SUMMARY

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SUMMARY OF THE CARE AT LIMESTONE CORRECTIONAL FACILITY

The most egregious medical failure at Limestone is the number of preventable deaths. I reviewed the medical records of 38 HIV-infected patients who died at Limestone since 1999. In almost all instances the death was preceded by a failure to provide proper medical care or treatment. Consistently, patients died of preventable illnesses. Patients with serious diseases experienced serious delays in medical care or were not treated at all. Chronic care clinics are unheard of at Limestone. Life-threatening laboratory results were treated routinely instead of urgently. Other tests such as radiographs showing pneumonia were commonly not assessed until many days later. At least one patient had such severe pneumonia that he suffocated in front of the medical staff – despite the patient's requests for treatment, he was not sent to a hospital until his condition was irreversible. CPR was rarely attempted in any critically ill patient that I reviewed.

The deaths of HIV infected inmates at Limestone are not reviewed internally. The coroner provides only a physical description of the patients' bodies. The medical staff's documentation of the events leading up to the deaths of inmates is deplorable. There are no internal or external mortality reviews or quality improvement reviews of deaths. Without the medical staff assessing why so many patients are dying, they cannot identify and solve the problems within their system.

The current medical system does not appreciate the cost-effectiveness of ensuring patients receive preventative care. For instance, assuring that a patient receives life-saving Bactrim (one pill only three times per week) costs merely pennies per day yet prevents a deadly, expensive-to-treat infection called *Pneumocystis carinii pneumonia* (PCP) – a disease that many patients at Limestone seemed to have needlessly died from. Patients, who clearly do not understand the consequences of not taking these life-saving antibiotics, are allowed to stop taking them without being counseled by the medical staff. Patients in such closely observed settings should at least receive preventive therapy. Such a simple measure as allowing the patient to take the medication back to his unit (often called "keep on person") is not even an option for patients at Limestone. It is unclear why.

Patients at Limestone are treated like they are nuisances. They are forced to interrupt their much-needed sleep at 3:00 a.m. each early morning to stand in a pill line outside, often in cold, wet weather or sweltering heat, for up to forty-five minutes to receive their life-saving medications. Many of these AIDS patients are too sick or unable to stand long enough to wait in line. Thus, they can not obtain their medications, and sometimes the medications are not available. This leads to lapses in medical care, increases the potential for resistant forms of HIV, and results in further mistrust by the patients in the medical system.

HIV-infected patients at Limestone Correctional Facility are totally segregated from other inmates. This presents a serious problem in terms of medical emergencies. Limestone administration apparently require that the prison facility be "shut down" when moving HIV-infected patients. "Shutting down" an entire prison takes a considerable amount of time; if an HIV-infected patient has a medical emergency and needs to be transferred off the facility, the critical time period is quickly lost and many patients have needlessly died.

Medically necessary dietary requirements for diabetics or undernourished patients are virtually non-existent. Staff indicates that they are strongly discouraged from writing (by the Department of Corrections) for special diets for patients, even when indicated. It must be acknowledged that certain patients have specific dietary needs that must be adhered to. Specific dietary requirements for diabetic patients, patients in renal failure, or under-weight patients is a medical issue that requires attention. A large proportion of patient who died at Limestone were severely malnourished and not receiving adequate nutrition or vitamin/mineral supplementation.

The physically handicapped and disabled suffer disproportionately. They are denied access to baths. The only way of cleaning their bodies in Dorm 16 or Dorm 7 is by showering - an often impossible task for patients who are unable to get out of their wheelchairs and step over a high ledge to access the shower. There are numerous areas I toured in the facility where accessibility for the handicapped is disregarded and neglected. For example, there are not adequate railings or ramps for wheelchair access**.** The medical understaffing also leads to the inappropriate use if inmates caring for disabled patients.

The open warehouse where approximately 250[1] HIV-infected patients live is overcrowded. Side-by-side and head-to-toe bunk arrangements place these immune compromised patients and the staff at an undue risk of acquiring contagious diseases. This is evidenced by the recent widespread outbreak of a staphylococcal bacteria infection. I examined many patients who had clear evidence of staphylococcal skin infections – both new infections and scars. Reports from other facilities underscore the need for clean and separate living facilities particularly for patients who are immune compromised and more likely to spread diseases. I suspect the patients will continue to keep getting and spreading boils and abscesses that spread like wild-fire given the over-crowded sleeping and living conditions at Limestone. I have been told that Summer, 2003 has heralded additional skin infections as evidenced by increased complaints from patients to their attorneys.

