

# CORRECTIONS MEDICINE



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## LATERAL VIOLENCE IN CORRECTIONS MEDICINE

*(This article is the first in a series by Peg Dube, RN. The series will address lateral violence in health care settings, particularly in the correctional environment.)*

Lateral violence in the health care industry is alive and well. Why? Because it is allowed.

But why is it permitted? There's no simple answer. In a correctional setting, the realm of individuals involved can encompass employees on all levels of the organizational chart including both medical and justice services.

We can likely all agree that an atmosphere of safety is paramount for the daily routine of an inmate's judicial, physical and

psychological care. So wouldn't we all agree that correctional healthcare employees within this unique setting also deserve an atmosphere of safety to do their jobs?

Lateral violence can be described as bullying in the workplace. Bullying is defined as a "conscious, willful, and deliberate, hostile activity intended to harm, induce fear through threat of further aggression, and create terror".

Experts have identified ten of the most common forms of lateral violence within the medical/nursing profession, but certainly they can also apply to other workplace environments.

Examples include:

- Nonverbal innuendo*
- Verbal affronts*
- Undermining actions*
- Unavailability*
- Withholding information*
- Sabotage (setting someone up to fail)*
- Infighting*
- Scapegoating*
- Backstabbing*
- Failure to respect privacy*
- Broken confidences*

How do we stop the bullying? How do we stop this cruel cycle that can permeate our physical and mental well-being in a correctional setting? Again, a culture of safety that permits open and respectful communication that, in turn, renders safe inmate care remains the ultimate goal.



## CM STAFF INSPIRE FUTURE HEALTH PROFESSIONALS

If the current system of medical education does not dramatically change, we could face a shortage of 44,000 primary care physicians by 2025. This report from University of Missouri researchers was widely cited last summer in the media. We are facing a

health workforce shortage across *all* the professions, including all of the health professions represented at the Buzz Westfall Justice Center. Addressing this shortage involves changes in education programs, health care reimbursement, government policy, and public

awareness. The Area Health Education Center (AHEC) Program Office at Saint Louis University and the East Central Missouri AHEC are programs that address workforce issues by creating a pipeline model.

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## SUICIDE PREVENTION IN CORRECTIONS

On August 22nd, 2008, a group of Corrections Medicine Management Team members and Mental Health providers met at the Double Tree Conference Center in Chesterfield to attend the Suicide in Jails and Prisons Conference, sponsored by the University of Missouri Institute of Mental Health, the University of Missouri School of Medicine, and the University of Missouri Sinclair School of Nursing. The audience comprised attendees from Missouri, Illinois, Nebraska, and Kansas corrections systems ranging in size from jails of 100 beds or less to large prison systems.

The content of the conference was well presented and focused on various aspects of suicide prevention. The final general session of the morning was a very interesting and eye-opening talk by Shanetta Cutlar, Esq., from the U.S. Department of Justice, Civil Rights Division. Ms. Cutlar's presentation covered the role of her

division in the investigation of care provided at state and local facilities.

The afternoon sessions were divided into various breakout sessions, covering topics from the challenges of psychiatric diagnosis in corrections to risk management strategies.

I attended the breakout session on Suicide as a Trauma Response in female offenders. The presentation focused on the difficulty some females have in adapting to the corrections setting. Often the surroundings bring Post Traumatic Stress Disorder (PTSD) flashback responses and these women see no other way out than to attempt suicide.

The other session I attended was Risk Management Strategies. The speaker for this session built upon the information presented by Ms. Cutlar earlier in the day by including actual case reviews. The speaker for this session is also having an article on the same subject published in the January,

2009, issue of the Journal of Correctional Healthcare.

Overall, the conference was very informative, providing a wealth of information that can be used by our team to establish an effective suicide prevention training program for the Corrections Medicine staff.

*Contributed by:*

*Brenda Wessel, RN*

**Accreditation standards require all Corrections Medicine staff to attend a suicide prevention training session annually. Recently, sessions were conducted by Dr. Rod Hoevet on November 25th and December 9th of last year. Stay tuned for dates, times, and locations of future sessions.**

## THE CM PHARMACIST AND HIS EDUCATIONAL PROGRAMS

Philip Wenger, PharmD, joined our program in Corrections Medicine on July 1st, 2007. As Assistant Professor of Pharmacy Practice at the Saint Louis College of Pharmacy, he has developed a new position as Clinical Pharmacist for Corrections Medicine: Saint Louis County Department of Health.

