SPECIAL NEEDS MANAGEMENT OF AIDS IN THE DEPARTMENT OF CORRECTIONAL SERVICES

York State
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Foreword

The New York State Commission of Correction is required by Correction Law Section 47(1)(e) to "investigate and report ... on the condition of systems for the delivery of medical care to inmates of correctional facilities ..." The Commission fulfills this mandate through its Bureau of Health Systems Evaluation with the advice and direction of the Correction Medical Review Board, the expert advisory arm of the Commission.

Acknowledgements

The NYS Commission of Correction wishes to express its appreciation to the health services staff, administration, and security staff of Sing Sing CF for their professionalism, dedication, and assistance and cooperation in completing this evaluation. The following persons were of particular assistance to Commission staff during the evaluation period:

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Joseph David, Deputy Superintendent for Administration
Daniel Abreau, Chief, Mental Health Satellite Unit
Benjamin Dyett, M.D., Facility Health Services Director
Saundra Johnson, RN, Nurse Administrator
Margaret Wyke, Health Services Administrator
Anne Quinlan, RN, Nurse Administrator

Medical Review Board

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Executive Summary

"Special Needs Management of AIDS in The Department of Correctional Services" examines, describes and evaluates all aspects of health care service delivery at a specialized medical unit which represents the current state-of-the-art of facility-based care of inmate AIDS patients within the New York State Department of Correctional Services (DOCS), and makes substantive recommendations concerning this Unit's operations. The evaluation report provides the results of the Commission evaluative activities at the Special Needs Unit over the four year period 1984-1987. The overall context of DOCS' management of AIDS, within which the Special Needs Unit operates is also described and, to some extent, evaluated.

The prevalence of Acquired Immunodeficiency Syndrome (AIDS) in state correctional facility populations poses a challenge to the DOCS health care delivery system for which it was not designed and which it is not adequately prepared to address. According to DOCS records, in July, 1987, some 223 inmates were under treatment for AIDS or AIDS Related Complex (ARC) as defined by the federal Centers for Disease Control. This does not include inmate-patients ill with human immunodeficiency virus (HIV) disease who may have been under treatment but who, for several reasons, did not meet CDC diagnostic criteria. Most of the patients are scattered among some 33 facilities throughout the state, and managed in primary care infirmaries which have limited and erratic access to hospital-based services and which exhibit wide disparities in quality and availability of care.

An average of 10 inmate AIDS patients are managed at Sing Sing CF in the Special Needs Unit (SNU). While DOCS' stated goal of the SNU is to provide "optimal care" for inmate AIDS patients, the "purpose" of the SNU is somewhat different and is stated as "a protected environment to reduce the possibility of infection to immune deficient patients". Although the stated concept lacks specificity and definition, DOCS gives every indication that it seeks to provide at the SNU the comprehensive, intensive level of care required by all inmate AIDS patients. The development of a specialized treatment unit where inmate AIDS patients can be collectively provided comprehensive, coordinated medical management is, in the Commission's opinion, a sound and necessary goal. However, as presently constituted, staffed, equipped, and programmed, the Special Needs Unit does not meet that goal.

ADMINISTRATION

While there is excellent clinical and administrative coordination with St. Clare's Hospital, a New York City based AIDS center which provides inpatient care and outpatient specialty clinic services to the SNU, the general administration of the SNU is inadequate, due in part to the summary removal of the health services administrator position and the subsequent inattention to health services administration at Sing Sing CF by the Division of Health Services, the centralized health care authority within DOCS.

Policies and procedures for the Special Needs Unit are inadequate or not enforced and have not been updated since 1984.

There are no criteria for admission to or discharge from the SNU. Levels of care are not established or defined and patients are not admitted or discharged according to level of care need.

There is no formal, organized continuing medical education program on HIV disease or any other subject for health care staff assigned to the SNU.

There is no organized quality assurance program, a necessary component of any specialized unit delivering complex care to seriously ill patients.

