



PC-CT-008-001

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

VICTORIA SMITH, Administratrix	:	CIVIL ACTION NO.
for the Estate of JOE MACK,	:	
JOHN POE,	:	H-87-221 (JAC)
JOHN ROE,	:	
JOHN COE AND	:	
JOHN DOE, on behalf of	:	
themselves and all others	:	
similarly situated,	:	
	:	
Plaintiffs,	:	
	:	
vs.	:	
	:	
LARRY R. MEACHUM, Commissioner	:	AUGUST 8, 1989
of the Connecticut Department of	:	
Correction; GEORGE BRONSON,	:	
Warden, Connecticut Correctional	:	
Institution at Somers, in their	:	
official and individual	:	
capacities,	:	
	:	
Defendants.	:	

CONSENT JUDGMENT

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I. BACKGROUND.

1. The provisions of this Consent Judgment resolve the existing disputes and issues in the above-entitled case between the plaintiffs, individually and those similarly situated as present and future inmates who test positive for the Human Immunodeficiency Virus ("HIV") and who are confined on Hospital III at the Connecticut Correctional Institution at Somers ("CCI-Somers"), and the defendants, all of whom are officials and employees of the Connecticut Department of Correction.

2. This action was filed on March 6, 1987 and was amended on August 26, 1988 and on November 14, 1988. It challenges certain policies and practices of the defendant officials of the Connecticut Department of Correction which pertain to the treatment and housing of prisoners with HIV infection at CCI-Somers.

3. This action was certified as a class action on November 7, 1988, by Order of United States District Judge Jose A. Cabranes.

4. The class certified, by agreement of counsel, consists

of all persons who at any time since March 11, 1987, were, are, or will be subject to the care and custody of defendant Larry R. Meachum, Commissioner of the Connecticut Department of Correction and who have tested or will test positive for HIV infection and have been, are or will be treated on Hospital III at CCI-Somers.

5. The provisions of this Consent Judgment are the result of extensive discovery concerning plaintiffs' claims and lengthy and careful negotiations among all the parties, including negotiations under the supervision of Magistrate F. Owen Eagan. They have been agreed upon solely as a means to put a reasonable end to this complex case and to avoid the costs, time and risks which would be involved for both parties. The Consent Judgment embodies a compromise of the issues involved in this case and, while its provisions are binding on the parties herein, its provisions are not to be construed to be admissions, statements, rulings, or precedents with respect to the constitutional and other legal rights of persons who are parties or nonparties to this litigation in this or any other action. Moreover, the provisions of this Consent Judgment are not to be construed as admissions, statements, rulings, or precedents with respect to the constitutional or other legal rights of any person or

persons involved in any action pertaining to any facility administered by the defendants other than CCI-Somers.

6. This Consent Judgment satisfies and resolves the claims of the plaintiffs and the plaintiffs' class in the above-entitled case as of the date of the Consent Judgment.

7. Notice to the plaintiff class members of this Consent Judgment shall issue pursuant to the notice provisions approved by the Court.

8. Definitions. As used in this Consent Judgment, the following terms shall have the following meanings unless specifically stated otherwise:

a. "Commissioner of Correction" or "Commisioner" shall mean the Commissioner of the Connecticut Department of Correction or his designee.

b. "Warden" shall mean the Warden of CCI-Somers.

c. "Inmate" shall mean any and all persons committed to the care and custody of the defendant Commissioner of Correction and

housed on Hospital III at CCI-Somers, now or in the future, whether in pretrial or sentenced status, except for those in community confinement.

d. "AIDS" means Acquired Immune Deficiency Syndrome, as defined by the Centers for Disease Control of the United States Public Health Service.

e. "HIV infection" means infection with the human immunodeficiency virus, or any other related virus identified as the probable causative agent of AIDS.

f. "AZT" means Zidovudine, Azidothymidine or Retrovir.

g. "Hospital III" means the third floor of the hospital unit at CCI-Somers, and is designated as the location for the treatment and housing of in-patients for any period of time.

h. "In-patient" means any inmate who is determined by a physician to need medical treatment and housing on Hospital III or other community medical facility for any period of time.