His role in the program has evolved over the past year and a half. At the Justice Center he role-models consultative pharmacy practice to students in their final year of study at the College. These student experiences are five weeks in duration and allow students to observe and participate in ambulatory care of patients with acute and chronic disease states. On campus, Dr. Wenger coordinates and teaches the fourth year therapeutics course, advises students longitudinally during their college experiences, and introduces students to rudimentary clinical assessment techniques.

"Splitting my time between my teaching responsibilities on campus and my clinical responsibilities at the Justice Center is an ideal combination. I can't imagine a more challenging combination."



## WHAT IS THE MENTAL HEALTH REFERRAL PROCESS?

A nurse can be made aware of an inmate's mental health concerns in several ways. At times, inmates will simply hand a mental health referral form to the nurse. At other times, they may verbally relay a concern. When an issue is raised verbally, the inmate should be encouraged to fill out a mental health referral form. Once the form has been filled out, the nurse should deliver that form to the Mental Health mailbox in the clinic area. This box is maintained and checked regularly by our clinical social workers (Mary Hoatlin, LCSW and Thelma

Hall-Gordon, LCSW). All mental health referral forms are sorted by the social workers. Those inmates who have not already been seen will be evaluated in order of priority by one of the social workers. Referrals should not come directly from nurses to the mental health providers (i.e. Drs. Felthous, Hoebet, and Magnoli).

If you have a concern about an inmate, feel free to send a message or talk to one of the mental health providers, but also make sure that a mental health referral form has been filled out and submitted using the aforementioned

process. The mental health team uses this uniform referral process to ensure that inmates receive the most appropriate intervention in the quickest possible time frame. Most inmates' concerns can be addressed by a social worker and do not need to be evaluated by one of the mental health providers.

The providers' time is best spent evaluating and treating the most demanding, complicated, and ailing inmates.

*CONTRIBUTED BY:  
ROD HOEBET, PSYD*

## CM STAFF INSPIRE FUTURE HEALTH PROFESSIONALS

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In other words, the programs seek to recruit adolescents and young adults into health careers, guide and support them through their education, place them in areas that the health care workforce needs, and support them in their ongoing practices. Special emphasis is given to recruiting students from underserved areas for the purpose of bringing them back as professionals to underserved areas to address geographic health disparities.

East Central Missouri AHEC conducts a series of Saturday morning programs for their high school and college students. The recent 2008-2009 orientation session in September was conducted at the Saint Louis University School of Medicine. Fred Rottnek, MD, as the AHEC Medical Director, called on Corrections Medicine colleagues to introduce students to the scope of practice of some specific health careers.

Joy Barbre, RN, who coordinates the Juvenile Detention program, spoke about her practice, her personal story of how she became a nurse, and the rewards and challenges in her career.

Rod Hoebet, PsyD, the first psychologist to ever speak to this particular AHEC program, explained



what psychologists do, what type of training they require, and what he personally enjoys about working at the Justice Center. Following these presentations, the three panelists presented a theoretical (but not unusual) patient who presented for diabetic care at a neighborhood health center; they discussed what priorities for the patient they would emphasize

from their own professional perspective.

The students enjoyed the presentation, the ability to interact with "real-live" professionals and the chance to observe how health professionals interact in meaningful ways. The fact that all of the panelists choose to work in underserved care and public health was noted by students as well. The Corrections Medicine team demonstrated that careers that address disparities and community health needs can be deeply rewarding and enjoyable.

If you are interested in participating in future programs with AHEC as a guest speaker or small group discussion leader, please contact Dr. Rottnek about upcoming opportunities. Nothing speaks more persuasively to these young adults than stories from the "real" world.

