2013 Spring Conference on Correctional Health Care

AUGUST 20-23, 2013
DENVER, COLORADO
If you want a career that will make a difference, choose the company that is different.

For over 20 years, the professionals at NaphCare have been responding to the specific needs of correctional facilities with creative solutions. Unlike our competitors, we are a trusted independent healthcare provider. Our level of care is unmatched in the industry because we aren’t captive to the investment groups and Wall Street. If your career requirements include a feeling of pride and a sense of integrity, consider NaphCare.

We believe trust still matters.
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VISIT US ONLINE!
Go to www.ncchc.org for the latest conference information. Click on Education and Conferences for details about the program and online registration. While you’re at the site, check out the Buyers Guide to learn about many of the companies that will be exhibiting in Denver.

Follow us on Facebook (facebook.com/NCCHC) and Twitter (twitter.com/NCCHC) for important news about correctional health care and NCCHC. NCCHC also uses blogs and podcasts to share information. These media are interactive, so follow us, comment us and share us!
THE MILE HIGH CITY
WHERE URBAN SOPHISTICATION MEETS OUTDOOR ADVENTURE

NCCHC is pleased to be holding this meeting in Denver, which is situated near some of the West’s most spectacular scenery. This beautiful city also enjoys 300 days of sunshine each year.

The conference site is the Sheraton Denver Downtown, in the midst of the city’s vibrant urban center. The hotel offers the perfect combination of atmosphere, location and amenities, with an outdoor, heated pool; a complimentary, 24-hour fitness facility; business center; excellent restaurants on site; and adjacent shopping. Situated on a mile-long tree-lined promenade featuring outdoor bistros, microbreweries, shopping and entertainment, the Sheraton puts you in the center of the action.

Explore www.denver.org for great ideas on where to go and what to do in your downtime.

REGISTRATION
Participation in the Spring Conference is limited to registered attendees. Full registration includes:

- Admission to all educational sessions (Monday - Tuesday)
- Access to exhibits and exhibit hall functions
- Access to poster displays
- Opening reception (Sunday evening)
- Roundtable discussion breakfast (Monday)
- Exhibit hall lunch (Monday)
- Lunch & Learn (Tuesday)
- Daily networking breaks
- Final program and session abstracts
- Access to purchase full conference proceedings at the Live Learning Center

Preconference seminars require separate registration fees. See pages 14-15 for more information.

The conference proceedings will be available only through the Live Learning Center. See page 3 for information on how to purchase the Online Proceedings Package.

REGISTRATION AND INFORMATION DESK
The registration desk will be open on the Plaza Building Concourse Level of the Sheraton during the following hours:

- Saturday, April 20: 8:00 AM - 5:00 PM
- Sunday, April 21: 8:00 AM - 6:30 PM
- Monday, April 22: 7:00 AM - 5:15 PM
- Tuesday, April 23: 7:00 AM - 4:45 PM

EDUCATIONAL SESSIONS
Nearly 50 educational presentations will be given during the Spring conference. Each is designed to provide current information on subjects of importance to correctional health care professionals. Each presenter is responsible for the manner of presentation, the subject presented and the accuracy of information provided.

Products and services described in presentations are not necessarily endorsed by the National Commission on Correctional Health Care.

PHOTOGRAPHY
Registration for, attendance at or participation in NCCHC conferences and other associated activities constitutes an agreement by the registrant to permit NCCHC to use and distribute (both now and in the future) the registrant’s or attendee’s image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.
COMMONSENSE TIPS FOR CONFERENCE SUCCESS

The bustling environment and packed schedules of a four-day meeting can become overwhelming. To help make your experience pleasant and productive, we offer the following tips.

• **Arrive early.** You’ll have time to sort through your materials and better plan your time. This also will help you avoid the stress of feeling rushed.

• **Make a plan.** Don’t drift into sessions aimlessly. Instead, identify the programs and resources on the subjects that interest you.

• **Attend with coworkers.** Learn as a team so you can share ideas and bring them back to your facility.

• **Hand out business cards.** The conference is a great place for networking, but your contacts need to know how to reach you. Remember to ask for their business cards, too.

• **Break the ice.** Introduce yourself to people sitting near you. This is a low-risk proposition since you share interest in the same session.

• **Take notes.** Even if you never read them again, it will aid comprehension and help you remember questions to ask at the end of the session.

• **Participate.** If you contribute to the discussion, you’ll retain more of what was discussed. And remember: Sharing goes both ways. If you have a good idea or solution, let others benefit from your knowledge.

• **Ask questions.** If you’re unclear about something, just ask! Chances are you’re not the only one puzzled, so you’ll be doing others a favor.

• **Jot down “action items.”** Don’t rely on your overtaxed memory. If you hear about something that would work in your facility, add it to a list you can share with your manager and coworkers.

• **Dine with a stranger.** Sit with someone you do not know during lunch or other breaks and networking events. That person will soon become a professional contact, and you’ll both be the better for it.

ONLINE PROCEEDINGS PACKAGE

This year’s conference proceedings will be available only through the NCCHC Live Learning Center. Purchase this package now and review sessions later, catch up on sessions you missed and share valuable education with your colleagues. (Does not include Preconference Seminars.) The special rate for conference attendees is $29. To order, use the form enclosed with the materials in your conference bag, or pick one up at the bookstore. Simply fill it out and place it in the receptacle near registration.

NCCHC EDUCATION COMMITTEE

This program would not be possible without the hard work and dedication of the members of the NCCHC Education Committee.

Nicholas Makrides, DMD, Chair
Jayne Russell, MED, CCHP-A, Vice Chair
Dean Aufderheide, PhD
Margaret Collatt, RN, BSN, CCHP-RN, CCHP-A
Mark Ellsworth, MSN
Ngozi Ezike, MD
Thomas Fagan, PhD
Mark Fleming, PhD, CCHP
Douglas Mack, MD, CCHP
John Miles, MPA
Ronald Moomaw, DO
George Pramstaller, DO, CCHP
Sheriff B.J. Roberts
Lorry Schoenly, PhD, RN, CCHP-RN
Marc Stern, MD, MPH, CCHP
Ohiana Torrealday, PhD, CCHP
Barbara Wakeen, MA, CCHP
Nancy White, MA
Ronald Wiborg, MBA, CCHP

Staff liaisons: Kris Mayo, Jaime Shimkus

FIRST-TIME ATTENDEE ORIENTATION

Sunday, 6:30 PM – 7 PM

Plaza Court 3

Will this be your first time joining us for the Spring Conference on Correctional Health Care? Please plan to attend the First-Time Attendee Orientation. NCCHC staff members will give you tips on how to navigate the conference like a pro.
WELCOME FROM OUR CONFERENCE COHOSTS

NCCHC thanks these organizations for their support:
Arapahoe County Sheriff’s Office
County Sheriffs of Colorado
Denver Sheriff Department
Douglas County Sheriff’s Office
El Paso County Criminal Justice Center
Jefferson County Sheriff’s Office
Upcoming Events

2013

Correctional Health Care Leadership Institutes for Physicians and Health Administrators
July 19-20, Paris Hotel, Las Vegas

Correctional Mental Health Care Conference
July 21-22, Paris Hotel Las Vegas

National Conference on Correctional Health Care
October 26-30, Nashville Convention Center

2014

Spring Conference on Correctional Health Care
April 5-8, Hyatt Regency Atlanta
At Wexford Health, we take our responsibilities seriously. That's why we have been a trusted partner to more than 250 correctional facilities across the country, helping them to control costs without sacrificing quality of care, cutting corners, or inappropriately denying services. The pride we take in meeting your needs is plain to see.
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<tr>
<th>Board Liaison</th>
<th>Supporting Organization</th>
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<tr>
<td>Judith Robbins, LCSW, CCHP-A (chair)</td>
<td>National Association of Social Workers</td>
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<tr>
<td>Carl C. Bell, MD, CCHP (immediate past chair)</td>
<td>National Medical Association</td>
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<tr>
<td>Patricia N. Reams, MD, CCHP (secretary)</td>
<td>American Academy of Pediatrics</td>
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<tr>
<td>Thomas J. Fagan, PhD (treasurer)</td>
<td>American Psychological Association</td>
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<tr>
<td>Renee Kanan, MD (chair-elect)</td>
<td>American College of Physicians</td>
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<tr>
<td>Edward Harrison, CCHP (president)</td>
<td>National Commission on Correctional Health Care</td>
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<tr>
<td>Patricia Blair, JD, CCHP</td>
<td>American Bar Association</td>
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<tr>
<td>Eileen Couture, DO, CCHP</td>
<td>American College of Emergency Physicians</td>
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<td>Kevin Fiscella, MD</td>
<td>American Society of Addiction Medicine</td>
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<td>Joseph Goldenson, MD</td>
<td>American Public Health Association</td>
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<td>Eric Handler, MD, MPH</td>
<td>National Association of County and City Health Officials</td>
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<td>Robert L. Hilton, RPh, CCHP</td>
<td>American Pharmacists Association</td>
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<td>JoRene Kerns, BSN, CCHP</td>
<td>American Correctional Health Services Association</td>
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<td>Ilse R. Levin, DO</td>
<td>American Medical Association</td>
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<td>Douglas A. Mack, MD, CCHP</td>
<td>American Association of Public Health Physicians</td>
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<td>Nicholas Makrides, DMD</td>
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<td>Pauline Marcussen, RHIA, CCHP</td>
<td>American Health Information Management Association</td>
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<td>Edwin I. Megargee, PhD, CCHP</td>
<td>International Association for Correctional and Forensic Psychology</td>
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<td>Charles A. Meyer, Jr., MD</td>
<td>American Academy of Psychiatry and the Law</td>
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<td>Eugene A. Migliaccio, DrPH</td>
<td>American College of Healthcare Executives</td>
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<td>Ronald C. Moomaw, DO</td>
<td>American College of Neuropsychiatrists</td>
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<td>Robert E. Morris, MD, CCHP</td>
<td>Society for Adolescent Health and Medicine</td>
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<td>Peter C. Ober, PA-C, CCHP</td>
<td>American Academy of Physician Assistants</td>
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<td>Joseph V. Penn, MD, CCHP</td>
<td>American Academy of Child and Adolescent Psychiatry</td>
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<td>Peter E. Perroncello, MS, CCHP</td>
<td>American Jail Association</td>
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<td>George J. Pramstaller, DO, CCHP</td>
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<td>Sheriff B. J. Roberts</td>
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<td>David W. Roush, PhD</td>
<td>National Partnership for Juvenile Services</td>
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<td>Jayne Russell, MEd, CCHP-A</td>
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<td>Steven Shelton, MD, CCHP-A</td>
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<td>Ryung Suh, MD</td>
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<td>Ana Viamonte Ros, MD</td>
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<td>Patricia Voermans, MSN, CCHP-RN</td>
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<td>Barbara A. Wakeen, RD, CCHP</td>
<td>Academy of Nutrition and Dietetics</td>
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<td>Henry C. Weinstein, MD, CCHP</td>
<td>American Psychiatric Association</td>
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<td>Nancy B. White, LPC</td>
<td>American Counseling Association</td>
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<td>Ronald Wiborg, MBA, CCHP</td>
<td>National Association of Counties</td>
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At Corizon, we work hard to be the best provider of correctional healthcare. When our strength and dedication is paired with yours, we both find purpose. By working together, our collective vision becomes a reality. Innovations become customized solutions. Efforts become results.

