be cured with the proper meds in 10 days to 2 weeks.
   - a. True
   - b. False

2. TB infects all people at the same rate.
   - a. True
   - b. False

3. A patient was vaccinated with BCG 26 years ago. She now has a PPD reaction of 30mm. Would you consider that this patient possibly has TB infection?
   - a. No, because BCG always causes a positive PPD reaction
   - b. No, because BCG always protects people from developing TB infection.
   - c. Yes, because the skin test reaction is so large and the patient was vaccinated many years ago. The BCG reaction tends to get smaller over time.

4. A 22-year-old, HIV positive pt. has a PPD reaction of 6mm. Is this patient a candidate for treatment?
   - a. Yes
   - b. No

5. You are the medication nurse and a pt. reports for his dose of INH and B6. He has been on the meds for 3 months, but today he complains of fever, nausea, and abdominal pain. What should you do?
   - a. Give him his meds and tell him to sign up on sick call.
   - b. Hold his meds for now and ask him to come inside so you can do a more thorough evaluation.

6. Where should you tell a patient to collect sputums for AFB?
   - a. the nurse’s station
   - b. outside
   - c. the dormitory bathroom

7. Everyone who takes INH should also take Vitamin B6.
   - a. True
   - b. False

8. A patient has been diagnosed with TB disease of the kidney. Which of the following is required for you to do now?
   - a. Begin a contact investigation.
   - b. Transfer the patient for isolation in a negative pressure room.
   - c. Counsel the patient on his diagnosis and medication regimen; then report the diagnosis to the DOP Infection Control Coordinator and the local health department.
   - d. Contact the patient’s pastor.

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I encourage each of you to share our VISION: To be the premiere correctional healthcare program in the United States. We are already way ahead of many programs. With this VISION, we will carry out our MISSION: To provide access to quality, cost effective healthcare which is rendered by competent professionals; that's YOU AND ME working together.
Recruiting
Patricia Zazynski, R.N., Recruiter

In a couple of months it will have been one year since I started in my position as a staff recruiter for Health Services. I had so much to learn! The biggest challenge was learning the names of all 79 prison facilities….and where each one is located.

Not too long ago I had mentioned to a co-worker how frustrated I use to feel working short staffed as a Lead Nurse. Surely there must be nurses who have applied and are eager to work for us? Then I realized (several months into my job), nurses are not banging on our doors. Reality had set in. In this column I wanted to provide you with some facts and figures concerning my effort to recruit and retain nurses.

These figures show totals for September 2000 through May 2001: Applicant packets mailed: 240, number of referrals made: 394, amount of money spent on nurse recruitment ads: Approximately $54,510.00 and number of nursing positions statewide 1100.

In addition to the above, I prepare and collect data every month concerning several nursing issues. These include calculating monthly nurse vacancy rates by region and a monthly statewide nurse vacancy rate. In January of 2001, I began keeping track of the nursing turnover rates for 79 facilities. Additionally, each month I update a report that compares facility nurse vacancy rates with overtime pay. Afterwards I look for a correlation between the nurse vacancy rates with overtime pay. Needless to say, there are multiple variables that effect all of these figures.

In the next Health Services Newsletter, I will be highlighting the Nurse Recognition Program. In the meantime, if any of you have questions, concerns, or ideas pertaining to recruitment and retention, please feel free to call me at 919-733-3226 or email me at pzazynski@doc.state.nc.us.

Real human progress depends not so much on inventive ingenuity as on conscience.  
Albert Einstein

OPUS UPDATE

WHAT’S NEW IN OPUS
by Richard Jeffreys, R.N., OPUS HS Coordinator

1. The FS16 (staff description screen) is now available for every employee (contract & full-time). Complete licensing information should be entered on the FS16 as licensure information will be reflected on the ID badges in the future to comply with new state laws requiring your license status to be on your name badge.

2. The HSS 35 (missing HS20 screens) report has a new optional parameter that reads "Ignore Inside Appts Y=YES". If "yes" is chosen, then the report will not display UR requests that were approved to take place at DOC facilities. This change should produce a much shorter report and allow facilities to concentrate on outside visits first.