## COMMUNITY AND PUBLIC HEALTH: IT'S WHAT WE DO

While most of our interactions with patients in our facility are individual encounters, many of these interactions have far-reaching effects. One such type of interaction is the Intake Floor Assessment. This assessment occurs after inmates enter their housing units or the infirmary, almost always within 14 days of entering the facility (and usually much sooner.) Part of this assessment is screening for communicable diseases: HIV, RPR, Urine Gonorrhea and Chlamydia, and PPD. We are one of the few jails in the entire country that provides these screening tests to our inmates. As such, we received a site visit last

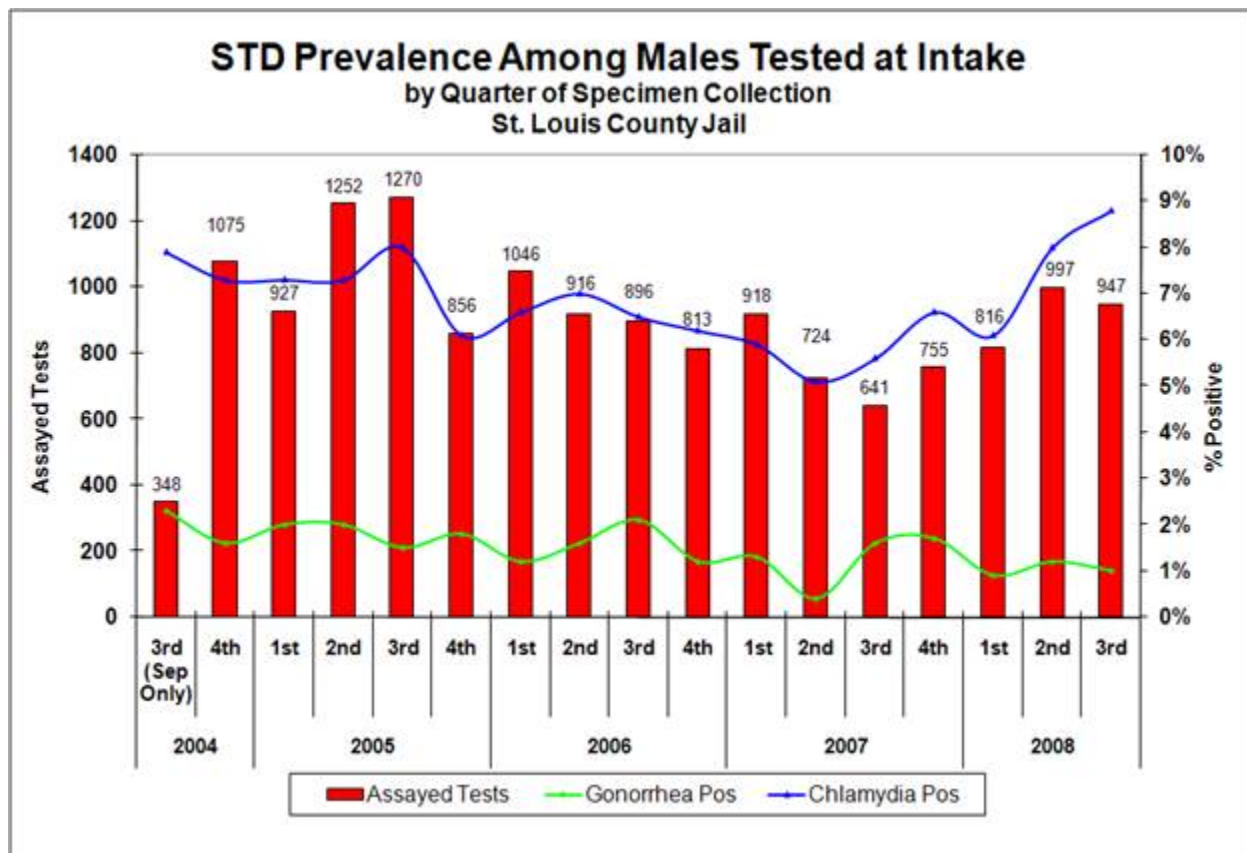
year from the national Centers for Disease Control and Prevention; officials wanted to observe how we manage to provide such extensive screening in a correctional facility.

The screenings we provide are a service to both the individual and the community. By assessing, treating, and counseling patients with a sexually transmitted disease or infectious respiratory illness such as pulmonary tuberculosis, we also improve the health of the community to which the patient returns. As the funding and number of sites for public health screenings continue to decrease in the area, Corrections Medicine increasingly serves as a true

safety net for health services necessary for the public health of the entire community.