9. Now, therefore, without any additional proceedings and

upon the consent of the parties to this action, it is hereby ORDERED as follows:

II. WRITTEN POLICY.

10. A written comprehensive policy and procedure incorporating the elements of this proposal shall be established and implemented relating to the housing and treatment of inmates with HIV infection within 60 days after the entry of this Order.

III. HOUSING.

11. Inmates shall not be segregated from the general population solely due to being HIV seropositive or the status of their HIV infection. Inmates may be segregated from the general population when required by their individual security or medical needs, which shall be determined on a case-by-case basis. If an inmate is segregated for individual security reasons, the DOC regulations regarding mandatory review of his segregation status

shall apply.

12. Inmates who require in-patient care may be placed on Hospital III or any other medical facility when deemed appropriate by a physician. Inmates will be returned to the general population or other appropriate housing when medical care is no longer necessary as determined by a physician.

13. Receipt of AZT alone shall not be a sufficient criterion for placement of an inmate on Hospital III at CCI-Somers. Inmates shall receive AZT without being on Hospital III unless their individual medical condition requires treatment or observation. The Department may place any HIV-infected inmates initially on Hospital III for a period not to exceed two (2) weeks in order to monitor any side-effects, so long as the inmate is not permanently housed there.

IV. CHRONIC CARE WARD.

14. If a physician determines that an inmate with HIV-

infection is chronically ill and that his condition necessitates that he be indefinitely housed on Hospital III, the inmate may be housed anywhere on Hospital III at CCI-Somers. Among the housing areas in which an HIV-infected inmate may be housed is the Chronic Care Ward.

15. For as long as the Department of Correction deems it appropriate to exist, the Chronic Care Ward shall be utilized primarily as a medical housing unit for those inmates with chronic disease who require continuous medical observation, supervision and/or care.

16. No housing area or ward at CCI-Somers will be designated specifically and exclusively for the housing of HIV-infected inmates.

17. The number of inmates housed in the Chronic Care Ward shall not be so numerous as to compromise the medical care of those inmates housed in the ward. The Department of Correction's Medical Director shall have the authority to limit the number of inmates housed in the Chronic Care Ward when, in the judgment of such Director, the medical care of these inmates

will be compromised by an increase in the number of inmates occupying the ward.

18. Inmates who are expected to be housed on Hospital III for an extended period of time shall be offered at least one hour of active or outdoor recreation per day except holidays, at times designated by the Warden or his designee. Such inmates shall also be allowed use of the general and law libraries at times designated by the Warden or his designee, but in no event to be less than three hours per week. An inmate may be restricted from participation in recreation or library use if a physician determines such activity to be medically contraindicated, or if the Warden or his designee determines that the inmate's participation compromises security. HIV-status alone shall not establish a compromise of security or a reason for restricting an inmate from these activities.

19. Sufficient table space and chairs shall be placed in the Chronic Care ward so that each inmate who is able to sit at a table to eat or work can do so.

V. HOSPITAL III.

20. All HIV-infected inmates housed on Hospital III shall otherwise have the same privileges and opportunity to participate in institutional programs as all other inmates housed on Hospital III. Any individual may be restricted from participation by his individual medical or security needs.

VI. TEMPERATURE.

21. HIV-infected inmates receiving medical treatment on Hospital III who are in respiratory or other distress will be housed in an appropriate room or facility where the temperature can be maintained at between 68 and 80 degrees Fahrenheit. Temperature charts shall be maintained daily for this room or facility if such area is located on Hospital III.

VII. VISITATION.

22. An area with appropriate seating space shall be designated for visitation of inmates on Hospital III. Any individual may be restricted from utilizing such area on the basis of his individual medical or security needs.

23. Non-ambulatory inmates will be provided access to the visiting area by mechanical means or allowed visitation in a private room.

24. Inmates housed in the Chronic Care Ward shall receive reasonable hours of visitation consistent with the needs of other inmate patients, hospital staff, the individual's medical condition and institutional security. Absent these medical and security considerations, the inmate in-patients shall be permitted no less than one hour of visitation per week. Special consideration for more visitation will be given upon request for those circumstances enumerated in the Inmate Handbook of Regulations and Programs.