3. If you enter a CPT code that has been deleted from the CPT code book, you will get an error message that says it is an old code. Look up the new code or call Richard Jeffreys if you don't have a new CPT book.

4. On the MS03 screen (medical actions and referrals), a new code has been added. NPO = Nothing by Mouth and the ending date will default to the following day. The new code will appear on the revised encounter forms.

5. When searching for an old encounter on the MS01 (Medical Encounter Log) or HS01 (Health Services Encounters) screens, you can now enter a date after the transaction submitter and the screen will display encounters beginning with the date you entered. This saves you from having to page down numerous times to get to an old encounter.

6. The HSS 05 (U/R Request Pended for Insufficient Information) batch job now includes all facilities, even those with a count of zero pended for insufficient clinical information.

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RISK MANAGEMENT AND YOU  
By: Georgia Stephens, R.N. Risk Manager

Each and every person reading this article is an integral part of the Risk Management Team. You are out there in the hospitals, processing centers, and other Division of Prisons facilities daily and you know the problem areas facing you daily.

In Corrections nationwide, several areas have been identified as problem prone:

1. Communication with your patient, fellow medical staff and custody.
2. Medication administration
3. Patient incidents and injuries
4. Documentation

We must assure our patient’s needs are communicated to our co-workers: the next shift, the providers, or the facility receiving patient whether D.O.P., local hospital or county jail.

We must assure that Medication Administration Policies/Procedures are followed. Any medication variance whether unclear order, transcription error, or dispensing error from Pharmacy must be documented. Medication improperly administered according to the 5 RIGHTS, right patient, right time, right dose, right drug, and right route should also be documented.

We must assure that patient incidents and injuries are reviewed in order to prevent recurrences if possible, and make necessary corrective action where needed.

We must DOCUMENT, DOCUMENT, DOCUMENT. I know you get so tired and bogged down with the paperwork required with your job. Please understand it is in fact a necessary tool to not only share with others what you have done to help your patient, and observations you have made of your patient, but clearly your evidence in a court of law as to the care you administered to your patient.

We must assure and document that each and every patient receives:

1. Medical education.
2. Opportunity to give informed consent for procedures and treatments
3. Initial assessments and plan of treatment
4. Ongoing assessments as conditions change
5. Access to medical and nursing care
6. Information concerning their responsibility in their care.

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By Georgia Stephens

We must work together as a team; Medical, Psychiatry, Psychology, Dental, Dietary, Pharmacy, Social Work, Nursing, Rehab Therapy to insure these areas of risk are evaluated, and hopefully minimized by our excellent patient care, communication and documentation.

We must each take ownership of the important part we play in RISK MANAGEMENT.

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OPUS Update

7. The new encounter forms are undergoing final review by the PAC and should be ready to go to the printers soon.

REMINDEERS

1. Those facilities that have ultrasound clinics need to advance their schedules using the FS14 (Appointment Scheduling Template) screen. If you fail to advance the schedule, then no one can make appointments for ultrasounds.
2. OPUS training continues every Wednesday at one of the training sites. Check the calendar for classes near your facility.
3. If you haven’t received the quick script file for sending reports to your side printer, contact Richard Jeffreys. This program allows you to send any report (batch job) in OPUS to your side printer instead of your addressable printer; and the best part is, it will adjust the font size to fit on 8 ½ by 11 paper.

WHAT IS HAPPENING IN PI?