We provide care and service—to our clients, our patients and our communities. By working with us, you make it happen. And we’re both stronger together.
Educational grants and sponsorship provide NCCHC with the resources to help improve the quality of health care in jails, prisons and juvenile confinement facilities. Through generous educational grants and sponsorships, the following companies have contributed to the overall success of the conference. We are most grateful for their support.

The Central Plains Geriatric Education Center at the University of Kansas Medical Center provided funding for educational programming to enhance correctional health care professionals’ knowledge of models for geriatric and end-of-life care in prisons.

Corizon provided funding for the conference tote bags.

Gilead provided funding for the hotel key cards.

MHM Correctional Services and Centurion provided funding to support the Exhibit Hall Opening Reception on Sunday evening.

Sunovion provided funding for the Tuesday Lunch & Learn.

Wexford Health Sources provided funding for the conference badge holders.

About the National Commission on Correctional Health Care

With support from the major national organizations representing the fields of health, law and corrections, the National Commission on Correctional Health Care is committed to improving the quality of health care in our nation’s jails, prisons and juvenile confinement facilities.

NCCHC’s origins date to the early 1970s, when an American Medical Association study of jails found inadequate, disorganized health services and a lack of national standards. In collaboration with other organizations, the AMA established a program that in the early 1980s became the National Commission on Correctional Health Care, an independent, not-for-profit 501(c)(3) organization. NCCHC’s early mission was to evaluate and develop policy and programs for an area clearly in need of assistance.

NCCHC’s leadership in setting standards for health services in correctional facilities is widely recognized. Established by the health, legal and corrections professions, NCCHC’s Standards are recommendations for the management of correctional health services systems. Written in separate volumes for prisons, jails and juvenile confinement facilities—plus manuals specifically for mental health services and opioid treatment programs—the Standards cover the areas of care and treatment, health records, administration, personnel and medical-legal issues. These essential resources have helped correctional and detention facilities improve the health of their inmates and the communities to which they return, increase the efficiency of health services delivery, strengthen organizational effectiveness and reduce the risk of adverse legal judgments.

Building on that foundation, NCCHC offers a broad array of services and resources to help correctional health care systems provide efficient, high-quality care. Our educational conferences are unsurpassed. With exceptional programming, networking and a commercial exhibition, the National Conference attracts thousands of dedicated professionals each fall. Similar in format but smaller in scale, the Spring Conference on Correctional Health Care presents a content-rich program and cutting-edge topics. Each summer, an intensive, two-day mental health conference helps correctional health professionals and administrators address the challenges presented by inmates with mental illness and substance abuse problems. Other offerings include the two-day Leadership Institutes, which target specific audiences such as medical directors and health services administrators.