VIII. CALL BUTTONS.

25. At least two call buttons shall be installed in each of the wards on Hospital III.

26. At least one call button shall be installed in all private rooms (except strip cells) on Hospital III. When the patient is non-ambulatory, access to the call button shall be provided. Nothing in this paragraph shall be construed as prohibiting the restriction or removal of the call button for individual security reasons or because of misuse by the inmate. If the call button is removed or restricted, appropriate access to medical care shall be provided.

27. Such call buttons shall be maintained in proper working order.

IX. LAUNDRY AND CLEANING SERVICES.

28. Adequate cleaning of HIV-infected inmate clothing will be provided and the Department of Correction shall take appropriate measures, which may include the use of the washer

When any physician believes that a patient is in need of a transfer to an outside hospital, the patient shall be transferred. In an emergency situation, a nurse may transfer the patient when a physician cannot be contacted. Transfer forms for nonemergencies shall be completed and relayed to the outside hospital within twelve (12) hours of the transfer. In the event of an emergency, the physician or nurse shall relay by telephone all necessary information to the outside hospital in an expeditious manner.

54. AZT Therapy. HIV-infected inmates on Hospital III who receive AZT shall have transfusions when medically indicated, as determined by the treating physician. The hematocrit (HCT) of each patient receiving AZT shall be appropriately monitored by the medical staff on an ongoing basis. All inmates with a hematocrit (HCT) below 20 will be transferred to an appropriate medical facility for the purpose of receiving transfusions, unless medically contraindicated or if the patient refuses. If a transfusion is contraindicated for an inmate with a hematocrit (HCT) below 20, the reason shall be noted in the inmate's medical chart.

55. Comprehensive Medical Record Review. An objective

comprehensive medical record review will be conducted by the Medical Director at CCI-Somers or a nurse chosen by the Medical Director each month. The Medical Director or nurse shall choose five (5) medical records of HIV-infected in-patients on Hospital III and will review the records pursuant to the criteria enumerated on the Comprehensive Chart Review Screening Criteria form, attached hereto as Exhibit A.

56. The Comprehensive Chart Review Screening Criteria form shall be signed by both the Medical Director and reviewing nurse and shall be dated upon their completion of the review of each record.

57. The Medical Director or his designee shall discuss any problems or inadequacies noted with the medical department staff member involved.

58. The Comprehensive Chart Review Screening Criteria Forms shall be retained by the Medical Director and shall be considered privileged and confidential information. These forms shall be made available for inspection by the Monitoring Panel pursuant to and for the length of this Order.

59. Infectious Disease Consult Review Form. In addition to the Comprehensive Chart Review, the Medical Director at CCI-Somers or other physician/consult board-certified in infectious disease shall complete an Infectious Disease Consult Review Form, attached hereto as Exhibit B. The infectious disease physician shall review the five charts of HIV-infected in-patients on a monthly basis to determine if adequate and appropriate care is being rendered. Specific comments of the physician shall be included and shall include an overall assessment of the quality of care given to the patient and the appropriateness of diagnoses/treatment plans of the treating physician(s). Any deficiencies shall be noted, along with appropriate corrective action, which may include referral to the Department of Correction's Medical Assurance Peer Review Panel. The Infectious Disease Consult Review Form shall be retained by the Medical Director and shall be considered privileged and confidential information. These forms shall be made available for inspection by the Monitoring Panel pursuant to and for the length of this Order.

60. The infectious disease physician or consult shall also be available for the treatment and/or consultation of all HIV-infected in-patients on Hospital III.

61. Mortality Review. The Medical Director of CCI-Somers shall complete a Mortality Review form, attached hereto as Exhibit C, when an inmate dies while in the custody of the Department of Correction, either on Hospital III or at an outside hospital after being transferred from Hospital III, based on appropriate information available to him. The Medical Director shall review any problems noted and make specific comments and document action taken on the form. The Medical Director shall discuss any problems noted with appropriate staff members. The Mortality Review form shall be retained by the Medical Director and shall be considered privileged and confidential information. These forms shall be made available for inspection by the Monitoring Panel pursuant to and for the length of this Order.