Jennifer Short, R.N., Performance Improvement Coordinator

For those of you who have not received a copy, the Division of Prisons Health Services has developed a Performance Improvement Plan. There are four components of the plan: 1. Monitoring and evaluation of performance data, 2. Continuous Quality Improvement Efforts, 3. Risk Management, and 4. Competence in job performance. The purpose of the PI Plan is to insure that Health Services improves patient outcomes and improves organizational soundness and performance. Oversight of the Plan has been delegated to the Quality Council. The Quality Council is made up of a core group of senior managers within Health Services; the Performance Improvement Coordinator, the Risk Manager, and the Mental Health Quality Assurance Manager. The
Pink Elephants, Little Green Men, and Other Things.....
By Beltran J. Pages M.D. Director of Mental Health Services

Back when I was going through my Psychiatry Residency some twenty years ago, I learned about pink elephants and little green men. These sightings were usually reported by patients presenting in the Emergency Room going through acute alcohol withdrawal and the whole process of delirium tremors (DTs) and hallucinations. It was interesting to talk with these patients and hear their reports of seeing “herds of pink elephants” and others reporting alien invasions by hordes of “little green men.” Of course, that was twenty years ago, and as I moved on in my life and progressed in my profession, I thought I had left the pink elephants and little green men behind. At least, I thought I had left them behind.

It seems that now I have come across the pink elephants again, only they have taken a new form and are a bit more sophisticated. Instead of afflicting those under the influence of some mind-altering substance, they have begun to plague our problem-solving systems. They are subtle and discreet, and come disguised in many forms. Usually they show up when we are trying to make changes that will (hopefully) make things better than before. They show up when we are looking at our present systems and trying to come up with ways to make things better in the future and improve upon what we have done in the past. Sometimes, pink elephants show up when we hear a good idea that happens not to be our own, but came from someone else.

Our pink elephants, like those in the patient with DT’s, are the exception and not the rule. In reality, pink elephants are the glue that mucks up our system and makes change and progress virtually impossible. They come in the form of objections to proposals that otherwise are good for the system, or by saying, “Oh, we can’t do that” or, “we’ve never done it that way before” when perhaps a better way of doing things is proposed. Sometimes a pink elephant refuses to change the status quo just because doing so might mean being held responsible for our actions. Do we need to look at hypothetical situations and prepare for contingencies? Absolutely. Do we do that to the exclusion of actually making changes?

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That is not a good idea. So, it is time to let you all know that in spite of all the pink elephants and little green men that get thrown our way, the staff in Mental Health Services is doing a very good job. Sadly, I do not pat you all on the back enough. Some of you have not been given a pat on the back at all, and you have my sincere apologies for not doing so. You all deserve it. It is my observation that we have tremendous experience and extraordinary potential with our current staff. It is time to bring our ideas and proposals for real and meaningful change to the forefront – nothing ventured, nothing gained.

I hope that as times goes on, I will have the opportunity to talk to each of you individually or in small groups and convey to you my philosophy that we are truly all in this together, and that together we can manage the herds of pink elephants that will no doubt come our way. I feel truly blessed to have each of you as a part of this team.

PS: If you have not seen the movie “Menento” yet, what are you waiting for?

What’s Happening in PI -Continued from page 4
Director of Health Services serves as the chairperson. The Quality Council has been meeting and implementing the plan. One task of the Quality Council is to insure that all of Health Services Staff is educated on the plan and basic principles of Performance Improvement. The Performance Improvement Team (Georgia Stephens, Risk Manager; Victoria McClanahan, Mental Health Quality Assurance Coordinator, and Jennifer Short, Performance Improvement Coordinator) has embarked on this process and will continue. We hope to be in your area soon with updates and information. If you have questions, please do not hesitate to contact Georgia, Victoria, or Jennifer at (919) 733-3226. PI Thought for this quarter - Φ

“We are what we repeatedly do, excellence then is not an act, but a habit.” - Aristotle
Medical Records Update
By Jan Brown, Medical Records Manager

Did you know that Correctional Officers do not receive any medical record education/instruction as part of Basic Training or during refresher classes? Often we expect them to “know what to do” when they transport an inmate or to take a record to a community provider office or hospital. We assume that Correctional officers “know” that all medical records are confidential, and must be protected from tampering or unauthorized access, and that the record is a legal document that protects the rights of the patient, the facility and the physicians.