PHYSICAL PLANT AND EQUIPMENT

The physical plant designated for the Special Needs Unit provides insufficient space to adequately accommodate its residents and to provide necessary bedside care. There is no examination/treatment room. Some hospital beds are inoperable. There is insufficient space for storage of inmate property. There is an electrical hazard potential. The visiting room is inadequate from the standpoint of space, equipment and basic amenities.

Despite improvements in overall cleanliness in 1987 when compared to previous years, the Special Needs Unit is not sufficiently clean and sanitary. The SNU housekeeping guidelines require the inmate-patients to maintain housekeeping standards, and these are not adhered to. Some basic infection control precautions are not complied with.

MEDICAL AND NURSING SERVICES

Medical and nursing services at the Special Needs Unit are not adequate to provide for the care required by inmate-AIDS patients, whose disease is characterized by sudden and unpredictable changes in condition, frequent medical emergencies, and who require increasingly complex therapy, monitoring, assessment and direct care.

Full-time physician coverage is not available at Sing Sing CF. The Facility Health Services Director, a full-time employee, is absent half of each day. The part-time physician staff is not sufficient to meet needs and the Division of Health Services did not act expeditiously to fill an existing physician staff vacancy. No infectious disease consultant is available and the facility lost the services of its three other medical consultants during 1987.

Inmate-patients are not seen daily by a physician and not all physician visits which are made result in progress notes. Many physician progress notes provide little or no information. Periodic progress summaries are not done. Patient physical complaints are often not vigorously explored. Comprehensive treatment plans are not formulated. Medical emergencies and unexpected changes in treatment plan are often handled by telephone.

DOCS has been unable to recruit and retain sufficient numbers of nurses to provide an adequate level of nursing care at the SNU, although salaries have recently become more competitive. The staffing pattern is currently seven nurses below its authorized complement and 17 nurses below its internally recommended staffing plan. Excessive overtime (224 shifts in three months) was used in 1986. Excessive reliance on private agency nurses (305 shifts in three months) occurred in 1987, including DOCS nurses on private agency payrolls, a questionable civil service practice. Individual patient nursing care plans are not formulated. Nurses, particularly agency nurses, provide little or no direct care or interaction with SNU inmate-patients. Nearly all direct care is provided by untrained inmate health care assistants.

Medical record keeping has improved over the evaluation period but some problems persist, including many blank graphic vital sign and weight records, orders and progress notes by physician's assistants which are not always reviewed and co-signed by a physician, and poor

recording of the administration of medications, including controlled substances.

Hospital-based emergency room services are inadequate as are ambulance services. Hospital inpatient and outpatient services were found to be excellent.

Medical isolation facilities are not sufficient to meet anticipated future needs.

Policy and procedures for HIV antibody testing need expansion and definition.

SUPPORT SERVICES

With the exception of legal, dental, ministerial/volunteer, and security services, support services provided to the Special Needs Unit are inadequate.

The dietary and nutritional needs of inmate-patients are not properly met.

The pharmacy is understaffed and is currently closed during peak demand periods. Medications are purchased at retail pharmacies. There is confusing and inappropriate accountability of controlled substances and syringes.

There are no planned, organized social, leisure or diversional activities. The recreation yard is mostly dusty or muddy hard-packed earth, contains a large garbage bin, is often littered with rocks and debris, and is infested with pigeons and gulls. Inmate-patients lead an inactive, idle lifestyle.

Inmate-patients and health services staff are dissatisfied with Service Unit counseling services.

Health services and volunteer staff expressed dissatisfaction with institutional parole pre-release services for SNU inmate-patients. While it appears from data submitted by the Division of Parole that parole service delivery for SNU patients is more responsive than may be inferred from the complaints on this subject made by Sing Sing CF staff, questions remain concerning timeliness of the Social Security and medical benefits application process.

Medical social services--services to identify, assess, and manage social problems related to illness, the receipt of medical care, maintenance of health, and the final stages of illness and dying ordinarily provided by qualified social workers, are not afforded to SNU inmate-patients.