62. Medical Incident Report. A Medical Incident Report form, attached hereto as Exhibit D, shall be completed by any medical department staff member whenever a medical incident, including any staff member's active omission or commission, occurs. The medical staff shall be notified to use these forms for reporting any incident or omission or commission, which results in the administration of medical care that deviates in

any way from the standard of care required. The Medical Incident Report shall be signed by the person preparing the report, and shall be sent to the Medical Director. Action taken in response to the incident shall be documented and retained, as well as any follow-up indicated by the Medical Director. The Medical Director shall review each report, and when indicated, will fill out the attached Follow-Up to Medical Incident Report form, attached hereto as Exhibit E. All reports shall be acted upon in a timely manner. The Medical Incident report form shall be retained by the Medical Director and shall be considered privileged and confidential information. These forms shall be made available for inspection by the Monitoring Panel pursuant to and for the length of this Order.

XV. MENTAL HEALTH.

63. The treating physician shall make a mental health assessment of each HIV-infected in-patient upon admission to Hospital III and shall note his findings in the patient's chart. Careful consideration shall be made and noted by the treating physician of the need for an assessment by the Mental

Health Unit at that time. The Mental Health Unit shall perform a mental health assessment of each HIV-infected in-patient upon admission to Hospital III, pursuant to any treating physician's order.

64. The treating physician and medical staff shall be responsible for making appropriate referrals to the mental health unit whenever a patient needs mental health counseling and/or treatment.

65. The mental health unit staff shall receive at least eight (8) hours of in-service training per year on AIDS-related aspects of mental health.

66. A member of the mental health unit shall consult with appropriate medical staff on a weekly basis to ensure that appropriate referrals are being made and are acted upon.

67. A member of the mental health unit shall conduct an internal peer review of at least four medical charts of HIV-infected in-patients each month to assess whether appropriate referrals have been made to the mental health unit and are

appropriately acted upon.

68. A Mental Health Peer Review Form shall be prepared by the defendants within sixty (60) days of the signing of this Order and shall be submitted to plaintiffs' counsel. If the parties do not agree on the substance of this form, the defendants shall submit the form to the Court for approval. The approved form shall thereafter be completed by the reviewing member of the mental health unit. These forms shall be reviewed and retained by the Medical Director, and shall be considered privileged and confidential information. These forms shall be made available for inspection by the Monitoring Panel pursuant to and for the length of this Order.

69. Psychotropic medication shall not be ordered or continued by a psychiatrist for more than seven (7) days for HIV-infected in-patients on Hospital III without an appropriate examination of the patient by the treating psychiatrist. The examination shall include an assessment of the patient's present mental condition, mental health and medical history, a diagnosis or provisional diagnosis, and treatment plan with respect to the type and dosage of medication prescribed by the psychiatrist, all of which shall be noted in the patient's medical chart. If

psychotropic medication is ordered, continued after seven (7) days, discontinued or changed by the psychiatrist, the reasons therefor shall be noted by the ordering psychiatrist in the patient's medical chart. All orders for such medication will be signed by the prescribing psychiatrist. If considered appropriate by the prescribing psychiatrist, a verbal order to discontinue or change any psychotropic medication that has already been prescribed is permissible, provided that it is reduced to writing and signed by the psychiatrist within 48 hours of the verbal order. Nothing in this paragraph shall be construed to prohibit the treating physician from prescribing any appropriate medication.

70. Psychotropic medication administered to HIV-infected inpatients on Hospital III shall be appropriately monitored, and such monitoring shall include the use of appropriate laboratory tests when necessary to monitor the effects of the medication, a record of each administration of the medication, the inmate's informed consent to receive the medication, when required by law, and a note of the anticipated significant side effects.

71. All side-effects of psychotropic medication shall be recorded in the medical chart and shall be reviewed by the

programs, it may replace the programs set forth in paragraphs 55 through 62, and 66 through 68 and the forms attached as Exhibits A through E with programs and forms established by the Department of Correction, as long as the Quality Assurance and review procedures provide for reasonable and appropriate measures of determining the quality of care provided to HIV-infected inmates on Hospital III. The Department of Correction shall notify plaintiffs' counsel prior to the substitution and the parties may agree on the substitution. If the parties do not agree on the substitution, the Department shall submit its proposed substituted programs and forms to the Court, which shall determine the appropriateness of the substituted programs.

XVII. PRE-RELEASE PLANNING.

75. All HIV-infected in-patients shall, upon request, be provided with medical records and available letters from their treating physicians in a timely fashion prior to or close in time to their release dates.

