Performance Report – Dr. Myron Shank
Chief Medical Officer - Allen Correctional Institution

Prepared by Dean McCombs, Warden Assistant – 2

August 9, 2011

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Attachments

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Dr. Myron Shank served as the Chief Medical Officer, (CMO), at the Allen Correctional Institution from July 6, 2010 to his resignation on June 20, 2011. The purpose of this report is to address the performance of Dr. Shank during his tenure at the Allen Correctional Institution.

The documents listed below were used as reference material in the completion of this report:

1. Bureau of Medical Services Joint BOMS Staff Site Visit Report dated, May 24, 2011. See attachment A

2. ACI Root Cause Analysis – Follow up with ALP within 14-days after return from consults, dated February 22, 2011. See attachment B

3. ACI Medical Plan of Action dated August 23, 2010. See attachment C

4. ACI grievance statistical information. See attachment D

5. Medical Services Policy 68-MED-01. See attachment E

6. Chronic Disease Management Policy 68-MED-19. See attachment F

7. Personnel Action – Dr. Myron Shank. See attachment G

Performance Issues

Listed below, are specific areas of concern regarding the performance of Dr. Shank during his tenure as Chief Medical Officer at the Allen Correctional Institution.

Bureau of Medical Services Joint BOMS Staff Site Visit

Report dated, May 24, 2011 See attachment A

Chronic Care Clinic – HIV: *Lack of follow up by Dr. Shank reference HIV patients.*

Chronic Care Clinic – Seizure: *No documentation that "physician" follows up with patients of dosage/prescription changes. No documentation of discussion or follow up plan.*

Specialty Consults – *20% of patients seen post consultation. At times, a chart review is completed. Orders may or may not be written. This is problematic as the treatment plan is not discussed with patient. Discontinued consults were not discussed with patients.*

ACI Root Cause Analysis – Follow up with ALP within 14-days

February 22, 2011 See attachment B

Doctor's orders written that contained information to not schedule for follow up/have the patient sign up for Doctors Sick Call if they want to discuss results.

ACI Medical Plan of Action

August 5, 2010 See attachment C

Per the Fussell Agreement, Dr. Shank did not assure that:

1. *Routine orders shall be implemented after reviewed and ordered by the Advanced Licensed Practitioner, (ALP).*

2. *The consult and doctor order shall be flagged and placed in the consult box.*

3. *The ALP shall review, sign and date these orders and recommendations the next date they are on-site.*

4. *All Inmates shall be evaluated by the ALP within 14 days of completion of the specialty consults. The treatment and recommendations shall be discussed with the inmates and implements during the Doctor's Sick Call (DSC) visit.*

5. *The ALP shall communicate directly with the consultant to resolve treatment conflicts of diagnosis issues.*

6. *All inmates shall be scheduled in DSC for follow up within two business days after their return. They will be placed at the top of the DSC schedule. A pass will be written and given to the inmate for the next business day appointment.*

7. *The ALP shall document the emergency event in the Interdisciplinary Notes (ID).*

8. *The ALP shall document daily notes when they are on site.*

9. *There will be a complete admission order that contains Dx (diagnosis), purpose, intent, medications, etc.*

Corrective Action

The documents listed above, as well as an increase in inmate medical complaints resulted in the following corrective meetings with Dr. Shank:

Date	Staff Present	Discussion
December, 2010	Pamela Neal HCA* Lisa Petersen, CQ1* Sheila McNamara, DWSS*	Proper documentation of physician review reference follow up.
January, 2011	Todd Wilkerson, Acting HCA* Lisa Petersen, CQ1 Sheila McNamara, DWSS	Consults with Patients. Chart reviews were not acceptable. Dr. Shank or Nurse Practitioner must follow up from emergency room visits within two days.
March, 2011	Todd Wilkerson, Acting HCA Kevin Jones, DWSS Lisa Petersen, CQ1	Labs must be reviewed by Dr. the next work day at the institution with Dr. review and dates indicated.
March, 2011	John Coleman, Warden Kevin Jones, DWSS Todd Wilkerson, Acting HCA	Dr. Shank needs to improve teamwork. Meet with patients and discuss Medication and discontinuation of medication. Dr. Shank must not stop medication without clarification and patient education.