The graph below was generated by the Saint Louis County Department of Health's Communicable Disease Control Division. It shows the diagnosed and treated Chlamydia cases identified among our inmates since the urine testing began in 2004. The number of males identified and treated depends on the number of inmates who enter our facilities, our staffing patterns in Corrections Medicine, and the availability of patients for testing.

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## COMMUNITY AND PUBLIC HEALTH: IT'S WHAT WE DO

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The current trend indicates relatively stable Gonorrhea rates, but an increase in Chlamydia since the 3rd quarter of last year. The current Chlamydia rate is 8.8%.

The DOH CDC is currently researching trends at other testing sites in the area in order to evaluate the significance of this trend and identify possible interventions. While this graph represents the challenging nature of our work (as

well as the volume of our work) in Corrections Medicine, it also indicates a reason for us to be proud of our efforts to improve the health of our patients and our community.

## CM NURSES ATTEND CHICAGO NCCHC CONFERENCE

### Highlights of the NCCHC National Conference October 18th - 22nd, 2008

Members of the Management Team and a staff member recently attended the NCCHC National Conference. Our train ride Friday evening was most interesting as it involved travelling with multiple college students going out of town for the weekend. Once arriving and getting settled into our hotel, we found the night skyline of Chicago to be quite awesome.

On Saturday, Brenda Wessel and Rita Hendrix attended pre-conference sessions on the updated standards for jails and a review of the new Mental Health

Standards. As the Mental Health Standards were new in 2008, mostly mental health care providers attended this class. It was interesting to listen to the presenters as well as providers and learn about the various systems in which they work. Since this session was geared for jails, prisons, and juvenile facilities, the questions were quite varied. Rita Hendrix attended the updated Jail Standards sessions and had much the



same experience. The best benefit from these sessions was the acquisition of the new standard books and the knowledge that our facility has been working toward meeting these standards for a period of time.

Our Sunday afternoon session involved a review of what to do (and not do) to avoid litigation. Late Sunday afternoon, Deb Kinder and Valerie Pfeiffer arrived in the "Windy City" to attend the main conference sessions.

As always, some sessions were livelier than others — just ask Valerie Pfeiffer. She won some pink underwear in one of the sessions she attended! While we could not possibly attend every session, we did purchase the entire set of lectures from the conference to add to our resource library.

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## Corrections Medicine

A NEWSLETTER FROM THE SAINT LOUIS  
COUNTY DEPARTMENT OF HEALTH

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## Saint Louis COUNTY HEALTH

**Corrections Medicine is a publication of Corrections Medicine, a division of the Saint Louis County Department of Health which serves the health care needs of people at the Saint Louis County Justice Center, Juvenile Detention at Family Courts, and the Lakeside Center.**

This publication is a product of the Corrections Medicine Interprofessional Management Team, whose mission statement follows:

The Interprofessional Team works to meet and surpass standards of care set forth by the National Commission of Correctional Health Care to optimize patient health in our facility by:

- Creatively and responsibly coordinating and utilizing resources of the Saint Louis County Department of Health;
- Creating an effective and productive Interprofessional Management Team;
- Collaborating with local, state, and national agencies; and,
- Bridging patients to aftercare programs for better health outcomes and the reduction of recidivism.

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## NCCHC CHICAGO CONFERENCE

What conference would be complete without an exhibit hall? As this was the first major conference for my colleagues, the exhibit hall was a major “free” shopping arena for them. In addition to all of the “freebies” we gathered, we did walk away with information on some interesting and innovative products and services.

Chicago being such a fascinating city, our attention was naturally drawn to some of its more popular attractions. Our feet were VERY tired by the end of each day because we did a lot of walking, talking, and window-shopping. Our major excursions involved the Navy Pier and the Magnificent Mile.

Due to our exhibit hall shopping, we all had at least one or two extra bags, which made for some challenging times at the Chicago train station and our destination stations. Despite that, we arrived home safe, healthy, and well rested — ready to share our information and stories.

Of a special note is that even though this was a national conference, there were attendees from Canada and New Zealand who joined us in our educational experience.