76. Discharge summaries shall be completed and relayed to

the discharged HIV-infected in-patient or, with appropriate authorization, to a medical facility or physician by the treating physician or Medical Director at CCI-Somers within ten (10) days of the in-patient's discharge from Hospital III or receipt of authorization. The discharge summary shall include the in-patient's admission diagnosis, reason for hospitalization, discharge diagnosis, treatment rendered and result, complications noted during hospitalization, description of condition on discharge and any follow-up instructions.

77. Upon an HIV-infected in-patient's discharge from Hospital III to the community, he shall be given a fourteen (14) day supply of all required medication, including AZT, and all necessary prescriptions.

78. The HIV-infected in-patient shall be informed of all necessary follow-up instructions prior to his discharge from Hospital III.

XVIII. STAFFING.

79. The Department of Correction shall maintain sufficient staff to carry out the provisions of this Consent Judgment.

XIX. MONITORING.

80. An independent Monitoring Panel shall be established for the purpose of determining compliance with this Order. The panel shall consist of persons with appropriate knowledge and expertise in medical health care for HIV-infected in-patients, and shall consist of a member selected by the plaintiffs, a member selected by the defendants, and a neutral party selected by these members. The panel shall report its findings to plaintiffs' and defendants' counsel but shall not have enforcement authority, which shall remain with Court upon appropriate motion. The members of the Monitoring Panel shall be paid by the State of Connecticut a fee not to exceed \$1,000.00 per day nor more than \$10,000.00 per panel member per year for any and all services rendered. The defendants shall agree to represent and to hold harmless to the same extent as state employees the members of the Monitoring Panel in any litigation involving the Monitoring Panel in its performance of

its duties under this Consent Judgment.

81. Every six months for the length of this Order, the Department of Correction shall allow an on-site inspection of Hospital III, the medical records and any other related materials of HIV- infected in-patients by the Monitoring Panel. Each inspection shall occur on no more than five (5) days as agreed to by the panel members. Medical records shall be reviewed at locations designated by the Warden or his designee. Notice of the dates of the inspections shall be filed under seal with the Court, no later than two (2) days prior to the inspection dates. No notice of the inspections shall be given to the staff at CCI-Somers, except for the Commissioner and the Warden, who, under penalty of sanction by the Court, shall not disclose the date of the inspection to any other staff members.

82. The Monitoring Panel shall be allowed to conduct interviews and/or discussions with in-patients with their express consent. Any discussion with any in-patient shall be held in a private area. The panel shall also have access to all policies, procedures and files relevant to medical care administered to HIV-infected in-patients on Hospital III, as well as access to all staff and consulting physicians with

respect to medical treatment.

83. The Monitoring Panel shall focus on patterns of compliance and noncompliance, as well as on individual cases of substantial deviation from the standard of care provided herein. Panel members shall apply standards of what is professionally acceptable medical care in evaluating care on Hospital III. The panel shall provide plaintiff's counsel and defendant's counsel with copies of its report of findings made after each inspection.

84. Any vacancies on this panel shall be filled in the same manner as the original designations.

85. This Order shall remain in effect for four (4) years. Any part of this agreement may be extended for additional years by the Court upon a showing of good cause by the plaintiffs. If the panel determines that monitoring is no longer necessary because of the Department's compliance for two (2) years, the monitoring may be discontinued or ordered at less frequent intervals.

XX. GENERAL PROVISIONS.

86. All provisions of this Consent Judgment shall be complied with within sixty (60) days after its entry, unless another time period is specified herein.

87. All HIV-infected inmates who were indefinitely housed in the Chronic Care Ward or Ward 9 as of August 26, 1988 shall not be involuntarily removed from the Chronic Care Ward, absent individual medical and security concerns.

88. All references to medical needs contained in this Consent Judgment shall be determined by a physician.

89. In order to maintain the confidentiality of HIV-related information, institutional security and for other reasons pertaining to the nature of this action, all discovery documents and expert reports of any kind which comprised a part of this civil action shall remain privileged and confidential and shall not be copied and released to any persons except for plaintiff's counsel and their experts, who shall be informed of the confidential nature of these materials.