NCCHC also provides technical assistance and quality improvement reviews on correctional health care management and policy issues, conducts research on the correctional health care field, operates the premier national certification program for correctional health professionals, sponsors other educational and training programs, and develops clinical guidelines and other support materials.
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<th>DATE/TIME</th>
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<td><strong>SATURDAY, APRIL 20</strong></td>
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<td>REGISTRATION AND BOOKSTORE</td>
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<td>9 AM – 5 PM</td>
<td>Governor’s Square 14</td>
<td>PRECONFERENCE SEMINARS</td>
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<td></td>
<td>Governor’s Square 15</td>
<td>P-01 An In-Depth Review of NCCHC’s Jail and Prison Standards</td>
<td>B. Jaye Anno, PhD, CCHP-A; Marc Stern, MD, MPH, CCHP</td>
<td>NCCHC standards and accreditation</td>
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<td>P-02 CCHP-RN Certification Review Course</td>
<td>Susan Laffan, RN, CCHP-RN, CCHP-A, Jerri McGinnis, BSN, MBA, CCHP-RN</td>
<td>Nursing issues</td>
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<td><strong>SUNDAY, APRIL 21</strong></td>
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<td>8 AM – 4:30 PM</td>
<td>Governor’s Square 12</td>
<td>SOCIETY OF CORRECTIONAL PHYSICIANS SPRING EDUCATIONAL CONFERENCE</td>
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<td>9 AM – 12:30 PM</td>
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<td>Governor’s Square 15</td>
<td>P-03 The Prison Rape Elimination Act: Specialty Training for Medical and Mental Health Care Practitioners Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance</td>
<td>B. Jaye Anno, PhD, CCHP-A; Jayne Russell, MEd, CCHP-A; Kim Day, RN, FNE, Kara Verthaler, MPA; Robert Dumond, MA, LCMSH</td>
<td>Legal issues Administration</td>
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<td>P-04 The Mentally Ill in Administrative Segregation: Everything You Need to Know But Didn’t Know to Ask</td>
<td>Dean Aufderheide, PhD</td>
<td>Mental health</td>
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<td>1 PM – 3 PM</td>
<td>Plaza Ballroom</td>
<td>CCHP Exams (Closed) (check-in 12:30 PM)</td>
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<td>Governor’s Square 15</td>
<td>P-05 Health Care Reform: How to Prepare for the Changes Ahead</td>
<td>Therese Brunfield, MBA, CCHP; Mark Fleming, PhD, CCHP; Jessica Lee, MSN, RN, CCHP</td>
<td>Administration Legal issues</td>
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<td>P-06 Practical Preparation for Initial NCCHC Accreditation</td>
<td>Tracey Titus, RN, CCHP; Catherine Knox, MN, CCHP-RN</td>
<td>NCCHC standards and accreditation</td>
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<td>5 PM – 6:30 PM</td>
<td>Plaza Exhibit Hall</td>
<td>EXHIBIT HALL OPENING RECEPTION AND POSTER PRESENTATIONS Sponsored in part by MHM Correctional Services and Centurion</td>
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<td>6:30 PM – 7 PM</td>
<td>Plaza Court 3</td>
<td>FIRST-TIME ATTENDEE ORIENTATION</td>
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<td>7 AM – 8 AM</td>
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<td>Governor’s Square 14</td>
<td>101 Building Consensus on Nursing’s Role in a Practice-Based Research Network</td>
<td>Deborah Shelton, PhD, RN, CCHP</td>
<td>Nursing issues</td>
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<td>Governor’s Square 14</td>
<td>102 Compassion Fatigue: Burnout Behind Bars</td>
<td>Becky Pinney, MSN, CCHP-RN; Rabekah Haggard, MD, CHQCM, CCHP</td>
<td>Nursing issues Professional development</td>
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<td>Governor’s Square 11</td>
<td>103 Unlocking Federal Incentives to Promote the Use of Electronic Health Records in Correctional Facilities</td>
<td>Jason McNamara</td>
<td>Information technology Administration</td>
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<td>Governor’s Square 16</td>
<td>104 All About Methamphetamine: Part 1</td>
<td>Elaine Meyer, BSN, MBA, CCHP</td>
<td>Substance abuse Medical care</td>
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<td>Governor’s Square 12</td>
<td>105 A Physical Plant Audit to Prevent Suicide in Juvenile Facilities</td>
<td>Walter Krauss, PsyD, CCHP</td>
<td>Suicide prevention Juvenile issues</td>
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<td>9 AM – 1 PM</td>
<td>Plaza Exhibit Hall</td>
<td>EXHIBIT HALL OPEN</td>
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<td>9:15 AM – 10:30 AM</td>
<td>Plaza Exhibit Hall</td>
<td>EXHIBIT HALL REFRESHMENT BREAK</td>
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<td>10:45 AM – 11:45 AM</td>
<td>Governor’s Square 15</td>
<td>CONCURRENT SESSION 2</td>
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<td>Governor’s Square 14</td>
<td>106 Manipulation: A Significant Stress for Correctional Nurses</td>
<td>Anita Hufft, PhD, RN</td>
<td>Nursing issues Professional development</td>
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<td>Governor’s Square 14</td>
<td>107 Managing Disruptive Offenders: A Behavioral Perspective</td>
<td>Steven Helfand, PsyD</td>
<td>Mental health Suicide prevention</td>
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<td>Governor’s Square 16</td>
<td>108 All About Methamphetamine: Part 2</td>
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<td>Governor’s Square 12</td>
<td>109</td>
<td>START: Simplified Triage and Rapid Treatment for Mass Casualty Incidents</td>
<td>Benjamin Kanten, MBA, MSN, CCHP-RN</td>
<td>Disaster planning Emergency services</td>
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<td>Governor’s Square 11</td>
<td>110</td>
<td>Deaf and Hard of Hearing Offenders: Risks and Opportunities</td>
<td>Eileen Baker, MED</td>
<td>Legal issues Policies &amp; procedures</td>
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<td><strong>11:45 AM – 1 PM</strong></td>
<td>Plaza Exhibit Hall</td>
<td>EXHIBIT HALL LUNCH</td>
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<tr>
<td><strong>1:15 PM – 2:15 PM</strong></td>
<td>Governor’s Square 12</td>
<td>Ten Ways Correctional Nurses Can End Up in Court</td>
<td>Kathryn Wild, MPA, RN, CCHP; Royanne Schossel, RN, CCHP</td>
<td>Nursing issues Medical care</td>
<td>I</td>
</tr>
<tr>
<td>Governor’s Square 15</td>
<td>112</td>
<td>How to Identify Critical Self-Harm and Suicide Risk Factors in Your Jail</td>
<td>Gregory White, MS, LMHC, CCHP</td>
<td>Suicide prevention</td>
<td>I</td>
</tr>
<tr>
<td>Governor’s Square 14</td>
<td>113</td>
<td>Shaking, Baking, Taking, Quaking or Faking? Understanding Epilepsy, Seizures, Tremors, Withdrawal and Secondary Gain</td>
<td>Todd Wilcox, MBA, MD, CCHP-A</td>
<td>Chronic care Medical care</td>
<td>B</td>
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<tr>
<td>Governor’s Square 11</td>
<td>114</td>
<td>Hunger Strike in Detention: Clinical and Ethical Challenges</td>
<td>Hans Wolff, MD, MPH</td>
<td>Medical care Ethics</td>
<td>I</td>
</tr>
<tr>
<td>Governor’s Square 16</td>
<td>115</td>
<td>Best Practices for Health Services Administration</td>
<td>James Bessette, Jr., LPN, BADM, CCHP</td>
<td>Policies &amp; procedures Risk management</td>
<td>A</td>
</tr>
<tr>
<td><strong>2:30 PM – 4 PM</strong></td>
<td>Governor’s Square 15</td>
<td>116</td>
<td>Correctional Nursing: Applying the New Scope and Standards of Practice</td>
<td>Catherine Knox, MN, CCHP-RN; Lorry Schoenly, PhD, CCHP-RN; Patricia Voermans, MSN, CCHP-RN</td>
<td>Nursing issues Professional development</td>
</tr>
<tr>
<td>Governor’s Square 12</td>
<td>117</td>
<td>Malingered Psychosis: Detection and Treatment Implications</td>
<td>Mark Fleming, PhD, CCHP</td>
<td>Mental health Medical care</td>
<td>B</td>
</tr>
<tr>
<td>Governor’s Square 11</td>
<td>118</td>
<td>Adolescent Orthopedics and Sports Medicine for the Lower Extremity</td>
<td>Robert Morris, MD, CCHP</td>
<td>Juvenile issues Medical care</td>
<td>B</td>
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<tr>
<td>Governor’s Square 16</td>
<td>119</td>
<td>ICE Health Services Corps: Unique Features in Programming for Immigration Detainees</td>
<td>Jeri McGinnis, BSN, MBA, CCHP-RN</td>
<td>Administration</td>
<td>I</td>
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<tr>
<td>Governor’s Square 14</td>
<td>120</td>
<td>The Seven Habits of Highly Effective Correctional Health Leaders</td>
<td>Dean Aufderheide, PhD</td>
<td>Professional development</td>
<td>B</td>
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<tr>
<td><strong>4:15 PM – 5:15 PM</strong></td>
<td>Governor’s Square 12</td>
<td>121</td>
<td>The Unscheduled Encounter: Managing the Nursing Carbside Consult</td>
<td>Lori Roscoe, PhD, MPA, CCHP-RN</td>
<td>Nursing issues Quality improvement</td>
</tr>
<tr>
<td>Governor’s Square 15</td>
<td>122</td>
<td>Health Services Administrator Guide to Surviving a Fiscal Cliff</td>
<td>Denise Rahaman, MBA, RN, CCHP-RN; Mari Knight, MSN, RN, CCHP-RN</td>
<td>Administration Budgeting/Finance</td>
<td>I</td>
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<tr>
<td>Governor’s Square 16</td>
<td>123</td>
<td>Bodypacking in Sick Bodies: Case Series in Geneva, Switzerland</td>
<td>Laurent Gétaz, MD, MPH; Hans Wolff, MD, MPH</td>
<td>Medical care Suicide prevention</td>
<td>B</td>
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<tr>
<td>Governor’s Square 14</td>
<td>124</td>
<td>Conquering Your Deposition</td>
<td>Robert Vogt, JD, CCHP</td>
<td>Legal issues</td>
<td>A</td>
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<tr>
<td>Governor’s Square 11</td>
<td>125</td>
<td>Multimodal Intervention Strategies for Depression, Anxiety, ADHD and Other Disorders</td>
<td>Robert Marcello, PhD</td>
<td>Mental health</td>
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<td><strong>TUESDAY, APRIL 23</strong></td>
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<td>7 AM – 4:45 PM</td>
<td>Plaza Exhibit Foyer</td>
<td>REGISTRATION</td>
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<td>7 AM – 3:45 PM</td>
<td>Plaza Exhibit Foyer</td>
<td>BOOKSTORE</td>
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<tr>
<td>7 AM – 8 AM</td>
<td>Governor’s Square 15</td>
<td>126</td>
<td>Applying the ANA Standards: Assessment and Diagnosis</td>
<td>Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A; Deborah Stewart, FNP</td>
<td>Nursing issues</td>
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<tr>
<td>Governor’s Square 16</td>
<td>127</td>
<td>Causes, Complications and Medical Management of Chronic Kidney Failure</td>
<td>Win Tate</td>
<td>Professional development Medical care</td>
<td>I</td>
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<tr>
<td>Governor’s Square 12</td>
<td>128</td>
<td>Neuroergonomics: How to Reduce Grievances, Make Your Patients Happy and Healthy!</td>
<td>Murray Young, MD; Paul Quaisser</td>
<td>Quality improvement Professional development</td>
<td>B</td>
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<tr>
<td>Governor’s Square 14</td>
<td>129</td>
<td>Recruiting the Best and the Brightest: Partnering With Academia</td>
<td>Daniel Venker, DDS; Frank Filippoli, DO, PhD</td>
<td>Staffing Administration</td>
<td>B</td>
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<tr>
<td>Governor’s Square 11</td>
<td>130</td>
<td>Microbes in Michigan: Lessons Learned From a Prison Outbreak</td>
<td>Jeffrey Stieve, MD, CCHP</td>
<td>Infection control Administration</td>
<td>B</td>
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<td>DATE/TIME</td>
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<td>8:15 AM – 9:15 AM</td>
<td>Governor’s Square 15</td>
<td><strong>CONCURRENT SESSION 7</strong></td>
<td>JoRene Kerns, BSN, RN, CCHP; Jacqueline Moore, PhD, RN, CCHP-RN, CCHP-A</td>
<td>Nursing issues</td>
<td>B</td>
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<td></td>
<td>Governor’s Square 12</td>
<td>131 Applying the ANA Standards: Outcomes and Planning</td>
<td>W. Diane Wood, LPC, MEd, CCHP</td>
<td>Mental health</td>
<td>B</td>
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<td>Governor’s Square 16</td>
<td>132 Clinical Management of the Nonsuicidal Self-Injurer</td>
<td>Eric Sigel, MD</td>
<td>Juvenile issues</td>
<td>B</td>
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<td></td>
<td>Governor’s Square 11</td>
<td>133 Addressing Youth Violence in the Health Care Setting</td>
<td>Jeri McGinnis, BSN, MBA, CCHP-RN; Deanna Gephart, BSN, RN, CCHP</td>
<td>Administration</td>
<td>A</td>
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<td>Governor’s Square 14</td>
<td>134 Contingency Planning for a Medical Staffing Shortage</td>
<td>Gordon Vaughan, JD; Gail Normandin Carpio, RN, CCHP; Michelle Foster Earle, ARN</td>
<td>Legal issues Risk management</td>
<td>I</td>
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<tr>
<td>9 AM – 11 AM</td>
<td>Plaza Exhibit Hall</td>
<td><strong>EXHIBIT HALL OPEN</strong></td>
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<td>9:15 AM – 11 AM</td>
<td>Plaza Exhibit Hall</td>
<td><strong>EXHIBIT HALL REFRESMENT BREAK AND RAFFLE DRAWING</strong></td>
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<tr>
<td>11:15 AM – 12:15 PM</td>
<td>Governor’s Square 15</td>
<td><strong>CONCURRENT SESSION 8</strong></td>
<td>Mary Muse, MSN, RN, CCHP-RN, CCHP-A; Lori Roscoe, PhD, MPA, CCHP-RN</td>
<td>Nursing issues</td>
<td>B</td>
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<td>Governor’s Square 14</td>
<td>136 Applying the ANA Standards: Implementation and Evaluation</td>
<td>Todd Wilcox, MD, MBA, CCHP-A</td>
<td>Mental health Medication management</td>
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<td>Governor’s Square 12</td>
<td>137 Medical Implications of Mental Health Medications</td>
<td>Christine Hall, CNS, CRNP; Andrew Eddy, MD</td>
<td>Medical care Utilization review</td>
<td>I</td>
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<td>Governor’s Square 11</td>
<td>138 Collegial Review of Clinical Practice</td>
<td>Katie Wingate, MSN, RN, CCHP; Jeffrey Alvarez, MD, CCHP; Lisa Gardner; Dawn Noggle, PhD, CCHP</td>
<td>Co-occurring disorders Administration</td>
<td>I</td>
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<td>Governor’s Square 14</td>
<td>139 Integrated Medical Homes: Jails and Health Care Reform</td>
<td>Laura Engelman; Rae Timme; Katie Wasko, RN</td>
<td>Women’s issues</td>
<td>B</td>
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<tr>
<td>12:30 PM – 1:45 PM</td>
<td>Plaza Ballroom</td>
<td><strong>LUNCH &amp; LEARN</strong> - Sponsored by Sunovion (this is a Non-CME Activity)</td>
<td>Rahn Bailey, MD, FAPA</td>
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<td>2 PM – 3:30 PM</td>
<td>Governor’s Square 15</td>
<td><strong>CONCURRENT SESSION 9</strong></td>
<td>Susan Laffan, RN, CCHP-RN, CCHP-A; Margaret Collatt, BSN, CCHP-RN, CCHP-A</td>
<td>Nursing issues</td>
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<td>Governor’s Square 11</td>
<td>141 Sharpen Your Nursing Skills: A Hands-On Approach</td>
<td>Robert Horon, PhD</td>
<td>Suicide prevention Risk management</td>
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<td>Governor’s Square 14</td>
<td>142 Keys to Suicide Risk Assessment in Mental Health Populations</td>
<td>Stephen Smock, MBA; Owen Murray, DO; Anthony Williams</td>
<td>Medical care Quality improvement</td>
<td>I</td>
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<td>Governor’s Square 12</td>
<td>143 Use of Technology, Clinical Tools and Geography to Manage Off-Site, Nonemergency Care</td>
<td>Laura Engelman; Rae Timme; Katie Wasko, RN</td>
<td>Chronic care Policies &amp; procedures</td>
<td>B</td>
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<td>Governor’s Square 16</td>
<td>144 Older and Sicker: The Growing Health Care Needs of Graying Inmates</td>
<td>Christine Kregg; Joseph Booth</td>
<td>Mental health Medical care</td>
<td>B</td>
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<td>3:45 PM – 4:45 PM</td>
<td>Governor’s Square 15</td>
<td><strong>CONCURRENT SESSION 10</strong></td>
<td>Patricia Blair, JD, PhD, CCHP; Sue Smith, MSN, RN, CCHP-RN</td>
<td>Nursing issues Professional development</td>
<td>B</td>
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<td>Governor’s Square 14</td>
<td>146 Applying the ANA Standards: Communication and Collaboration</td>
<td>Christine Kregg</td>
<td>Policies &amp; procedures Administration</td>
<td>I</td>
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<td>Governor’s Square 11</td>
<td>147 PREA and Medical and Mental Health Care: A Trauma-Informed Approach</td>
<td>Brent Gibson, MD, MPH</td>
<td>Quality improvement</td>
<td>I</td>
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<td>Governor’s Square 16</td>
<td>148 CHORDS: Update on the Correctional Health Outcomes and Resource Data Set</td>
<td>Patricia Sammons, CCHP; Steven Shelton, MD, CCHP-A</td>
<td>Professional development</td>
<td>B</td>
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<td>Governor’s Square 12</td>
<td>149 Interpretation of Common On-Site and Critical Lab Tests</td>
<td>Rebecca Lubelczyk, MD, CCHP</td>
<td>Medical care Nursing issues</td>
<td>I</td>
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P-01 An In-Depth Review of NCCHC’s Jail and Prison Standards
Saturday, April 20, 9 AM – 5 PM
B. Jaye Anno, PhD, CCHP-A, Consultants in Correctional Care
Marc Stern, MD, MPH, CCHP, University of Washington Medical School
This seminar will discuss the 2008 Standards, NCCHC’s recommendations for managing medical and mental health care delivery in adult correctional facilities and the foundation of its accreditation program. Groundbreaking changes in these editions have the potential to reduce the costs of operations as well as accreditation, while providing a framework for improved patient care and outcomes. Whether or not your facility is accredited (or plans to be), these practical seminars will give an overview of the changes and guidance in how to achieve and demonstrate compliance. You will leave equipped to implement quality improvements that will lead to more efficient and effective delivery of services, better patient health care, fewer adverse events and reduced liability risk. The registration fee includes one copy of the Standards (jail or prison)—a $70 value.