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[1]NaphCare's inmate population statistics for Limestone are as follows:

December 2002 - 309 HIV infected inmates and 57 AIDS infected inmates;

January 2003 - 307 HIV infected inmates and 55 AIDS infected inmates;
February 2003 - 310 HIV infected inmates and 54 AIDS infected inmates;
March 2003 - 288 HIV infected inmates and 52 AIDS infected inmates.

Without adequate infection control practices, the possibility of an outbreak of drug-resistant tuberculosis and the subsequent deaths is acute. Some patients request to be transferred to the lock-down units where they will at least be afforded some privacy and physical barriers to potentially deadly infectious diseases.

Because of a broken, severely stressed or often non-existent medical system, patients are needlessly dying and suffering from AIDS-related complications and other illnesses that could be prevented. The conditions at Limestone Prison are unsafe for both the incarcerated and for the staff. There is a sense of hopelessness and helplessness among the patients at Limestone -- to a degree that I have not witnessed prior.

INITIAL RECOMMENDATIONS

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Limestone Correctional Facility has a vast array of significant medical problems. Moreover, the standard of medical care rendered at Limestone falls far below the standards in the community or those standards set by organized bodies described in the introduction to this report. For this report, I will make only recommendations that I feel need to be addressed urgently. In addition to these minimal recommendations, there are many changes that could be put into place to develop a sound system of medical care that are not currently being addressed at Limestone. The following recommendations address what I see to be the most serious problems at the prison

1. **Deaths.** The number of deaths and the manner in which HIV-infected patients are dying at Limestone is a huge concern and present issues of potentially serious medical liability. All deaths need to be thoroughly evaluated by a medical doctor with expertise in the area. Full autopsies should be performed on all patients dying at Limestone until this disturbing trend is reversed.

2. **Physician and mid-level staffing.** Limestone is dangerously understaffed in terms of medical personnel according to accepted guidelines for incarcerated medical settings. Dr. Simon has an overwhelming task to perform with only one Physician's Assistant. One medical doctor serving as Medical Director and providing care to over 2800 patients-- including 300 with the HIV or AIDS-- is overwhelming and dangerous. At least another full-time physician and two other mid-level practitioners (physician's assistants or nurse practitioners) are needed to adequately provide care for the large number of sick patients at Limestone. Limestone staffing levels are far below what is normally accepted for provider staffing in a facility of this size with this level of acuity in terms of patient load.

3. **Inmates providing care.** Because of the shortage of nurses, inmates are called upon to provide nursing care -- especially in the inpatient unit. Inmates can provide comfort and company to other inmates, but must not provide nursing care.

4. **Nursing.** Nursing is very understaffed and many nurses are poorly trained at Limestone. Nurses need training in CPR as well as ongoing continuing education. Nurses at Limestone have made serious errors and patients have died or suffered needlessly. The numerous unfilled nursing positions need to be staffed. The National Commission on Correctional Health Care (NCCHC) guidelines need to be followed in terms of adequate nursing levels and training.

5. **Infection Control.** Infection control practices and guidelines are not being adhered to. Inmates with contagious diseases should be treated and isolated from the population especially given an HIV-infected person's extreme vulnerability to these diseases. Outbreaks of infections need to be investigated and treated

accordingly. National resources such as the Centers for Disease Control and Prevention need to be called upon for assistance when necessary. Staphylococcus bacterial infections, in particular, are a problem and need to be eradicated as one would in any closed setting. Prevention, with respect to infectious diseases, is severely deficient at Limestone and needs to be integrated as a part of a patient's medical care to decrease morbidity, mortality, and unnecessary costs.