90. The parties recognize that knowledge of HIV infection is changing and that the policies and procedures described herein must be flexible to change appropriately in the future to conform with sound professional medical and public health policy and practice, as based on new information and circumstances. It is agreed, therefore, that any provision of this Consent Judgment that is not related to the policy of nonsegregation of HIV-infected inmates may be changed or amended either by consent of all parties or by the Court, upon appropriate motion by the Department and upon a showing of good cause and a need for change. It is further agreed that if the Department changes the provisions of this Consent Judgment which relate to nonsegregation of HIV-infected inmates, it shall give notice to plaintiff's counsel within forty-eight (48) hours. Plaintiffs may contest the change by appropriate motion and upon a showing that such change is unlawful.

91. The provisions of this Consent Judgment may be suspended or modified in part or in its entirety if the Commissioner, Warden or person next in command, determines that a "genuine emergency" exists. Genuine emergency means any special circumstances, or combination thereof, under which it is

reasonable to conclude that there is any actual or presumptive threat to (a) either the security and order of CCI-Somers or any portion thereof, or to (b) the safety of the staff, inmates, or other person within that facility. If a "genuine emergency" lasts longer than 24 hours or recurs once or more in a one-week period, defendants shall report to plaintiffs' counsel, within 48 hours except for good cause, the date of the emergency, the nature of the emergency, and what provisions of the Consent Judgment were suspended and/or modified. Population increases alone and overcrowding shall not constitute a "genuine emergency."

92. Plaintiffs may contest the emergency action by motion for relief directed to the Court.

93. The defendants shall pay the amount of \$175,000.00 to plaintiffs' counsel, Day, Berry & Howard, for attorneys' fees and costs incurred in this action.

WHEREFORE, in consideration of the foregoing provisions the parties respectfully request that the Court approve and adopt

the Consent Judgment as being fair, reasonable, and adequate.

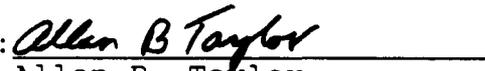
THE DEFENDANTS
Larry Meachum et al.

THE PLAINTIFFS
Victoria Smith, et al.

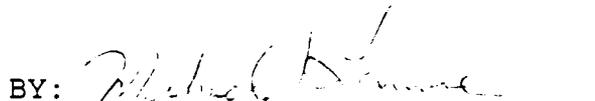
BY:


Larry Meachum, 8-11-89
Commissioner

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CONFIDENTIAL — QUALITY ASSURANCE — PRIVILEGED INFORMATION



DATE OF REVIEW _____
 SIGNATURE OF SCREENER _____
 PATIENT NAME _____
 INMATE ID NO. _____
 ADMISSION DATE _____ DISCHARGE DATE _____
 PRIMARY DIAGNOSIS _____
 SECONDARY DIAGNOSIS _____