Dental services are evaluated as excellent as are the activities of a small ministerial services and volunteer services staff.

Laundry services are poor. Bedding is returned unironed, unfolded and badly wrinkled, creating a risk of bedsore development for debilitated patients. Many bedsheets are badly worn and ill-fitting.

The Office of Mental Health Satellite Unit at Sing Sing has not defined its role with respect to the SNU and provides only evaluation and stabilization of mental disorder upon referral.

The security staff is permanently assigned, and its members elected to serve on the SNU. Interviews and observations by the evaluation team revealed them to be an asset to SNU operations. They exhibit a positive attitude, appear knowledgeable and competent, and were cooperative and helpful. They conduct themselves in a highly professional manner. They are to be commended.

CONCLUSION

The New York State Department of Correctional Services, under the leadership of Commissioner Thomas A. Coughlin III, operates the third largest state correctional system in the United States. Modern, innovative management has resulted in maintenance of a safe, secure and humane correctional environment which has experienced little of the strife which has recently beset comparable state prison systems. DOCS is the one of the few major systems in the country that is not operating under statewide court order mandating conditions of confinement or population caps. DOCS has the lowest homicide rate in the nation, the second lowest escape rate, and a declining annual per capita unusual incident rate, all at a time when the largest prison expansion program in New York State history is underway.

The record of dedication and professionalism of DOCS' management and staff should engender confidence that DOCS will successfully cope with the largely unforeseen AIDS crisis. The Commission and its Medical Review Board are fully cognizant of the fact that the generally accepted standard for state-of-the-art management of AIDS and its associated problems is an evolving one and that some of the treatment and support needs of AIDS patients cited in this evaluation report have only recently been identified. Moreover, the public and proprietary health care systems and their allied support systems are encountering severe difficulties and are often deficient in meeting these needs in

the state's population-at-large. Neither the correctional system nor the rest of society may be able to instantly remedy all of their respective shortcomings in this area. Nevertheless, planned, steady progress must be made if we are not to be overwhelmed by ever increasing numbers of victims and the need to provide care, treatment and services of ever increasing sophistication and complexity, as will surely be the case as time and medical science progress.

As discussed in Chapter I, the challenge posed by AIDS is unprecedented in criminal justice. Nothing in this evaluation report should be interpreted to imply or suggest that correctional and other criminal justice officials are indifferent to this health catastrophe. New York's criminal justice establishment has been responsive and responsible. Much remains to be done.

Recommendations

1. The Division of Health Services should redefine the concept of the Special Needs Unit as an advanced, intensive treatment unit which operates as a coordinated adjunct to the inpatient and outpatient services of an AIDS Center, and which takes a multidisciplinary approach to the patient, providing multiple levels of direct care and a range of program services designed to facilitate development of a therapeutic residential living and hospice community. A

multidisciplinary patient management team should be appointed and should meet regularly.

2. The Division of Health Services should continue to develop and implement its announced plans to replicate the Special Needs Unit, provided that the Unit concept is appropriately redefined and each unit is coordinated via a written service agreement with the inpatient and outpatient services of an AIDS Center as defined by the NYS Department of Health.

3. The Division of Health Services should immediately appoint a health services administrator to Sing Sing CF who is qualified by training and experience to manage a health services delivery system called upon to deliver complex multi-faceted care.

4. The Division of Health Services should develop a comprehensive policy and detailed procedures for the operation of the SNU. Such policy and procedures should define the mission and objectives of the SNU, and its admission and discharge criteria; provide a utilization review process, staff performance standards and an adequate and appropriate infection control procedure; and should define levels of care available within the SNU. The Division of Health Services should insure that all policy and procedures are enforced.

5. The Division of Health Services should design and operate a comprehensive orientation/training and clinical in-service training program for all health care staff assigned to the SNU.