Educational Objectives
• Describe how to comply with the NCCHC standards
• Identify ways to improve quality in health services delivery systems
• Discuss strategies for reducing liability and risk

P-02 CCHP-RN Certification Review Course
Saturday, April 20, 9 AM – 5 PM
Susan Laffan, RN, CCHP-RN, CCHP-A, Specialized Medical Consultants; Jerri McGinnis, BSN, MBA, CCHP-RN, ICE Health Services Corps
All content areas of the CCHP-RN certification exam will be covered in this intensive review. Correctional nurse experts from a variety of settings will use examples and case studies to make the information easy to remember. This seminar can serve as an overview course for the nurse new to corrections, a preliminary study session for the nurse preparing for future certification or a final review before sitting for the CCHP-RN exam. Practice questions will be provided for each of the exam content areas. Tips on preparing for, studying for and taking the exam will be shared.

Educational Objectives
• List content areas for the specialty practice of correctional nursing
• Outline essential knowledge for each core element of the correctional nursing curriculum
• Describe successful certification exam preparation strategies

P-03 The Prison Rape Elimination Act: Specialty Training for Medical and Mental Health Care Practitioners
Sunday, April 21, 9 AM – 12:30 PM
B. Jaye Anno, PhD, CCHP-A, Consultants in Correctional Care
Jayne Russell, MEd, CCHP-A, Consultant
Kim Day, RN, FNE, International Association of Forensic Nurses
Karla Vierthaler, MPA, Pennsylvania Coalition Against Rape
Robert Dumond, MA, LCMHC, Consultants for Improved Human Services
Supported by the National PREA Resource Center through Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance
Beginning in August 2013, the Justice Department expects jails, prisons and juvenile confinement facilities to provide specialized training to medical and mental health personnel on specific areas of the law surrounding the Prison Rape Elimination Act (PREA). Join our group of nationally recognized experts and receive training on how to detect and assess signs of sexual abuse, preserve physical evidence and respond effectively and professionally to victims, all tailored for the health professional.

Educational Objectives
• Review the role of medical and mental health personnel in complying with the PREA standards
• Describe how to detect and assess signs of sexual abuse in inmates
• Discuss the appropriate professional response when inmate sexual abuse occurs
P-04 The Mentally Ill in Administrative Segregation: Everything You Need to Know But Didn’t Know to Ask

Sunday, April 21, 9 AM – 12:30 PM
Dean Aufderheide, PhD, Florida Department of Corrections

Security vs. sanity. Extended control vs. solitary confinement. The mentally ill in administrative segregation has emerged as a hot-button topic and contentious litigation. With mentally ill inmates going into administrative segregation at up to three times the rate of those without mental illness, the courts recognize that inmates with serious mental illness are the most vulnerable to suffer psychological harm from solitary confinement. Prison officials and mental health staff face enormous challenges in coordinating security and care requirements, and are seeking alternatives to administrative segregation. Join in this “lessons learned” seminar about the critical mental health issues facing correctional health and mental health systems. Using case studies and video clips, proven strategies will be examined in the context of developing programming that is ethical, effective and legally defensible, as well as diversion programs.

Educational Objectives
• Summarize the key legal and mental issues regarding mental health programming in administrative segregation
• Identify the key components of mental health services delivery system in segregation settings
• Explore opportunities for reducing the disproportionate representation of the mentally ill in restricted housing

P-05 Health Care Reform: How to Prepare for the Changes Ahead

Sunday, April 21, 1:30 PM – 5:00 PM
Therese Brumfield, MBA, CCHP, Corizon
Mark Fleming, PhD, CCHP, Corizon – St. Louis Regional
Jessica Lee, MSN, RN, CCHP, Corizon

Major provisions of the Affordable Care Act take effect in 2014. This session will discuss how the ACA affects the corrections field, with a focus on what correctional health care professionals must consider and plans that must be made in order to meet the law’s requirements and take advantage of the opportunities presented by health care reform. Coordination with state Medicaid agencies and other organizations will be critical and can result in significant savings for correctional health care.

Educational Objectives
• Describe what to expect during an on-site survey
• Describe how to prepare your facility for accreditation
• Summarize the accreditation review process and corrective follow-up

P-06 Practical Preparation for Initial NCCHC Accreditation

Sunday, April 21, 1:30 PM – 5:00 PM
Tracey Titus, RN, CCHP, National Commission on Correctional Health Care
Catherine Knox, MN, CCHP-RN

This seminar addresses the practicalities of NCCHC accreditation; it is not a standards review. Focus includes the four phases of the accreditation process: preparing your facility; what to expect during the survey, with tips on how to make the visit as painless as possible; Accreditation Committee review of findings and follow-up corrective action; and how to unwind afterward. Benefit from the experiences of those who have been through the process many times and have your questions answered. This seminar is intended for those unfamiliar with the process or those applying for accreditation for the first time.

Educational Objectives
• Review what to expect during an on-site survey
• Describe how to prepare your facility for accreditation
• Summarize the accreditation review process and corrective follow-up
Our integrated healthcare and treatment solutions serve agencies and correctional facilities both prior to and during incarceration.

We proudly maintain a **100% success record** for NCCHC, ACA, and other industry accreditations for all clients who have sought it. Our medical leadership team draws from more than 50 years of experience in providing direct clinical services, and our management of offsite care helps clients maximize fiscal resources.

Our jail- and community-based mental and behavioral treatment programs (known as **Change Units** and **Change Centers**) offer Moral Reconation Therapy™, a SAMHSA-listed and evidence-based curriculum, to rehabilitate treatment-resistant offenders and help them transition into the community.
CONTINUING EDUCATION*

CCHPs: Certified Correctional Health Professionals may earn up to 27 contact hours of Category I continuing education for recertification.

Nurses: The National Commission on Correctional Health Care is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

NCCHC designates this educational activity for a maximum of 27 contact hours.

Physicians: The National Commission on Correctional Health Care is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. NCCHC designates this live activity for a maximum of 27 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Psychologists: Nova Southeastern University’s Center for Psychological Studies is approved by the American Psychological Association to sponsor continuing education for psychologists. Nova Southeastern University’s Center for Psychological Studies maintains responsibility for this program and its content. This educational activity has been approved for up to 27 hours of credit.

Social Workers: This program is approved by the National Association of Social Workers (Approval # 886452976-1830) for up to 27 continuing education contact hours.

* Please note that the maximum hours of credit in each category include credits offered at preconference seminars.

CONFERENCE GOALS AND OBJECTIVES

The goal of the Spring Conference on Correctional Health Care is to present up-to-date information to aid in the delivery of high quality correctional health care. To attain this goal, program sessions will focus on the latest developments in medical, nursing, mental health care, professional advancement and legal/ethical topics. The conference is structured to provide opportunities to interact with experts in these fields.

At the conclusion of the conference, participants should be able to:

- List major health care issues that commonly affect incarcerated individuals, including HIV, hepatitis, hypertension, diabetes, oral health, mental illness and substance abuse
- Describe current legal, ethical and administrative issues and ways to prevent potential problems that arise in correctional settings
- Employ new practices for the treatment of major health care issues in order to better manage common medical, nursing, dental and mental health problems found in correctional settings
- Express increased understanding of common correctional health care issues by exchanging ideas with colleagues about new developments in specialty areas

Thank you

To Nova Southeastern University’s Center for Psychological Studies, sponsor of continuing education for psychologists

JOURNAL OF CORRECTIONAL HEALTH CARE

Another great source of continuing credit specific to correctional health care is JCHC, NCCHC’s peer-reviewed journal. Published quarterly by Sage, JCHC features original research, case studies, best practices, literature reviews and more. An online self-study exam provides three to four credit hours per issue. Members of the Academy of Correctional Health Professionals receive JCHC as a member benefit. Others may subscribe or access pay-per-view articles at jchc.sagepub.com.

NCCHC DISCLOSURE POLICY

In accordance with the disclosure policy of the National Commission on Correctional Health Care, everyone who is in a position to control the educational content of the Spring Conference on Correctional Health Care (including planners, presenters and moderators) has been asked to disclose all relevant financial interests with any commercial interest that might be germane to the content of the presentations. Such disclosure is not intended to suggest or condone bias in any presentation but rather is elicited to provide information that attendees might deem important to their evaluation of a given presentation.

No planners, presenters or moderators of the Spring Conference disclosed a relevant financial relationship with a commercial interest.
Monday, April 22

ROUND TABLE DISCUSSIONS AND BREAKFAST
7 AM – 8 AM
Plaza Ballroom

NCCHC invites you to participate in roundtable discussion groups—small, informal gatherings for the purpose of education, information sharing and idea exchange. See the box at right for the topics being discussed.

Educational Objectives
- Identify emerging trends and issues in correctional health care
- Describe solutions to common problems in correctional health care
- Outline strategies and techniques used by others in one’s discipline or area of specialty for improving health care delivery

CONCURRENT SESSION 1
8:15 AM – 9:15 AM

101 Building Consensus on Nursing’s Role in a Practice-Based Research Network
Deborah Shelton, PhD, RN, CCHP, West Virginia University
This consensus-setting session seeks input to shape the mission and vision of a proposed correctional health practice-based research network. A practice-based research network in the early stages of development and partners are sought to study health care innovations and test quality improvement strategies in real-world correctional practice settings.