Corrective Action

(Continued from pervious page)

April, 2011	Kevin Jones, DWSS* Todd Wilkerson, Acting HCA	Dr. Shank must see patient himself. Dr. must discuss his plan of action. ALP shall document distinct admission and discharge notes. ALP shall document daily notes when on site. Must be a complete admission order that contains treatment, purpose, intent medications, etc.

* HCA- Health Care Administrator
*Acting HCA – Acting Health Care Administrator
*DWSS – Deputy Warden of Special Services
*CQ1 – Quality Improvement Coordinator

INSTITUTION GRIEVANCES STATISTICS

7/6/2008 thru 6/20/2009

One year prior to Dr. Shank's arrival at ACI

See attachment D

GRANTED	DENIED	INSTITUTIONAL OPERATIONS - Health Care
3	8	Access / Delay in receiving medical care…19 %
1	12	Improper / inadequate medical care…….23 %
2	8	Delay / denial of medication……18 %
0	0	Medical records…….0 %
0	3	Eye glasses…….5 %
0	0	Forced medical testing……...0 %
0	0	Medical transfer…….0 %
0	0	Prosthetic device……0 %
0	2	Medical co-pay……..4 %
0	0	Medical restriction……0 %.
0	4	Medical aide / device……7 %
0	8	Disagree with diagnosis / treatment…….14%
0	6	Other……..11 %

INSTITUTION GRIEVANCES STATISTICS

7/6/2010 thru 6/20/2011

Time period that Dr. Shank was Chief Medical Officer at ACI

GRANTED	DENIED	INSTITUTIONAL OPERATIONS - Health Care	
1	15	Access / Delay in receiving medical care...12 %	+ 5 from previous year
0	33	Improper / inadequate medical care……25 %	+ 20 from previous year
1	31	Delay / denial of medication……24 %	+ 22 from previous year
1	0	Medical records……08 %	+ 1 from previous year
1	4	Eye glasses……4 %	+ 2 from previous year
0	0	Forced medical testing……...0 %	N/A
0	0	Medical transfer……0 %	N/A
0	0	Prosthetic device……...0 %	N/A
2	4	Medical co-pay……5 %	+ 4 from previous year
0	9	Medical restriction……9 %	+ 9 from previous year
0	1	Medical aide / device……08 %	- 3 from previous year
0	22	Disagree with diagnosis / treatment…….17 %	+ 14 from previous year
0	6	Other……...5 %	same as previous year

Conclusion

Medical complaints significantly increased at the Allen Correctional Institution after Dr. Shank became the Chief Medical Officer, (CMO). Fifty-seven medical grievances were filed with the Inspector of Institutional services at ACI during the year prior to Dr. Shank's arrival. One hundred and thirty one medical grievances were filed during Dr. Shank's tenure as CMO. Only six of those grievances were granted, but other indicators clearly suggested that improvement in medical services was necessary.

Bureau of Medical Services reports, ACI Root Cause Analysis, and ACI Medical Plans of Action identified the following issues:

1. Lack of appropriate follow up with patients following specialty consults.
2. Complete and timely documentation in the patient's Interdisciplinary notes.
3. Proper follow up with patients after emergency room visits.
4. Review of lab work.
5. Discontinuation of medication and treatment without first meeting with patients, discussing options and patient education.
6. Lack of teamwork.

Warden John Coleman, as well as both Deputy Wardens, the CQ1, and the HCA met with Dr. Shank on several occasions to address the above issues. Dr. Shank's propensity to discontinue and/or change medication or treatment without effective communication and patient education was problematic in a correctional setting and inconsistent with applicable ODRC medical policy.