6. The Division of Health Services should develop and implement a formal, organized quality assurance program at the SNU.

7. The Division of Health Services should provide a residential environment for the SNU which provides a minimum of 80 square feet of floor space per inmate-patient. Relocation of the SNU within Sing Sing CF should be considered.

8. The Division of Health Services should repair or replace all non-operating hospital beds.

9. The Division of Health Services should provide sufficient storage for inmate personal property away from patient cubicle areas.

10. Empty patient cubicles should not be used for storage. Beds should be made up at all times.

11. The Division of Health Services should undertake an electrical engineering study of the SNU to identify potential electrical hazards and should provide sufficient and properly protected circuits. Individual cubicle lighting should be installed in place of lighting supplied by inmates.

12. The Division of Health Services should install handicap rails and anti-slip mats in the bathroom area. An additional source of heat should be installed in the shower area. The Division should consider procurement of hydrotherapy equipment for bathing and improving skin integrity of debilitated, bedridden patients.

13. All dayroom furniture should be replaced with appropriate, comfortable, durable furniture.

14. The Division of Health Services should increase the size of the visiting room to accommodate a minimum of three (3) visits simultaneously. Furniture and other basic amenities should be supplied comparable to the Sing Sing CF general visiting facility.

15. The Division of Health Services should develop, implement and enforce a comprehensive housekeeping and infection control policy and procedure specifically tailored to the needs of the SNU. Overall cleanliness of all areas should be improved immediately.

Such a procedure should directly address the following areas:

-- floor cleaning and waxing;
-- wall, ceiling and fixture cleaning;
-- terminal/discharge cleaning of single rooms and cubicles;
-- daily cleaning of single rooms and cubicles;
-- daily cleaning of non-patient areas;
-- double mopping procedures;
-- daily cleaning of bathrooms and fixtures;
-- schedule and procedure for cleaning of kitchenette;
-- schedule and procedure for cleaning dayroom, refrigerator and cabinetry;
-- cleaning procedure for water fountain;
-- precautions and chemicals to be used;
-- storage of clean and soiled linen;
-- record keeping of inspections.

All details and finishes which are resistant to maintenance of cleanliness should be replaced. The Sing Sing CF policy which makes inmate-patients responsible for SNU housekeeping should be repealed immediately. Inmate-patients should be responsible for personal hygiene, neatness and orderliness as their conditions allow, but not for medical unit housekeeping. A professional service should be used if necessary.

16. The Division of Health Services should establish and maintain a skilled nursing level of care as defined by Title 10, New York Codes Rules and Regulations for inmate AIDS patients requiring such care.

17. The Division of Health Services should provide for physician coverage at Sing Sing CF which requires the personal presence of a physician, preferably an internist, at Sing Sing CF a minimum of 37.5 hours, five days per week and the immediate on-call availability of a physician on evenings, nights, weekends and holidays. The Division of Health Services should develop and enforce policies and procedures which require on-call physicians to go to the SNU when inmate-patient condition warrants such a response, avoiding unnecessary emergency hospitalization.

18. The facility health services director should be personally present at Sing Sing CF on a full time basis. The facility health services director should insure that SNU inmate-patients are seen daily by a physician, that each visit results in an adequate progress note and that periodic progress summaries are recorded in the record. He should insure that each patient admitted to the SNU is provided a complete medical history and physical exam within 48 hours of admission, and that each is provided with an individual comprehensive patient care plan which is reviewed and updated regularly.

19. The Division of Health Services should provide for a physician who is board-qualified or board-certified in infectious diseases to visit patients in the SNU at least twice monthly. Other specialist consultants should be provided as determined by the facility health services director.

20. The Department of Health should review and upwardly revise the physician fee schedule in order to provide incentives for qualified medical specialists to visit Sing Sing CF and other correctional facilities on a regular basis.

21. The Division of Health Services in conjunction with the Governor's Office of Employee Relations should continue to develop employment incentives to recruit and retain qualified registered professional and licensed practical nurses at the SNU.