Educational Objectives
- Describe the practice-based research framework
- Name one advantage and one challenge to the proposed correctional health practice-based research network structure for correctional nurses
- Determine the utility of a correctional health practice-based research network

ROUND TABLE DISCUSSION TOPICS

#1 Writing Effective Standing Orders Interprofessionally to Increase Productivity, Efficiency and Job Satisfaction
Moderators Philip Wenger, PharmD, St. Louis College of Pharmacy
Fred Rottnek, MD, Family Court of St. Louis County
Rita Hendrix, RN, St. Louis County Department of Health

#2 Dental Health Care and APHA Standards
Moderator Anne Douds, JD, PhD, Federal & Hasson, LLP

#3 New ANA Standards: Communication and Collaboration
Moderators Patricia Blair, JD, PhD, CCHP, Patricia Blair Law Firm
Patricia Voermans, MSN, CCHP-RN, Wisconsin Department of Corrections

#4 How to Help Your Attorney Help You
Moderator Robert Vogt, JD, CCHP, Weldon-Linne & Vogt

#5 Polysubstance Withdrawal in the Correctional Setting
Moderator Denise Rahaman, MBA, RN, CCHP-RN, CFG Health Systems LLC

#6 PREA Implementation for Health Care Professionals: A Forum for Questions and Answers With the Experts
Moderators Christine Kregg, Just Detention International
Robert Dumond, LCMHC, MA, Consultants for Improved Human Services

#7 CHORDS: The Future of Correctional Health Care Outcomes Measurement
Moderator Renee Kanan, MD, MPH, California Department of Corrections and Rehabilitation

#8 The Psychology of Pain
Moderators Ohiana Torrealday, PhD, CCHP, University of Texas Medical Branch
Mark Fleming, PhD, CCHP, Corizon – St. Louis Regional

#9 Common Dermatology Problems in Adolescence
Moderator Kathleen Tauer, MSN, PNP, Commonwealth of Virginia, Department of Juvenile Justice

#10 Geriatric Populations
Moderator Kellie Wasko, RN, Colorado Department of Corrections

#11 Health Care Reform
Moderator Therese Brumfield, MBA, CCHP, Corizon
102 Compassion Fatigue: Burnout Behind Bars
Becky Pinney, MSN, RN, CCHP-RN, Corizon
Rebekah Haggard, MD, CHCQM, CCHP, Corizon

Burnout, which is characterized by multiple physical, emotional and team symptoms, can have catastrophic effects on the quality of health care. Certain features unique to corrections may contribute to the development of burnout. Examples of the negative impact on the quality of care will illustrate the effects. Techniques to minimize burnout will be presented for individuals, teams and organizational support.

Educational Objectives
• Explain what is meant by correctional compassion fatigue
• Describe the impact that burnout has on patient safety and the quality of care
• Identify techniques to minimize the effects of compassion fatigue on patient care

103 Unlocking Federal Incentives to Promote the Use of Electronic Health Records in Correctional Facilities
Jason McNamara, Centers for Medicare and Medicaid Services

The Recovery Act contains $30 billion to incentivize providers to adopt and use certified electronic health records. Recent eligibility changes to the program, called the HITECH Act, allow providers who practice in correctional facilities to potentially be eligible for the Medicaid incentives ($21,250 the first year, $63,750 over six years). To qualify, providers need to demonstrate to their state Medicaid agency that they provide care to the appropriate percentage of Medicaid-eligible patients and are adopting a certified electronic health record. Learn which providers are eligible and how the Affordable Care Act will affect eligibility as Medicaid expands.

Educational Objectives
• Summarize the Medicaid EHR Incentive Program
• Describe how correctional health care providers can participate in this program
• List steps to take to prepare a correctional facility so that its providers can receive the incentive payments (i.e., state legislative issues, system procurement, reporting requirements, etc.)

104 All About Methamphetamine: Part 1
Elaine Meyer, BSN, MBA, CCHP, Arapahoe County Sheriff’s Office Detention Facility

This presentation will feature a video titled “The Meth Epidemic” (from PBS) as well as a presentation to provide an overview of methamphetamine, including its history, its usage, the effects on users and ways correctional health care personnel help meth users who become incarcerated.

Educational Objectives
• Outline the history of methamphetamine
• Describe the short-term and long-term effects of meth use
• Evaluate ways to help the inmate who uses methamphetamine

105 A Physical Plant Audit to Prevent Suicide in Juvenile Facilities
Walter Krauss, PsyD, CCHP, University of Connecticut Health Center

This presentation will describe a systemwide standardized physical plant audit process developed to enhance the overall safety in the environments in which juveniles are housed. It will highlight the audit process, emphasizing the educational nature of the process and the need to establish national standards for physical plants, not only for juvenile detention centers but also for the less restricted community residential centers.

Educational Objectives
• Describe a process for conducting physical plant audits from a suicide prevention perspective
• Explain the need for more direct care staff education regarding the risks inherent within the environment in which the juveniles find themselves
• Summarize ways to integrate a suicide prevention physical plant audit process into an organization’s suicide prevention program
106 Manipulation: A Significant Stress for Correctional Nurses
Anita Hufft, PhD, RN, Valdosta State University
A study of nurses working in correctional settings identified characteristics of manipulation as experienced within the context of nurse–patient and nurse–staff relationships. This presentation examines the perceptions of the experience of manipulation, its antecedents and proposed strategies for decreasing the incidence and impact of manipulation among correctional nurses.

Educational Objectives
• Characterize the experience of manipulation among correctional nurses
• Describe the perceived outcomes of manipulation as experienced by correctional nurses
• Propose strategies for decreasing the experience and negative outcomes of manipulation experienced among correctional nurses

107 Managing Disruptive Offenders: A Behavioral Perspective
Steven Helfand, PsyD, Correct Care Solutions
This presentation will review the disruptive behaviors that occur in correctional settings and highlight pragmatic and behaviorally grounded solutions. Identification of the etiologies and formulation of targeted treatment plans will be reviewed, as will combined custody and health care interventions. Participants will leave with a broader understanding of disruptive behaviors in corrections and a set of tools to address these behaviors successfully.

Educational Objectives
• Differentiate between behavioral treatment plans and behavioral management plans
• Formulate alternative behavioral treatment strategies
• Evaluate ways to convince correctional systems to adopt the behavioral treatment model

108 All About Methamphetamine: Part 2
Elaine Meyer, BSN, MBA, CCHP, Arapahoe County Sheriff’s Office Detention Facility
This presentation will feature a video titled “The Meth Epidemic” (from PBS) as well as a presentation to provide an overview of methamphetamine, including its history, its usage, the effects on users and ways correctional health care personnel help meth users who become incarcerated.

Educational Objectives
• Review the history of methamphetamine
• Describe the short-term and long-term effects of meth use
• Evaluate ways to help the inmate who uses methamphetamine

109 START: Simplified Triage and Rapid Treatment for Mass Casualty Incidents
Benjamin Kanten, MBA, MSN, CCHP-RN, Immigration Health Services Medical Facility–San Pedro
Participants will learn about mass casualty incidents, including what might precipitate a mass casualty incident in the correctional environment and how such incidents differ from daily health care operations. Through case studies, participants will apply START to mass casualty incidents.

Educational Objectives
• Describe the need for a systematic approach to mass casualty incidents
• Name five situations that could precipitate a mass casualty incident
• Apply START triage to mass casualty incident examples
110 Deaf and Hard of Hearing Offenders: Risks and Opportunities
Eileen Baker, MED, Consultant to Industry, Education and Government

Deaf and hard of hearing offenders present a challenge in the public and independent health sectors as well as in the criminal justice system. This talk will discuss issues of concern including the impact of hearing loss on communication competency, language acquisition and education.

Educational Objectives
• Outline the relationships among hearing loss, language, educational levels and skills of daily living
• Discuss the impact of misdiagnosed, undiagnosed and exacerbated mental health disorders in deaf and hard of hearing inmates
• Review litigation issues specific to correctional health care and the deaf and hard of hearing

111 Ten Ways Correctional Nurses Can End Up in Court
Kathryn Wild, MPA, RN, CCHP, Orange County Health Care Agency
Roymme Schissel, RN, CCHP, Corizon

The presentation will describe the pitfalls that nurses fall into while delivering health care in a correctional facility. The speakers will discuss real-life examples from the field and suggest corrections and monitoring that can be taken to avoid poor patient outcomes.

Educational Objectives
• List the most common ways that correctional nurses invite litigation
• Outline the steps to take when a treatment decision is unclear
• Describe how to train nursing professionals to deliver care in this litigious setting

112 How to Identify Critical Self-Harm and Suicide Risk Factors in Your Jail
Gregory White, MS, LMHC, CCHP Snohomish County Sheriff’s Office – Corrections Bureau

It is imperative that jails be able to identify the most critical risk factors for inmates in their care and implement appropriate safety measures. This session will review jail suicide data nationwide and stress the importance of capturing individual jail data related to self-harm and suicide as part of the jail’s overall suicide prevention plan.

Educational Objectives
• Identify the most critical risk factors for self-harm/suicide in a given jail by comparing the jail’s data with national trends
• Determine the most critical timelines and methods for self-harm/suicide in a given jail by comparing the jail’s characteristics with national trends
• Apply individual safety protocols for high-risk inmates by gathering chronological data of inmates’ self-harm incidents and creating administrative alerts

113 Shaking, Baking, Taking, Quaking or Faking? Understanding Epilepsy, Seizures, Tremors, Withdrawal and Secondary Gain
Todd Wilcox, MBA, MD, CCHP, Salt Lake County Metro Jail

Disorders of involuntary movement in correctional settings can represent a very frustrating management challenge to healthcare staff. Many disease states produce symptoms of seizures or abnormal movements and differentiating between all of the possibilities can be a daunting task. This talk will focus on developing an understanding of the diseases that cause abnormal movements to help you learn to sort the patients from the players.

Educational Objectives
• Differentiate the diseases that cause movement disorders
• Distinguish real disease from attempts to fake symptoms
• Propose methods for dealing with difficult seizure management patients
114 Hunger Strike in Detention: Clinical and Ethical Challenges
Hans Wolff, MD, MPH, University Hospitals of Geneva, Switzerland
Hunger strike is common in prison. The physician needs to rapidly and repeatedly assess the health of the striker and the reasons for the strike. Inmates have the right to refuse food and fluid as well as any medical treatment. The physician–patient–authorities relationship may suffer during a hunger strike; thus, a clear and transparent distribution of the role of each partner with strict respect of moral obligations is necessary.