CONTENTS OF HIV MEDICAL RECORDS

	<u>Yes</u>	<u>No</u>
A. History and Physical Report documented within 24 hours of admission or within next working day on weekends or holidays.	<input type="checkbox"/>	<input type="checkbox"/>
B. History and Physical Report contain the following:		
1. Past medical history	<input type="checkbox"/>	<input type="checkbox"/>
2. Comprehensive physical examination	<input type="checkbox"/>	<input type="checkbox"/>
3. Assessment of mental status on admission	<input type="checkbox"/>	<input type="checkbox"/>
4. Diagnoses	<input type="checkbox"/>	<input type="checkbox"/>
5. Plan of treatment	<input type="checkbox"/>	<input type="checkbox"/>
C. Ongoing Problem List in chart contains the following:		
1. Identifies all primary diagnoses	<input type="checkbox"/>	<input type="checkbox"/>
2. Sufficient description of problem	<input type="checkbox"/>	<input type="checkbox"/>
D. Physician Progress Notes		
1. Notes document each formal physician visit with patient.	<input type="checkbox"/>	<input type="checkbox"/>
2. Subjective complaints and clinical symptoms documented.	<input type="checkbox"/>	<input type="checkbox"/>
3. Each note includes physician assessment and treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>
4. Oral and written lab report results noted and addressed in chart with date.	<input type="checkbox"/>	<input type="checkbox"/>
5. X-ray reports noted and addressed in chart with date.	<input type="checkbox"/>	<input type="checkbox"/>
6. Consult reports received are noted and addressed in chart with date.	<input type="checkbox"/>	<input type="checkbox"/>
7. Changes in medication dosages or discontinuation of medication noted with rationale and date.	<input type="checkbox"/>	<input type="checkbox"/>
8. Abnormal vital signs noted and addressed.	<input type="checkbox"/>	<input type="checkbox"/>
9. Patient complaints and/or changes reported in nursing notes noted and addressed.	<input type="checkbox"/>	<input type="checkbox"/>
10. Significant changes in medical condition noted and addressed.	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
E. Weekly Assessment of Mental Status		
1. Progress Notes include weekly assessment of mental status.	<input type="checkbox"/>	<input type="checkbox"/>
2. Progress Notes include any significant change in mental status.	<input type="checkbox"/>	<input type="checkbox"/>
3. Mental Health Unit staff contacted in timely fashion when ordered.	<input type="checkbox"/>	<input type="checkbox"/>
F. Weekly Overall Assessment Note		
1. Progress Notes include a weekly overall assessment of patient's condition.	<input type="checkbox"/>	<input type="checkbox"/>
2. Physician's assessment and treatment plan for each problem is updated when indicated.	<input type="checkbox"/>	<input type="checkbox"/>
G. Doctors' Orders		
1. Admission orders documented within 24 hours of admission, or within next working day if on weekends or holidays.	<input type="checkbox"/>	<input type="checkbox"/>
2. Verbal orders are cosigned by physician within next working day.	<input type="checkbox"/>	<input type="checkbox"/>
3. Orders transcribed by nurses on cardex within shift that order is given.	<input type="checkbox"/>	<input type="checkbox"/>
4. Orders accurately transcribed on cardex.	<input type="checkbox"/>	<input type="checkbox"/>
H. Consults		
1. Date of request noted.	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of consulting physicians' report noted.	<input type="checkbox"/>	<input type="checkbox"/>
3. Consulting report received and reviewed in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>
I. Graphic Record		
1. Vital signs taken on daily basis or as ordered by physician and documented in record.	<input type="checkbox"/>	<input type="checkbox"/>
J. Nursing Notes		
1. Nursing notes made on every shift on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>
2. Changes in patient's medical condition or status noted.	<input type="checkbox"/>	<input type="checkbox"/>
3. Abnormal vital signs noted.	<input type="checkbox"/>	<input type="checkbox"/>
4. Changes in mental status noted.	<input type="checkbox"/>	<input type="checkbox"/>
5. Patient's complaints noted.	<input type="checkbox"/>	<input type="checkbox"/>
6. Significant occurrences on shift noted.	<input type="checkbox"/>	<input type="checkbox"/>
7. Patient transfers/discharges noted, including bed or room changes within hospital.	<input type="checkbox"/>	<input type="checkbox"/>
K. Procedures and Treatments		
1. Chart documents informed consent for procedures and treatments when indicated, i.e., AZT.	<input type="checkbox"/>	<input type="checkbox"/>
2. Chart documents appropriate treatment and procedures for illness/infections. *(If chart indicates inappropriate treatment or procedures, reviewer is to complete Mortality Form).	<input type="checkbox"/>	<input type="checkbox"/>
3. Chart documents timely treatment and intervention.	<input type="checkbox"/>	<input type="checkbox"/>
L. Discharge Summary		
1. Discharge summary completed and relayed within one week.	<input type="checkbox"/>	<input type="checkbox"/>
2. Discharge summary contains admission diagnosis and reason for hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>
3. Discharge summary contains discharge diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|--|--------------------------|--------------------------|
| 4. Discharge summary includes treatment rendered and result. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Discharge summary contains any complications noted. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Discharge summary contains description of condition on discharge. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Discharge summary contains follow-up instructions. | <input type="checkbox"/> | <input type="checkbox"/> |

M. Transfer Forms (Nonemergencies only)

- | | | |
|---|--------------------------|--------------------------|
| 1. Transfer forms completed and relayed within 12 hours of transfer to hospital. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Transfer forms include date of transfer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Transfer forms document rationale for transfer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Transfer forms include diagnosis. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Transfer forms include current treatment plan and medications. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Transfer forms include summarization or copy of problem list. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Transfer forms document dates and times of significant changes in patient's condition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Transfer forms include summarization or copy of most recent laboratory data and consult reports. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Transfer forms accompanied by appropriate documents or films when necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