22. Nursing staff at the SNU should be increased to a level which will conform to its internal proposed staffing plan. Each shift at the SNU should be under the supervision of a charge nurse who is a registered professional nurse. Overtime and use of agency nurses should be reduced. The propriety of DOCS nurses working agency-paid shifts at their own institution should be reviewed.

23. The nurse administrator should enhance the quality and availability of direct nursing care provided to SNU

inmate-patients. Comprehensive written nursing care plans should be formulated and updated regularly. Nurses should spend more time directly interacting with inmate-patients, conducting health teaching, health counseling, and supportive care. Prescribed medical regimens should be evaluated by nurses interacting with patients.

24. The facility health services director and nurse administrator should improve SNU medical record keeping. A procedure for routinely reviewing charts for quality of care and quality of record keeping should be implemented. Old or unnecessary records should be regularly removed to inactive files. Problem-oriented charting should be required. Graphic vital sign sheets and weight records should be completed and kept current. Physician's assistants' orders and progress notes should be reviewed and co-signed by physicians. Medications should always be recorded when given and blank record entries explained. Prescription policies which allow for controlled substance analgesics around the clock irrespective of need should be reviewed and revised.

25. The Division of Health Services should develop and implement a certificate nurse's aide training program within DOCS. Inmate health assistants employed in the SNU should be trained and certified as nurse's aides.

26. The Division of Health Services should secure a formal, written agreement for the services of a hospital-based emergency room and of a certified ambulance. The Department of Health should assist DOCS in securing such services. Every refusal of emergency room service which, in the opinion of the facility health services director, constitutes a violation of 10 NYCRR Section 405.22(j)(5) should result in a formal complaint to the Department of Health, Bureau of Hospital Services. Each arbitrary refusal by a Health Department certified ambulance service to respond to a medical emergency at Sing Sing CF should be similarly reported to the Department of Health, Bureau of Emergency Medical Services.

27. The Division of Health Services should plan for anticipated future medical isolation needs.

28. The Division of Health Services should develop and promulgate a comprehensive policy and procedure on HIV antibody testing.

29. The Division of Health Services and Sing Sing CF should take immediate steps to provide a special medical diet designed to meet the special nutritional needs and problems of inmate AIDS patients at the SNU. Such a diet should provide a minimum of 3000 calories per day which includes at least 80 grams of protein. Foods unduly irritating to the gastrointestinal tract should be eliminated. Supplemental foods of questionable caloric value should be replaced with high density sandwiches, puddings, milk

shakes and supplements such as Ensure Plus or its equivalent. Hot meals should be served hot. A steam cart should be used. In addition, nursing procedures which require nursing staff to vigorously encourage adequate dietary intake and which require inmate cooks to prepare snacks and supplements from the supplementary food stocks at and under the direction of professional nurses should be enforced. Weights should be obtained twice weekly and diets adjusted accordingly.

30. The Division of Health Services should take immediate action to re-open and maintain an adequate pharmacy with a minimum of two full-time registered pharmacists, one of whom is designated as director. All sub-stock controlled substances and syringes should be returned to the pharmacy, inventoried, discrepancies accounted for, and be re-issued to sub-stock in manageable quantities. The pharmacy at Sing Sing CF should be open and fully operational from 7AM until 4PM five days per week. Medication profiles should be kept for all Sing Sing inmates, and those on AZT and other sophisticated AIDS therapies should be closely monitored by the pharmacy director. The pharmacy director should meet at least bi-monthly with the facility health services director and nurse administrator.

31. The administration of Sing Sing CF should thoroughly clean up the SNU recreation yard. All litter and debris should be removed. Grass should be planted and tended. The garbage bin should be removed. Recreational amenities and equipment suitable for

long-term chronic care patients should be installed. Plantings and other amenities designed to provide an attractive and sheltered environment should be considered.