Educational Objectives
• State the health risks associated with hunger strike
• Identify clinical and ethical pitfalls in the management of hunger strikers
• Discuss the barriers and opportunities related to hunger strike in prison

115 Best Practices for Health Services Administration
James Bessette, Jr., LPN, BAOM, CCHP, Correct Care Solutions
This presentation will identify, examine and demonstrate methods of administrative best practices for charge nurses, nursing supervisors, directors of nursing and health services administrators to construct processes and procedures aimed at providing timely quality care and reducing negative patient outcomes.

Educational Objectives
• Examine administrative best practices to improve timely quality care and reduce negative outcomes
• Identify areas of health services where a best practice can be implemented
• Develop a plan for implementing best practices into daily processes and procedures

116 Correctional Nursing: Applying the New Scope and Standards of Practice
Catherine Knox, MN, CCHP-RN, Consultant
Lorry Schoenly, PhD, CCHP-RN, Consultant
Patricia Voermans, MSN, CCHP-RN, Wisconsin Department of Corrections
A new edition of Correctional Nursing: Scope and Standards of Practice was published by the American Nurses Association this year. In this introductory session, members of the ANA Scope and Standards Workgroup will describe the process used to revise the scope and standards and highlight emerging themes and content changes.

Educational Objectives
• Describe the relevance of the ANA scope and standards to correctional nursing practice
• Name a change in the new edition of the correctional nursing scope and standards that has significance for one’s own practice
• Cite a resource or reference that can be used to further understanding or application of the ANA scope and standards to professional practice

117 Malingering of Psychosis: Detection and Treatment Implications
Mark Fleming, PhD, CCHP, Corizon – St. Louis Regional
This presentation will focus on various aspects of malingering and how correctional professionals can better understand the reasons why inmates mangle as well as how they can respond as professionals.

Educational Objectives
• Discuss the motivation for malingering
• Differentiate between real and malingered hallucinations
• Summarize common misconceptions about malingering
118 Adolescent Orthopedics and Sports Medicine for the Lower Extremity
Robert Morris, MD, CCHP, UCLA Department of Pediatrics
Adolescents are subject to a number of orthopedic problems and sports injuries, many of which can be diagnosed and treated by primary care physicians. The proper use of RICE (rest, ice, compression and elevation) in the immediate treatment of overuse and injury is discussed. The mechanisms of overuse and injury of each joint plus the physical diagnosis and X-rays of each joint provides the necessary background to initiate treatment for lower extremity orthopedic problems.

Educational Objectives
• Indicate proper injury examination techniques for each joint in the lower extremity
• Review the basics of sport rehabilitation
• Describe proper weight-lifting techniques for adolescents

119 ICE Health Services Corps: Unique Features in Programming for Immigration Detainees
Jerri McGinnis, BSN, MBA, CCHP-RN, ICE Health Services Corps
In many instances, the health care obtained by detainees in Immigration and Customs Enforcement custody is the first professional medical care they have received. It is common for detainee health screening to identify chronic and serious health conditions that were previously undiagnosed. This talk will focus on unique aspects of providing care for ICE detainees.

Educational Objectives
• Identify the differences between the ICE health care system and other correctional health care systems
• Describe the differences between an ICE dedicated facility and Intergovernmental Service Agreement (IGSA) facilities regarding health care
• Analyze challenges regarding the delivery of health care in ICE facilities

120 The Seven Habits of Highly Effective Correctional Health Leaders
Dean Aufderheide, PhD, Florida Department of Corrections
The challenges facing today’s leaders in correctional health care demand a new approach to leadership. Leadership can no longer be defined as who you are, but rather what you do to effect meaningful change. Learn how the seven habits of highly effective leaders can give you the keys to unlock the secrets of sustainable success for your correctional health care system. Video clips will be used to illustrate the seven habits, and attendees will participate in an individualized assessment of their leadership potential.

Educational Objectives
• Recount the seven habits of highly effective leaders in correctional health care
• Examine how using the keys of leadership can produce an immediate and positive impact on an organization
• Recognize one’s own leadership potential as an agent for sustainable success in an organization

CONCURRENT SESSION 5
4:15 PM – 5:15 PM

121 The Unscheduled Encounter: Managing the Nursing Curbside Consult
Lori Roscoe, PhD, MPA, CCHP-RN, CorrectHealth
Unscheduled contacts occur daily with patients in the correctional environment. What should be done when a patient interrupts pill call with a complaint, or the patient in booking needs care but is not yet admitted to the facility? And those incessant phone calls into the clinic! In response to those concerns by staff, a formalized program was developed to address these situations and the documentation of these interactions.

Educational Objectives
• Describe four different types of unscheduled contacts that may occur in the correctional setting
• Discuss the importance of documenting unscheduled contacts that occur in the correctional setting
• Examine the key elements of an unscheduled contacts program
122 Health Services Administrator Guide to Surviving a Fiscal Cliff  
Denise Rahaman, MBA, RN, CCHP-RN, CFG Health Systems LLC  
Mari Knight, MSN, RN, CCHP-RN, CFG Health Systems LLC  

In today’s world, health care administrators are continually being asked to do more without additional resources. There are many strategies that can be used in the areas of staffing, realignment of duties, pharmaceutical management and medical supply management to provide services effectively without additional FTEs or increased costs.

Educational Objectives  
• Identify strategies for changing staffing patterns and post duties to more efficiently deliver services  
• Explain how to reduce pharmacy costs by utilization review and adherence to a formulary and PAR levels for stock medications  
• Summarize ways to decrease medical supply costs by adhering to approved items

123 Bodypacking in Sick Bodies: Case Series in Geneva, Switzerland  
Laurent Gétaz, MD, MPH, University Hospitals of Geneva, Switzerland  
Hans Wolff, MD, MPH, University Hospitals of Geneva, Switzerland  

In Geneva, according to a retrospective study, 21% of bodypackers declared a relevant preexisting somatic disease and among 25% at least one new somatic disease was diagnosed. Mood disorder was reported among 25% of patients, 8% declared suicidal ideation and one committed suicide. This study demonstrates that the risk of acute complications (bowel obstruction or packet rupture) is not the only medical aspect of bodypacking.

Educational Objectives  
• Review the medical risks of acute complications of bodypacking, such as bowel obstruction and drug intoxication due to packet rupture  
• Examine the reasons for high morbidity among bodypackers  
• Discuss the high prevalence of mood disorders among bodypackers

124 Conquering Your Deposition  
Robert Vogt, JD, CCHP, Weldon-Linne & Vogt  

Every medical professional working in corrections may be required to attend a deposition and be forced to suffer through an attorney’s interrogation. The goal of this presentation is to educate attendees on how to employ different methods, strategies and ideas to help the medical professional conquer his or her deposition.

Educational Objectives  
• Review what a deposition is, how it is taken and the important role that it plays in the civil litigation process  
• Outline various forces at work in connection with a deposition  
• Identify tactics for successfully completing a deposition

125 Multimodal Intervention Strategies for Depression, Anxiety, ADHD and Other Disorders  
Robert Marcello, PhD, CCHP, Corizon  

This presentation will address disorders such as depression, anxiety and ADHD from a biopsychosocial perspective; etiological factors including genetics, physiology, psychology and social/environment; how multifactorial origins of disorders require multifactorial intervention strategies; pharmacological, nonpharmacological and combined treatment approaches, with an emphasis upon best practices; and evidence-based interventions.

Educational Objectives  
• Identify the multiple etiological factors associated with various mental health disorders  
• Describe the biopsychosocial approach to assessment and treatment of various mental health disorders  
• Review several evidence-based treatment approaches that may be used in corrections
**Tuesday, April 23**

**CONCURRENT SESSION 6**

7 AM – 8 AM

126 Applying the ANA Standards: Assessment and Diagnosis

Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections
Deborah Stewart, FNP, Georgia Health Science

A new edition of *Correctional Nursing: Scope and Standards of Practice* was published by the ANA this year. In this session, members of the ANA workgroup will review the standards relating to assessment and diagnosis and highlight changes in the new edition.

**Educational Objectives**

- Describe how the standard for assessment or diagnosis was used in a case example
- Identify an aspect of the standards regarding assessment and diagnosis that has significance for one’s own practice
- Cite a resource or reference that can be used to further understanding or application of these standards

127 Causes, Complication and Medical Management of Chronic Kidney Failure

Win Tate, Duval Pre-Trial Detention Facility

This presentation will review anatomy of the kidney; explain causes of prerenal, vascular, glomerular, tubular, obstructive and interstitial diseases; and discuss complications of chronic kidney disease, including symptoms, lab and radiography. It also will identify types of renal replacement therapy and discuss management of patients on dialysis, including renal diet, current medications and management of dialysis complications.

**Educational Objectives**

- Identify causes of chronic kidney failure
- Recognize complications of renal failure
- Describe patient care management for a patient who is on dialysis

128 Neuroergonomics: How to Reduce Grievances, Make Your Patients Happy and You Healthy!

Murray Young, MD, Wyoming State Penitentiary
Paul Quaiser, Human Sustainability Institute

This presentation will enable participants to make decisions based on sound, evidenced-based medicine with a customer service approach. This approach will result in high-quality health care and greater patient satisfaction, accomplished without blowing the budget. Because health care delivery is enhanced when caregivers are healthy and thriving in their work, the speakers will also discuss neuroergonomics, a tool for improving individual and organizational performance.

**Educational Objectives**

- Identify strategies for reducing grievances and managing patient expectations
- Define neuroergonomics in the context of individual and organizational wellness
- Discuss how to prioritize tasks and maximize work time in a manner that benefits both patient and provider

129 Recruiting the Best and the Brightest: Partnering With Academia

Daniel Venker, DDS, Newton Correctional Facility
Frank Filippelli, DO, PhD, Iowa Department of Corrections

This presentation will share information on how the Newton (Iowa) Correctional Facility has partnered with local medical, nursing and dental training programs for the possibility of future recruitment to the correctional health care system. This partnership allows interns in each respective program to be exposed to the challenges and the rewards of the health services environment in a correctional setting.

**Educational Objectives**

- Describe a framework for developing an internship between the correctional facility and the higher learning institutions
- List appropriate procedures and encounters that interns can complete or participate in with the licensed correctional professional and the correctional patient
- Identify evidenced-based practices for health professional preceptorships and mentorships that can be adapted to the correctional setting
130 Microbes in Michigan: Lessons Learned From a Prison Outbreak
Jeffrey Stieve, MD, CCHP, Michigan Department of Corrections
This talk will review the etiologic agent that caused the 2012 outbreak of Shiga toxin E. coli in a Michigan prison as well as the results of that outbreak, including the cooperation between the prison, the local and state health departments and the hospital. Possible national ramifications of such an outbreak will be discussed, with an emphasis on post-outbreak analysis.

