

ATTACHMENT 1

9/4/06 -- Draft Recommendations re *Hadix*

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To: Pete Govorchin, Elizabeth Alexander, Pat Streeter, Michael
Barnhart, and Ned Benton

From: Robert L. Cohen, Independent Medical Monitor

Re: *Hadix*

Based upon my recent tours, review of documents provided by Defendants, as well as failures in staffing, pharmacy, and monitoring of patients in segregation status, I am considering making a series of recommendations to the Court to remedy critical problems in patient care at the Hadix facilities. I am still awaiting additional documents regarding the recent death in segregation, as well as any reports, studies, quality assurance documents, not already provided to me. I will be preparing a report for the Court, which will be distributed prior to the scheduled October 11, 2006 hearing.

I am submitting the following draft recommendations to Counsel for Plaintiffs and Defendants. I would appreciate any comments and suggestions you may have regarding these recommendations. Please send me your comments before the end of September. Thank you.

DRAFT RECOMMENDATIONS

1. Eliminate the use of Punitive Restraints in JMF
 - When emergency physical restraints are required they may only be applied temporarily, based on written medical/mental health guidelines
 - Emergency medical and psychiatric evaluation must be obtained for any physically restrained prisoner

- Prisoners whose medical or psychiatric condition requires ongoing use of restraints must be housed where they can be continually observed and treated by nurses and physicians (24 hour nursing and physician coverage)
2. Establish the capacity for air-conditioning the Segregation Unit, as well as other units in JMF, RGC, and SMT during heat emergencies;
 3. Assure that prisoners in the Hadix facilities have direct routine and emergency access to qualified psychiatrists
 4. Enhance Medical and Mental Health Services in Segregation
 - Conduct daily MD Rounds in Segregation areas of all *Hadix* facilities
 - Conduct daily Psychologist Rounds of all patients in Segregation receiving psychiatric medications and/or psychiatric consultation
 - Establish a Weekly Conference (Participants: MD, Psychiatry, RN, Psychology) to review care of prisoners in Segregation receiving psychiatric consultation. Maintain minutes of attendees and patients discussed, place notes in patient medical record. Each included prisoner will be reviewed at this conference at least bi-weekly. This review will include a determination if the prisoner is psychologically stable and can continue to be in segregation status, if he requires removal from segregation and return to general population, or, if necessary referral for emergency evaluation for transfer to an Emergency Room, DWH, Huron Valley, etc.;
 5. Establish protocols for liaison between medical and mental health staff, including emergency consultation;
 6. Increase permanent staffing at JMF to support the following minimum daily coverage: 3 MD's, 1 PA/NP, in addition to the previously ordered forty hours per week of Renal/Internist Coverage 52 weeks/year. Vacation/Sick Leave/CME for the Renal/Internist should be provided by one of the two nephrologists subcontracted by CMS.

7. In order to assure adequate coverage of all of the Hadix facilities, all full-time MSP staff should receive traditional benefits (health insurance, disability insurance, malpractice insurance, One week per year off-site CME with expense/tuition allowance, etc, ability to include family members under coverage).
8. Establish a unitary medical record
 - If Defendants believe the SERAPIS system is functional, it must be implemented throughout the Hadix facilities by the end of 2006;
 - If Defendants believe the SERAPIS system cannot be implemented, they will present an alternative proposal to the Court for review by December 31, 2006.
9. In order to more closely monitor care, the Independent Medical Monitor will establish an Office of the Independent Medical Monitor (OIMM) at Jackson, with sufficient facilities, staff, and administrative support to assure that there is compliance with ongoing court orders, The OIMM will:
 - Receive prisoners complaints, register them, investigate them, and obtain responses from MDOC clinical and administrative staff;
 - Monitor adequacy of nurse and physician staffing;
 - Monitor Specialty Consultation services to assure that requests for specialty care are obtained within appropriate intervals;
 - Monitor care of prisoners in Segregation status;
 - Monitor implementation of a unitary medical record system;
 - Monitor the function of all aspects of the pharmacy system
 - Monitor the care of all patients with chronic renal failure, including their evaluation, surgical consultation for vascular procedures, referral for transplantation, and comprehensive medical care; and
 - Request any data and reports necessary to allow the Independent Medical Monitor to assess all aspects of the medical care program in the Hadix facilities and to develop, with Defendants and Plaintiffs, an effective program of quality assurance,