

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF CONNECTICUT

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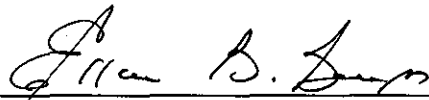
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U.S. DISTRICT COURT
NEW HAVEN, CT

UNITED STATES OF AMERICA,	:	
	:	
Plaintiff,	:	
	:	
v.	:	C. A. No. 3:86-cv-252 (EBB)
	:	
STATE OF CONNECTICUT, et al.,	:	
	:	
Defendants	:	

Order

AND NOW, this 17th day of February, 2004, upon consideration of the Special Master's Report to the Court No. 51: Mortality Review (Feb. 13, 2004), and without objection from the parties, said report is APPROVED and ACCEPTED. It is hereby ORDERED that Remedial Plan Response Protocol 11 (Mortality Review) is AMENDED as set forth in Attachment A to this order.

SO ORDERED.



ELLEN BREE BURNS
SENIOR DISTRICT JUDGE

Dated at New Haven, Connecticut, this 17th day of Feb., 2004.

11. Mortality
(revised February 13, 2004)

Outcomes:

Related Consent Decree Provisions:

1. Training programs professionally designed to reduce or eliminate unreasonable risks to personal safety or unreasonable use of restraints and developed by qualified professionals shall be available to all residents whom it is determined by qualified professionals are in need of such programs in order to reduce or eliminate such risks.
2. That degree of care shall be provided which is sufficient to protect all residents from unreasonable risks to their personal safety both by the conduct of staff and of other residents, and from unreasonable use of bodily restraint.
3. Adequate medical care shall be afforded all residents pursuant to the exercise of professional judgment by a qualified professional.
4. Behavior Modifying Medications and other medications must be prescribed and administered to residents pursuant to the exercise of professional judgment by a qualified professional.
5. Restraints, seclusion procedures and behavior modifying medications, when appropriate, must be administered safely and pursuant to the exercise of professional judgment by a qualified professional.
6. The physical environment of the facility shall be improved, as necessary, so as to insure that it poses no unreasonable risks including fire safety risks to the personal safety of residents. An unreasonable risk is that which is known to exist or should be known to exist, with the exercise of professional judgment.

Specific Outcomes:

Rate: Use of rate for mortality to be examined in accordance with Remedial Plan narrative section.

AH. A

Part A: Response Protocols:

For the two specific actions required pursuant to Special Master's Report to the Court No. 51: Mortality Review, documentation of status is required in Defendants' quarterly reports until the action is completed. Post-completion, no further documentation in quarterly reports is required.

Defendants are under an ongoing obligation to implement the procedures and mechanisms described in these three actions.

The two actions are:

A. The Director of Health & Clinical Services shall revise DMR Procedure, I.D.PR. 005, Section D (4)(e) to more clearly indicate the regional mortality review committee actions shall include referrals to other state agencies, investigatory entities (e.g., Office of Protections and Advocacy, Department of Social Services), and may take any other appropriate actions based on findings of the committee.

COMPLETED? Yes No

COMPLETION DATE: _____

Attach documentation and, if not completed, explain status and next steps, and intended completion date.

B. STS shall develop mechanisms for tracking corrective action plans and for using data in quality improvement activities.

COMPLETED? Yes No

COMPLETION DATE: _____

Attach documentation and, if not completed, explain status and next steps, and intended completion date.

Part B: Response Protocols:

The following response protocols will be followed.

Case Identification _____

Note: When the STS Medical Director or Director of Clinical Services is not present or unavailable (due to vacation, day off, illness or absence from the facility), and "notification" is required by this Response Protocol, their identified designee shall be given the notification.

Procedure	Yes	No	Comments & Date Accomplished
1. Medical Director notification of death within two hours of STS notification.			
2. STS Administration notification within two hours of STS notification.			
3. Guardian notification initiated within two hours of STS notification.			
4. Family notification initiated within two hours of STS notification.			
5. DMR death report to Director next working day after death.			
6. Director notification of DMR next working day after death.			
7. Next working day after death, a medical critique of terminal medical management.			
8. Within next 3 working days of the medical critique under Procedure 7 above, a review of related previous medical care.			
9. Director of Clinical Services notification next working day after death.			
10. Within next working day of notification to Director of Clinical Services under Procedure 9 above, a nursing critique of terminal nursing management.			
11. Within next 3 working days of nursing critique under Procedure 10 above, a review of			

related previous nursing care.			
12. Within next 3 working days of the medical and nursing reviews under Procedures 8 and 11 above, a critique of the findings of the medical and nursing reviews.			
13. Mortality Review packet preparation is completed within 30 days of death.			
14. STS Mortality Review Committee meeting within 60 days of death. MRC report addresses issues of concern, including any recommendations and follow-up. The Committee shall ensure that checklists and mortality review forms shall be reviewed to ensure that information is accurate and complete; medical summaries included in the packets shall be signed and dated by the physician.			
15. STS Mortality Review Committee meetings shall include discussion among Committee members to clearly identify findings and to recommend actions and/or corrective actions that will strengthen the quality of supports provided to individuals at STS. STS shall develop written corrective action plans when indicated per MRC findings.			
16. The MRC chairperson shall ensure that all findings and recommendations are documented on the Mortality Review forms.			
17. The STS Mortality Review Committee (MRC) will report its review findings to the IMRB within 90 days of the individual's death (see Procedures 13 & 14 above) and send at least one complete packet to the DMR Central Office within five (5) business days of the MRC review meeting conducted pursuant to Procedures 14-16 above..			
18. Within five (5) business days of receipt of the packet under Procedure 17 above, the			

DMR Central Office Director of Health & Clinical Services shall review the packet for identification of, and further action required for, any additional issues or concerns. If the Director is not present or not available for the five (5) day period, his or her qualified designee may perform the review.			
19. The Independent Mortality Review Board (IMRB) shall review the STS packet at the next scheduled IMRB meeting.			

Nursing Reviewer/Title: _____ Date: _____
 (compliance with Procedures 10 and 11)

Medical Director _____ Date: _____
 (compliance with all procedures , except Procedures 10, 11 and 17-19)

Central Office _____ Date: _____
 Director of Clinical Services