Educational Objectives
• Review the infectious agent of Shiga toxin E. coli (STEC) in gastrointestinal illness
• Discuss medical and custody issues resulting from a prison outbreak of GI illness
• Analyze the ramifications of the outbreak on local, state and interstate movement of prison staff and prisoners

132 Clinical Management of the Nonsuicidal Self-Injurer
W. Diane Wood, LPC, MEd, CCHP, Corizon
This presentation will address the nonsuicidal self-injurer (NSSI) in the correctional environment, presenting the definitional challenges as well the challenges surrounding diagnosing, treating and offering integral steps in the assessment process that will aid in the future management of this difficult inmate-patient. Evidence-based treatment approaches are reviewed.

Educational Objectives
• Recount the challenges in defining, diagnosing and treating the NSSI
• Describe the motivations behind self-injury
• List steps in a functional assessment of the NSSI

133 Addressing Youth Violence in the Health Care Setting
Eric Sigel, MD, University of Colorado School of Medicine
This session will help the practitioner understand the scope of youth violence, the impact of violence on both physical and mental health and how to screen adolescents in the office setting for violence risk. It will discuss office-based techniques that practitioners can use to help reduce youth violence risk, and will present evidence-based programs that youth and families may be referred to in the community.

Educational Objectives
• State the scope of youth violence and its impact on health
• Review evidence-based tools to assess youth risk for current and future violence involvement
• Outline office-based techniques that can help to reduce youth violence involvement
134 Contingency Planning for a Medical Staffing Shortage
Jerri McGinnis, BSN, MBA, CCHP-RN, ICE Health Services Corps
Deanna Gephart, BSN, RN, CCHP, ICE Health Services Corps

Continuity of operations planning is an important part of preparing for unforeseen emergencies. However, without adequate staffing resources, it may become impossible to effectively deploy the plan into action. A potential staffing crisis is the focal point of this presentation, which will discuss the methodology employed to respond to this potential crisis.

Educational Objectives
• Describe the elements that must be considered when deploying emergency plans
• Outline the step-by-step process that one organization used to plan for a potential staffing shortage
• Evaluate an organization’s emergency plans to determine whether they have the level of detail necessary to make contingencies for staffing

135 Life Cycle of a Lawsuit
Gordon Vaughan, JD, Vaughan & DeMuro
Gail Normandin-Carpio, RN, CCHP, Consultant
Michelle Foster-Earle, ARM, OmniSure Consulting Group

This presentation describes the life cycle of a lawsuit and provides information for first-line staff and managers about the process of defending against medical malpractice and civil claims. Key components of preparing a defense and responding to claims are provided in a case-based format.

Educational Objectives
• Describe the health care litigation climate in the correctional setting
• Explain the life cycle of a lawsuit
• List practical steps for handling a correctional health care claim

136 Applying the ANA Standards: Implementation and Evaluation
Mary Muse, MSN, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections
Lori Roscoe, PhD, MPA, CCHP-RN, CorrectHealth

A new edition of Correctional Nursing: Scope and Standards of Practice was published by the ANA this year. In this session members of the ANA workgroup will review the standards relating to implementation and evaluation and highlight changes in the new edition.

Educational Objectives
• Describe how the standard for implementation or evaluation was used in a case example
• Identify an aspect of the standards regarding implementation or evaluation that has significance for one’s own practice
• Cite a resource or reference that can further your understanding or application of these standards

137 Medical Implications of Mental Health Medications
Todd Wilcox, MD, MBA, CCHP-A, Salt Lake County Metro Jail

Psychotropic medications have erupted on the correctional health care scene and are increasingly being used for patients with an ever-expanding list of indications. However, while these medications clearly offer improvements in safety and efficacy, experience has shown that there are still a considerable number of medical implications that must be taken into account when using these medications.

Educational Objectives
• Review the pharmacology of commonly used psychotropic medications
• Describe pertinent endocrine, cardiologic and hematologic side effects and complications
• Summarize current recommendations for diagnostic monitoring in patients taking psychotropic medications
138 Collegial Review of Clinical Practice
Christine Hall, CNS, CRNP, Ohio Department of Rehabilitation and Correction
Andrew Eddy, MD, Ohio Department of Rehabilitation and Correction

ODRC implemented a collegial review process in February 2012 to streamline inmate medical care and contain off-site costs. Clinical practice guideline utilization defined clinician practice that meets the needs of most patients in most circumstances. Results were multifactorial, with a 30% reduction in the volume of off-site care and a 10% reduction in the average daily hospital census. Another benefit was increased clinician knowledge.

Educational Objectives
• Describe how clinical practice guidelines can be used as a template for most practice settings
• Outline the process and function of collegial review
• Relate outcomes of the collegial review system to the future of health care

139 Integrated Medical Homes: Jails and Health Care Reform
Katie Wingate, MSN, RN, CCHP, Maricopa County Correctional Health Services
Jeffrey Alvarez, MD, CCHP, Maricopa County Correctional Health Services
Lisa Gardner, Maricopa County Correctional Health Services
Dawn Noggle, PhD, CCHP, Maricopa County Correctional Health Services

The “medical home” component of health care reform is gaining traction nationally. Jails with colocated health staff are optimal for integrated health care models. CHS’s evolving practices have proven that the integration of medical and mental health care results in effective management of a jail patient population. Correctional health care systems can employ this model and be leaders in health care reform.

Educational Objectives
• Describe the features of integrated health care in a correctional setting, including integrated screening, physical exam, problem lists and discharge/reentry planning
• List the key criteria related to integrated health care in the Affordable Care Act that pertain to correctional settings
• Identify basic metrics that can be implemented in correctional health care to measure the value of integrated care

140 Nursing Care of Pregnant Women in Prison
Anita Hufft, PhD, RN, Valdosta State University

This presentation will provide an overview of pregnancy in correctional settings as an adaptation experience, exploring ways that nursing interventions aimed at adaptation can mediate healthy outcomes for incarcerated women and their infants.

Educational Objectives
• Describe pregnancy in secure settings in the context of adaptation
• Translate adaptation nursing through examplars of incarcerated pregnant and parenting women
• Apply evidence-based nursing practice to promote quality and safety in correctional settings

12:30 PM – 1:45 PM
Plaza Ballroom

LUNCH & LEARN

141 Challenges of Treating Schizophrenia in Correctional Mental Health Settings
Rahn Bailey, MD, FAPA, medical director, Lloyd C. Elam Mental Health Center, Nashville, TN

Sponsored by Sunovion Pharmaceuticals Inc. Product Theater

*This is a Non-CME activity
CONCURRENT SESSION 9
2 PM – 3:30 PM

141 Sharpen Your Nursing Skills: A Hands-On Approach
Susan Laffan, RN, CCHP-RN, CCHP-A, Specialized Medical Consultants
Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections

This is the third in a series on nursing skills for physical examination. When skills are not used on a regular basis, they tend to “dull.” Sharp nursing skills are the key to providing quality medical care. Providing a consistent examination ensures a complete and accurate assessment of the patient’s health condition. This presentation concentrates on the musculoskeletal exam, quick back exam and head injury assessment.

Educational Objectives
• Demonstrate a musculoskeletal examination
• Describe a quick back examination
• Explain how to assess head injuries with a documentation tool

142 Keys to Suicide Risk Assessment in Mental Health Populations
Robert Horon, PhD, California Department of Corrections and Rehabilitation

A large suicide risk study was conducted in a correctional psychiatric inpatient setting to empirically determine the key factors that identify patients at high chronic and acute risk for suicide in such settings, as derived from structured interviews, standardized measures and piloted tools. This presentation will discuss how to assess trajectories toward a suicidal demise.

Educational Objectives
• Review key findings from suicidological research and theory related to the process of suicide risk assessment
• Summarize key finding from the presenter’s research on correctional suicide risk assessment that can be adapted to suicide risk processes within one’s own institution
• Recognize patients who have developed a chronic readiness for suicide

143 Use of Technology, Clinical Tools and Geography to Manage Off-Site, Nonemergent Care
Stephen Smock, MBA, UTMB Correctional Managed Care
Owen Murray, DO, University of Texas Medical Branch
Anthony Williams, UTMB Correctional Managed Care

This presentation will cover development of a geographical HUB concept to manage the flow of nonemergent patients to appropriate levels of medical care, along with the technology tools, support and clinical diagnostic tools to provide this service. The overall outcomes over the past the fiscal years will be presented.

Educational Objectives
• Describe the geographical concept of HUB services
• Evaluate the use of technology and clinical tools to support the HUB concept
• Assess the effectiveness of the HUB concept in reducing the risk to public safety and enhancing facility-based nonemergent care

144 Older and Sicker: The Growing Health Care Needs of Graying Inmates
Laura Engleman, Colorado Department of Corrections
Rae Timme, Colorado Department of Corrections
Kellie Wasko, RN, Colorado Department of Corrections

Older inmates (age 50 and over) now make up the fastest growing segment of the prison population. In the Colorado Department of Corrections, between 1991 and March 31, 2012, the number of older inmates increased by 856%. The presenters will discuss how correctional agencies can meet the health care challenges of this population, including higher medical costs and the need for special housing, accommodations and programming.

Educational Objectives
• Describe the challenges that correctional agencies face responding to the growing number of aging inmates
• Examine controversial questions that address the human rights of older inmates while being mindful of public safety
• Compare and contrast possible solutions to the challenges presented by aging inmates
145 Why PREA Matters: Understanding Sexual Trauma in Custody
Christine Kregg, Just Detention International
Joseph Booth, JDI Survivor Council

This project is supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance

The PREA standards offer sound guidelines regarding correctional medical and mental health professionals’ role in delivering services to survivors of sexual abuse in custody. This presentation will cover the prevalence and impact of sexual abuse in custody, as well as trauma-informed PREA standards-compliant practices for correctional practitioners. Just Detention International staff and a JDI Survivor Council member will conduct this session, which offers a unique opportunity to hear from a prisoner rape survivor and to learn through audio and written survivor testimony, exercises and interactive discussion.

Educational Objectives
• Describe the dynamics of sexual abuse in correctional settings that can help providers to effectively respond to and treat survivors of this violence
• State the basic requirements of the PREA standards for medical and mental health care for survivors of sexual abuse in detention
• Describe the immediate, short-term and long-term impact of sexual trauma in custody

146 Applying the ANA Standards: Communication and Collaboration
Patricia Blair, JD, PhD, CCHP, Patricia Blair Law Firm
Sue Smith, MSN, RN, CCHP-RN, Instructional Connections

A new edition of Correctional Nursing: Scope and Standards of Practice was published by the ANA this year. In this session, members of the ANA workgroup will review the standards relating to communication and collaboration and highlight changes in the new edition.