In an effort to improve our custody officers knowledge on the Medical Record, we will be working with OSDT to develop a curriculum on medical records training. This will be taught in Basic Training and in refresher classes. Please send us any suggestions or concerns you may have which would help us put together a comprehensive training for new correctional officers. Ask the officers at your unit what they think, how they feel, what they would like to see included in the training process.

In the meantime, be patient! Explain the procedures to your officers; do not assume that they know every facet of record handling. I remember an old bumper sticker that read – “If you are not part of the solution, you are part of the problem!” So, be a part of the solution…be a TEAM player, and work toward the betterment of medical record services.  

“\textit{If you are not part of the solution, you are part of the problem!}” So, be a part of the solution...be a TEAM player, and work toward the betterment of medical record services.

Timing, It’s Not Just for Comedians and Dancers Anymore
By Larry Ray, D.S., Dental Director

A patient presents at sick call with the complaint of swelling in the jaw. The triage nurse asks the patient to let them take a quick look in the mouth. The patient’s lips part but not the teeth. The nurse says you have to open for me to do the exam. The inmate says this is as far as I can open. This is not a good thing. A careful review of this patient’s systemic health and “timely” referral to the local DOP dentist ASAP is crucial.

In the past few months we have had five patients that ended up in ICU’s. Two had to be intubated with surgical neck and chest drains, and obviously were in critical condition. The problems started from infected teeth and nearly had a fatal ending. There is evidence all of these could have been averted with better timing and prescribing.

In spite of the over prescribing of antibiotics, Penicillin VK remains the drug of choice in the treatment of systemic odontogenic infections in patients not allergic to penicillin. For those who are allergic, clindamycin is the antibiotic of choice in dentistry. If the patient can open, the dentist should proceed with treatment by opening or extracting the abscessed tooth or performing an I&D.

Once antibiotics are prescribed the clock starts. Within 24-36 hours, a patient placed on PenVK should be improving. If not, this is evidence of resistant bacteria. As the infection matures and becomes more severe, the microbial flora changes to one more of an anaerobic nature. A nurse and/or dentist should be following this patient. If the facial swelling has not stabilized within the 24-36 hour period, get the patient back to the DOP dental clinic or at least consult with the prescribing dentist. Call Dental Services in the Randall Building if necessary.

At this point the enlightened dentist will add Flagyl to the penicillin regimen or change the antibiotic to clindamycin. Again, timing is essential as this patient should be monitored for another 24 to 36 hours. If the infection is not stabilized or definitive treatment cannot be initiated, it is likely time to refer the patient to an oral surgeon.

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Calendar of Events

Special Event: OPUS-HS Training
Place: Marion, Greenville, Sandhills, Rowan, and Triangle (one of these sites on Wednesday)
Time: 9:00 a.m. – 1:00 p.m.

OPUS-HS Training is available at one of the above sites every Wednesday. To register call Fran (919) 733-3226 extension 348 and she will register you for a class.

Special Event: Eastern Regionalization Project
Place: Randall Building 3rd Floor Conference Room
Date: August 10, 2001
Time: 10:00 a.m.

If you would like to contribute an article for the next edition, please send to: Charlene Clay, at Health Services: 919-733-3226 ext. 419 or email me at cjc06@doc.state.nc.us

Every News Letter Needs a Name!!

Do you have a name for our newsletter? Submit it via e-mail to Wanda Thompson (twf02@doc.state.nc.us) by October 15, 2001. A selection committee will choose a name. The winner will receive a gift and your name will be published in the November 2001 edit.

Timing, It's not Just for Comedians and Dancers anymore. Continued from page 6

Late term, aggressive, oral infections will present with facial/neck swelling, temperature of 100.4 or above, malaise, difficulty in opening, swallowing, and/or breathing while prone. Consult immediately with your DOP dentist or Dental Services under these circumstances - not the local ER. This patient must be sent to our closest oral surgery preferred provider ASAP.

Timing is important and the correct drugs are a must to kill the bugs! Φ

So when any patient presents with one or all of these complaints:

“Can’t Open – Can’t swallow – Can’t lie down and breathe”

Get them to the DOP DentistΦ