32. The Division of Health Services should obtain the services of a resident activities/recreation director who shall be responsible for development of a planned program of meaningful indoor and outdoor social, leisure and diversional activities appropriate to the needs and abilities of all of the SNU inmate-patients, and who shall, in consultation with the SNU nursing staff, encourage active participation by all SNU inmate-patients.

33. The Division of Health Services should make definite arrangements to provide a medical social services program at the SNU which shall identify, assess and manage inmate-patient social problems related to their illness, including arrangements for services from community social agencies and other services such as procurement of SSI, Medicaid and habilitation services after release.

34. The Office of Mental Health, Bureau of Forensic Services should develop and implement a mental health service delivery plan tailored to the special needs of SNU inmate-patients, in particular mental health needs related to the final stages of illness and to death and dying.

35. The Division of Health Services should improve procedures for handling laundry at the SNU. Laundry should be delivered ironed or mangled, free of wrinkles and folded. Worn or damaged laundry, especially bedclothes, should be replaced. Tailored and fitted bedsheets should be exclusively used.

36. The Division of Parole should continue to improve and enhance its facility-based services to SNU inmate-patients approaching parole, and should improve coordination with the SNU health care staff and social services staff in preparing eligible inmate-patients for release.

RESPONSE TO "SPECIAL NEEDS MANAGEMENT OF AIDS IN THE DEPARTMENT OF CORRECTIONAL SERVICES" FROM COMMISSIONER THOMAS A. COUGHLIN, III:

In a June 7, 1988 letter to Commission Chairman William McMahon, Commissioner Coughlin took exception to two of the major premises of the evaluation report, namely the Commission's perception of the real incidence of HIV disease among DOCS inmates and the need to develop correctional facility-based enhanced levels of care in a congregate setting as an adjunct to services provided by AIDS centers.

On the subject of the incidence of HIV disease, Commissioner Coughlin stated:

> "At the onset of this public health crisis, it was decided that the Department of Health would be the single state agency responsible for planning the State's response to the disease. Since that time, this Department has, and until notified differently, will continue to follow the advice and direction of the Department of Health (DOH)."
>
> "...you say that (your report), 'argues strongly for acquisition of timely and accurate information on the number of DOCS inmates who are **clinically** ill with HIV disease' ... what you're really calling for is testing of all inmates for HIV positivity. That issue has been decided by DOH in favor of not testing."

On the subject of establishment of skilled nursing and intermediate care levels within DOCS, Commissioner Coughlin stated:

"In a careful reading of your report, it seems to be that the heart of your criticism of the Special Needs Unit is that you believe that the unit should be a skilled nursing unit or at least a higher level of health care than what it was set up as ... (and this) leads the reader to the conclusion that the program was evaluated as something it was never intended to be ..."

"DOCS' primary mission is not one of health care. As Commissioner, I would resist any attempts to redefine our mission to include primary responsibility for health care. Our system is predicated on the use of community health resources."

"AIDS is a devastating personal and societal problem. Any attempt to replicate, in prison, services that should be provided in the community to treat this problem is, in my opinion, bad public policy."

(For the entire text of Commissioner Coughlin's response, please see Appendix D).

Introduction

"Special Needs Management of AIDS In The Department of Correctional Services" is intended to examine, describe and evaluate all aspects of health care service delivery at a specialized medical unit which represents the current state-of-the-art of facility-based care of inmate AIDS patients within the New York State Department of Correctional Services, and to make substantive recommendations concerning the Unit's operations. The overall context of DOCS' management of AIDS, within which the Special Needs Unit operates is also described and, to some extent, evaluated.

Because establishment of the Unit was intended to address problems which were unprecedented in DOCS operations, the Commission chose to extend the time frame for evaluation of the Special Needs Unit to cover the period 1984-1987. This allowed for developmental changes in design and operations of the SNU derived from DOCS' experience in management of AIDS in its facilities and from the rapidly developing state of knowledge about the diagnosis, treatment and management of AIDS overall.