Educational Objectives
• Describe how the standards for communication and collaboration were used in a case example
• Identify an aspect of the standards regarding communication and collaboration that has significance for one’s own practice
• Cite a resource or reference that can further understanding or application of these standards

147 PREA and Medical and Mental Health Care: A Trauma-Informed Approach
Christine Kregg, Just Detention International

This project is supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance

Medical and mental health practitioners play a critical role in ensuring trauma-informed care for survivors of sexual abuse in custody. This engaging presentation will provide participants with a framework for developing and implementing trauma-informed patient care that complies with the PREA standards. Building on session 145, the presenter will guide participants in creating an action plan for providing compassionate, comprehensive treatment for patients who have experienced sexual trauma. Topics include the fundamentals of trauma-informed care, the benefits of this approach and real-life examples of survivor-centered treatment.

Educational Objectives
• Review the fundamentals of a trauma-informed approach
• Describe the benefits of trauma-informed treatment, including the benefits for survivors of sexual abuse in custody
• Develop an action plan to provide trauma-centered care to patients in the aftermath of a sexual assault in detention
148 CHORDS: Update on the Correctional Health Outcomes and Resource Data Set
Brent Gibson, MD, MPH, National Commission on Correctional Health Care
The Correctional Health Outcomes and Resource Data Set is a core measuring system to assess chronic disease and achieve quality outcomes. This session will review the basic principles of a health care performance measurement system. The presenter will provide an update of NCCHC’s new initiative for evaluating systemwide episodes of health care efficiency. Participants will have an opportunity to discuss key considerations that are relevant to this measurement initiative now and in the future.

Educational Objectives
• Describe how benchmarking health care data can help to improve health care services, including the value of health information technology
• Explain how, working through partnerships, it is possible to identify quality measurements that can benefit health care systems and individual patients
• Demonstrate how performance-based measures can identify top performing systems and practitioners

149 Increase Your Professionalism: Invest in CCHP Certification
Matissa Sammons, CCHP, National Commission on Correctional Health Care
Steven Shelton, MD, CCHP-A, Oregon Department of Corrections
The Certified Correctional Health Professional program certifies 2,800 nurses, physicians, dentists, mental health professionals, administrators and others. It is the premier national certification dedicated to recognizing the special skills and knowledge necessary to provide care in the complex world of corrections. Part 1: This overview will explain the CCHP eligibility requirements, application and examination process, and describe topic areas in the exam. Parts 2 and 3: Current CCHPs will learn about advanced certification (CCHP-A) and specialty certification for RNs (CCHP-RN), including eligibility requirements, the application and examination process and how to prepare for the exam.

Educational Objectives
• State the eligibility criteria for CCHP, CCHP-Advanced and CCHP-RN certification
• Produce an application for certification that meets the program requirements
• Describe the purpose and content outline of the CCHP, CCHP-A and CCHP-RN exams

150 Interpretation of Common On-Site and Critical Lab Tests
Rebecca Lubelczyk, MD, CCHP, UMass Correctional Health Program
When evaluating medical symptoms, it is often necessary to perform on-site diagnostic tests to help determine the etiology of the presenting condition and thus guide management. Nursing personnel are often integral in performing the test and relaying the results to a medical provider as part of the triage process. Nursing staff are also often the first to be notified by the lab when a highly abnormal value is detected. This talk will go over common diagnostic tests that nursing staff encounter and review the interpretation of results, enabling better communication of data to the provider.

Educational Objectives
• Explain the significance of frequently encountered abnormal tests such as potassium, PT/INR, platelets, etc.
• Identify the elements tested in the urine dip and what they mean
• Employ differential thinking with the medical provider
201 Limitations of the Pain Scale in the Assessment of Patients After Violent Altercations

Donald Venes, MD, CCHP, California Department of Corrections and Rehabilitation

The presenter interviewed 55 consecutive inmate-patients immediately after acts of interpersonal violence on a prison yard and asked them to rate their pain using a standard pain scale. Forty-nine of the patients rated their pain as 0 on a scale of 0 to 10. These findings suggest that the pain scale is of limited utility in evaluating injuries after prison altercations.

Educational Objectives
• Recognize that inmate-patients may not accurately use pain scales in the immediate aftermath of interpersonal violence
• Explain why the examination of the patient is more useful in triaging patients for further care than the patient’s stated preferences and self-rated pain
• State the need for further research on the inadequate performance of the pain scale in this setting

202 Decaying Prospects: A Study of the Impact of Prison Dental Care on Successful Reentry

Anne Douds, JD, PhD, Federal & Hasson, LLP

This mixed-method study analyzes applicable legal and regulatory standards for prison dental care in comparison to the findings of a qualitative study of 30 inmates’ prison dental care experiences. This study further describes the relationships between prison dental care and former inmates’ reentry experiences, including the ways in which their prison dental care experiences impacted sociocultural reintegration.

Educational Objectives
• Describe the dental care experiences of incarcerated persons and how those experiences compare to participants’ interpretation of applicable regulations
• Analyze the reintegration experiences of former inmates in relation to their prison dental care experiences
• Create goals for adapting prison dental care to improve former inmates’ reintegration experiences

203 Hepatits B: Prevalence, Risk Factors and Knowledge of Transmission in Prison

Laurent Gétaz, MD, MPH, University Hospitals of Geneva, Switzerland

A cross-sectional prevalence study analyzed serological markers and risk factors for HBV in a Swiss prison. Prevalence of current HBV infection (5.9%) was high. Serological screening of high-risk people according to area of origin would enable the implementation of an intensive educational program targeting contagious and susceptible inmates. Persons tested positive could be excluded from vaccination, thus leading to substantial reduction of costs.

Educational Objectives
• Compare the prevalence of HBV in prisons with prevalence in the general population
• Discuss the low level of inmates’ knowledge of transmission and protection modes against HBV
• Examine how risk factors for HBV vary between prison facilities

205 STaR: Emtricitabine/Rilpivirine/Tenofovir DF Is Noninferior to Efavirenz/Emtricitabine/Tenofovir DF

Vito Simone, RPh, Gilead Sciences Inc.

STaR is a randomized, open-label, 96-week study to evaluate the safety and efficacy of the STR FTC/RPV/TDF compared to the STR EFV/FTC/TDF in treatment-naïve HIV-1 infected subjects that were randomized 1:1 to FTC/RPV/TDF or EFV/FTC/TDF. Stratification by HIV-1 RNA level (<100,000 c/mL or >100,000 c/mL) was performed at screening. The primary endpoint was the proportion of subjects with HIV-1 RNA <50 c/mL at Week 48.

Educational Objectives
• Analyze potential differences and similarities in efficacy between STR FTC/RPV/TDF vs. STR EFV/FTC/TDF in a clinical trial
• Describe potential differences and similarities in tolerance between STR FTC/RPV/TDF vs. STR EFV/FTC/TDF in a clinical trial
• Describe potential differences in discontinuation rates between STR FTC/RPV/TDF vs. STR EFV/FTC/TDF in a clinical trial
206 Cross-Racial Analysis of Mortality in the Wisconsin Department of Corrections

Meghan Borysova, Student, University of South Florida

Understanding prisoner health across racial groups is important for ethical and fiscal reasons and has applications for elucidating the etiologies of racial disparities in the general population. Findings from a 10-year cross-racial retrospective analysis of mortality in the Wisconsin Department of Corrections are presented, with a focus on cardiovascular disease and cancer, the first and second leading causes of death in the United States.

Educational Objectives
- Explain why it is important to eliminate racial and ethnic health disparities
- Discuss the prison environment as an informative infrastructure for understanding and eliminating racial and ethnic health disparities
- Interpret the data from an analysis of mortality across racial groups in a single DOC

207 Using Emergency Severity Index Triage in Decision Making

Susan Laffan, RN, CCHP-RN, CCHP-A, Specialized Medical Consultants
Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections

Participants will learn about the Emergency Severity Index, a nationally accepted standard of care for triaging patients on an individual basis. This is a five-level triage system that involves a patient complaint, presentation, vital signs and the services/treatment the patient requires. Case scenarios will define understanding of two important questions: (1) Does the patient need to be sent to a higher level of care facility? (2) What is the priority level of care that patient requires to have a good outcome?

Educational Objectives
- Review the concepts of triage
- Describe the five levels of the ESI triage system
- Explain how to use the ESI five-level triage system

209 Correctional Nursing Research Priorities: Results of a Delphi Study

Lorry Schoenly, PhD, CCHP-RN, Consultant

This presentation will provide the results of a Delphi study reflecting research concerns and objectives for the practice of correctional nursing and highlight topics that expert nurses view as fundamental to advancing correctional nursing practice.

Educational Objectives
- Describe the Delphi research process as it relates to establishing research priorities
- Review current correctional nursing research
- List top 10 correctional nursing research priorities as identified by an expert panel

210 Establishing an On-Site Pharmacy in a County Jail

Shari Hopwood, PharmD, Orange County Corrections Department

This presentation will describe the pharmacy management services at the Orange County Corrections Department in Orlando, FL. The poster will cover the timeline, barriers and successes in transitioning from off-site to in-house pharmaceutical services for the jail’s patients.

Educational Objectives
- Describe the establishment of an on-site pharmacy in a jail in order to improve fiscal management and budgetary adherence
- Describe the implementation of clinical pharmacy services to improve patient care
- Examine the financial considerations in opening an on-site pharmacy at the Orange County Jail
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Raffle drawings will be held during the exhibit hall break on Tuesday. Your raffle ticket is enclosed in your name badge envelope. Confirm that the preprinted information is correct, add your cell phone number and drop it in the raffle drum in the exhibit hall lounge. Tickets will be drawn at random, and winners’ names will be posted on the raffle board in the lounge. If you are one of the lucky winners, go to the booth number listed and collect your prize by 11 AM. Unclaimed prizes may be forfeited. Past raffle prizes have included NCCHC conference registrations, Academy membership and apparel, hotel stay vouchers, medical equipment, iPods, iPads, golf clubs, jewelry, gift cards and more!

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SUNDAY, APRIL 21
Opening Reception
5 PM – 6:30 PM
MONDAY, APRIL 22
Exhibit Hall Open
9 AM – 1 PM
Refreshment Break
9:15 AM – 10:30 AM
Exhibit Hall Lunch
11:45 AM – 1 PM
TUESDAY, APRIL 23
Exhibit Hall Open
9 AM – 11 AM
Refreshment Break and Raffle Drawing
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<td>Murray Young, MD</td>
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Victoria Love, MS
Clinical Operations Specialist

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Results? Supplementing regular site visits with telemental health increased compliance with medications and scheduled clinic visits, while reducing the need for inmate security escorts. We recently surveyed 300 inmates in our telemental health program and over 90% responded favorably to the use of this technology.

Delivering correctional healthcare the right way costs less. To find out how, contact Victoria Love at 800.416.3649 or vlove@mhm-services.com.

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