N. Medication Cardex

- | | | |
|---|--------------------------|--------------------------|
| 1. Each distribution of medication dosage is initialed at appropriate time. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Information on cardex corresponds with doctor's orders. | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

Signature of Nurse _____

Signature of Medical Director _____

Date _____

CONFIDENTIAL — QUALITY ASSURANCE — PRIVILEGED INFORMATION



DATE OF REVIEW _____
 SIGNATURE OF SCREENER _____
 PATIENT NAME _____
 INMATE ID NO. _____
 ADMISSION DATE _____ DISCHARGE DATE _____
 PRIMARY DIAGNOSIS _____
 SECONDARY DIAGNOSIS _____

I. Contents Of Medical Records

A. Adequacy of History and Physical Reports (including description of past medical history, comprehensive physical examination, and assessment of mental status on admission).

Comments: _____

B. Adequacy of Physician Progress Notes (including sufficient description of subjective complaints and clinical symptoms, tests or consults ordered, changes in medication or treatment, and changes in physical or mental condition).

Comments: _____

C. Adequacy of Problem List (including sufficient description of all primary diagnoses and sufficient description of ongoing problems).

Comments: _____

II. Adequacy of Differential Diagnoses

Comments: _____

III. Adequacy of Treatment Plan

A. Appropriate treatment and procedures for illness/infections.

Comments: _____

B. Appropriate Timely Intervention For Change of Status

Comments: _____

C. Appropriate Monitoring During Receipt of Medication (including appropriate laboratory tests when patient received Bactrim, Pentamidine, AZT, etc.).

Comments: _____

IV. General

A. General comments regarding any deficiencies or departures from appropriate care noted. _____

Corrective action recommended: _____

B. General comments regarding medical treatment/care rendered to patient. _____

C. General comments regarding approach taken to specific opportunistic infection(s), including use of acceptable treatment protocols. _____

CONFIDENTIAL — MEDICAL REVIEW PROCEDURE — PRIVILEGED INFORMATION

**CCI — SOMERS
HOSPITAL III**

MORTALITY REVIEW

1. Problem _____

2. Could the problem have been diagnosed earlier or prevented? Yes No

Comment: _____

3. Was the patient monitored properly with lab/x-ray/consult? Yes No

Comment: _____

4. Should the patient have been transferred to an outside hospital sooner? Yes No

Comment: _____

5. Could this problem have been avoided? Yes No

Comment: _____

6. Was the patient treated correctly? Yes No

Comment: _____

6. Was patient compliance a contributing factor to this problem? Yes No

Comment: _____

DEPARTMENTAL REVIEW	
Comments: _____	

Action: _____	

Name of Patient (optional): _____	
Medical Director _____	Date _____

CONFIDENTIAL — MEDICAL REVIEW PROCEDURE — PRIVILEGED INFORMATION

**CCI — SOMERS
HOSPITAL III**

**MEDICAL INCIDENT
REPORT**

No. _____

This form is to be used in connection with the Incident or Disciplinary Reports; or whenever a specific event results in the need for medical treatment, or any omission or commission by a staff member.

Person Injured: _____ Date: _____

Place Where Treated: _____ Date & Hour of Treatment: _____

Medical Incident Prepared By (*Please Print*): _____ On (Date): _____

Summarize incident: _____

Signature _____ *Signature of Supervisor* _____

Diagnosis: _____

Treatment Administered: _____

Follow-up Action Required: _____

Where Assigned After Treatment: _____

Other Remarks: _____

Signed _____ *Title* _____

* Prepare Original & 5 Copies

CONFIDENTIAL — MEDICAL REVIEW PROCEDURE — PRIVILEGED INFORMATION

**CCI — SOMERS
HOSPITAL III**

**FOLLOW-UP TO MEDICAL
INCIDENT REPORT**

No. _____

Medical Incident Form Number(s): _____

Date(s) of Incident: _____

Location: _____

Follow-up Action Taken: _____

Supervisor / Medical Director

Response is/is not requested: _____

Supervisor / Medical Director