6. **Pharmacy and Medication Supply.** Multiple patients disclosed that Limestone did not provide adequate medications because the nursing staff often ran out. Patients need to be provided medications on a regular and consistent basis. Running out of medications is unacceptable. The pharmacy needs to be adequately stocked and the inventory properly managed. HIV-infected patients need to take their antiretroviral medications consistently or they will develop drug-resistant HIV, fail medication therapy, and die. Additionally, inmates should not provide medical care, distribute medication, or provide emergency transport for other inmates.

7. **Patients not taking essential medications.** Too many patients are not taking appropriate medications. It is unclear whether some patients comprehend the dire consequences of not taking antiretroviral medications or preventive antibiotics. There needs to be appropriate education and documentation that the patient understands the consequences of not taking medications or antibiotics. Patients who are not taking simple medication regimens such as Bactrim (one pill is taken three times per week) or Dapsone (one small pill taken once daily) to prevent deadly *Pneumocystis carinii pneumonia* should be counseled, encouraged, and supported so they can easily take these inexpensive, life-saving medications. Opportunistic infections are deadly and very expensive to treat. Food (a sandwich or even crackers) needs to be provided to patients so they can take their medications without unnecessary side effects. For medications that need to be taken on an empty stomach, then patients need to be counseled regarding this.

8. **Pill Line.** Making patients stand in line outside, often in the cold or extreme heat, to receive any and all medications is counter-productive for a good therapeutic relationship. Patients should be taken their medication on a pill cart into their dorm and/or allowed "keep-on-person" medications when appropriate. "Keep on person" medications is a common practice in correctional settings which allows patients to keep a few weeks or one month of medication in their possession. They can take their medications at the correct times and with the correct food requirements. A "keep-on-person" program excludes any medications that are potentially dangerous and may be bartered such as psychotropics, narcotic pain medications, and sleeping medications. Pill line at 3:00 a.m., or even 3:30 a.m., and then breakfast in the early morning is inappropriate. Patients should be administered medications that do not interrupt their normal sleep patterns. For example, medication could be provided at 7:30 a.m. after eating breakfast. Many of the medications are Food and Drug Administration (FDA) approved to be taken with food, so all patients on medications that need to be given with food must

have access to food. This will decrease the amount of side effects like nausea and vomiting, and increase medication compliance, as well as potentially decrease the number of illnesses.

9. **Dietary requirements.** **N**utritional supplementation and diets are currently not satisfying the needs of patients with illnesses that require special diets. In particular, malnourished AIDS patients need evaluation for supplementation and mediations to increase lead body mass. Many chronically ill patients, such as patients on dialysis and patients with diabetes mellitus have special dietary needs. The dietary options provided at Limestone require an assessment by a nutritionist. AIDS patients need to be given vitamin/mineral supplementation especially given that the combination HIV therapies toxicities.

10. **Medical Emergencies.** Emergency response by medical staff at Limestone is either non-existent or dangerously slow. Patients are needlessly dying of medical emergencies. The current rule of "locking down" the prison before providing care to a patient with a medical emergency needs to stop. This needless delay in treatment during the first few "golden" minutes of a medical emergency has undoubtedly hastened the death of patients at Limestone. Patients who declare an emergency need to be either attended to immediately by trained medical staff or transported to the infirmary for immediate evaluation and treatment. Correctional officers should not be making medical decisions and deciding what is a medical emergency as they are presently doing**.** The issues of Do Not Resuscitate (DNR) and advanced directives needs to be consistently and compassionately discussed with patients and the patient's wishes need to be respected. The current standard of the Limestone medical staff deciding for the patient how much to do for the patient needs to cease.

11. **Americans with Disabilities Act.** This is an area that is so replete with deficiencies that to adequately catalog them would require an extensive report, separate and apart from this report. I highly recommend an extensive evaluation of these problems before a disabled patient endures serious injury.

12. **Crowded conditions and the housing unit.** Patients at Limestone live in an open warehouse with extremes in temperatures. Overcrowded conditions and the close proximity of the beds fosters transmission of serious infections from one patient to another. HIV-infected persons at Limestone should not be housed in such crowded, dangerous, and inhumane conditions.

13. **Monitoring.** Developing an appropriate system of medical care at Limestone is going to take time, resources and a serious commitment by the medical providers. I recommend that health care delivery at the prison be monitored closely by an outside HIV specialist until the program has been brought up to acceptable standards.