Site visits were made to the Special Needs Unit by a Commission team of two correctional facility health systems evaluators on October 23-25, 1984; August 21-22, 1985; May 6-7, 1986; and November 5-6, 1987. During each visit the superintendent was interviewed upon entry

and at the conclusion of the visit, at which time interim recommendations were made. The facility health services director, Special Needs Unit physician, nurse administrator and health services administrator were interviewed at length, except during the November 1987 visit when no health services administrator was on staff. Nurses responsible for direct care on the SNU during the day and evening shifts were interviewed and their daily activities observed. All SNU inmate patients were interviewed as were inmate health assistants and inmate porters assigned to the Unit. The pharmacist, dentist, laboratory technician and x-ray technician were interviewed. The SNU, pharmacy, emergency unit, nursing station, radiology unit, dental suite and laboratory were inspected. Mental health staff were interviewed. Selected volunteer services personnel were interviewed as were correction officers on the SNU.

A medical records audit was conducted for all current SNU patients during the 1985, 1986 and 1987 visits.

Data were obtained from the Sing Sing CF Health Services Policy and Guidelines Manual, selected program and security directives, facility health services unit monthly reports, staff meeting minutes, medical records and staffing plans.

An average of four staff days was expended for each visit.

Because the SNU is a specialized unit dealing with severe chronic and terminal illness characterized by frequent medical emergencies,

Standards for the Operation of Medical Facilities as outlined in Title 10, New York Codes Rules and Regulations, Chapter V were used where applicable. Pertinent standards are cited where used. In general, the minimum applicable standard is cited. A variety of other reports, previous evaluations, statistical summaries, personal communications, public statements and other references are cited.

Unless otherwise noted, cited deficiencies in SNU operations persisted throughout the four-year evaluation period.

Because the SNU draws various services from the Sing Sing CF general health care delivery system, those services which are not an integral part of the SNU but which impact its operations were evaluated.

The evaluation report begins with an executive summary followed by the Commission's recommendations. The remainder of the report is organized into five chapters. Chapter I provides an historical overview and general description of HIV disease among inmates and its management in the Department of Correctional Services and, in particular, the SNU. Chapter II discusses the administration,policies and procedures governing the Special Needs Unit. Chapter III describes the physical plant housing the SNU. Chapter IV describes and evaluates medical and nursing services. Chapter V deals with support services. Each chapter is followed by a capsule summary and recommendations.

I. Background and Overview

The New York State Department of Correctional Services operates a total of 53 correctional facilities for the incarceration of persons sentenced to indeterminate terms of imprisonment. During the second quarter of 1987 these facilities housed an aggregate average daily census of 39,839 inmates.[1] DOCS receives an average of 1,600 newly committed inmates each month and discharges an average 1,364 inmates monthly on parole or upon expiration of sentence.[2]

The Department of Correctional Services provides direct medical care to inmates within its facilities. The Commission of Correction and its Medical Review Board reviews, monitors and regulates the delivery of health services to the nearly 40,000 inmates currently incarcerated at state correctional facilities.

It is estimated that DOCS spent approximately $50 million in Fiscal Year 1986-87 for direct medical services, excluding related security costs (estimated at $10 million), fringe benefits, equipment, general support and expenditures incurred by the New York State Office of Mental Health, which provides mental health services to this system. DOCS officials estimate that DOCS will expend $10.8 million for direct AIDS medical services and $7.6 million in associated security costs in fiscal year 1988-89.[3]

DOCS, through its Division of Health Services, provides direct ambulatory care services (walk-in clinics) and facility infirmary services (primary inpatient services) at all maximum and most medium security facilities. Seven medium security facilities and all minimum security facilities rely on "outreach" services provided by the larger facilities.[4] All maximum security facilities and all except seven medium security facilities have an organized health care staff consisting of a licensed physician who serves as medical director, other physicians, physician extenders (physician's assistants and nurse practitioners), registered and practical nurses, a pharmacist, medical technicians and clerical support.[5]

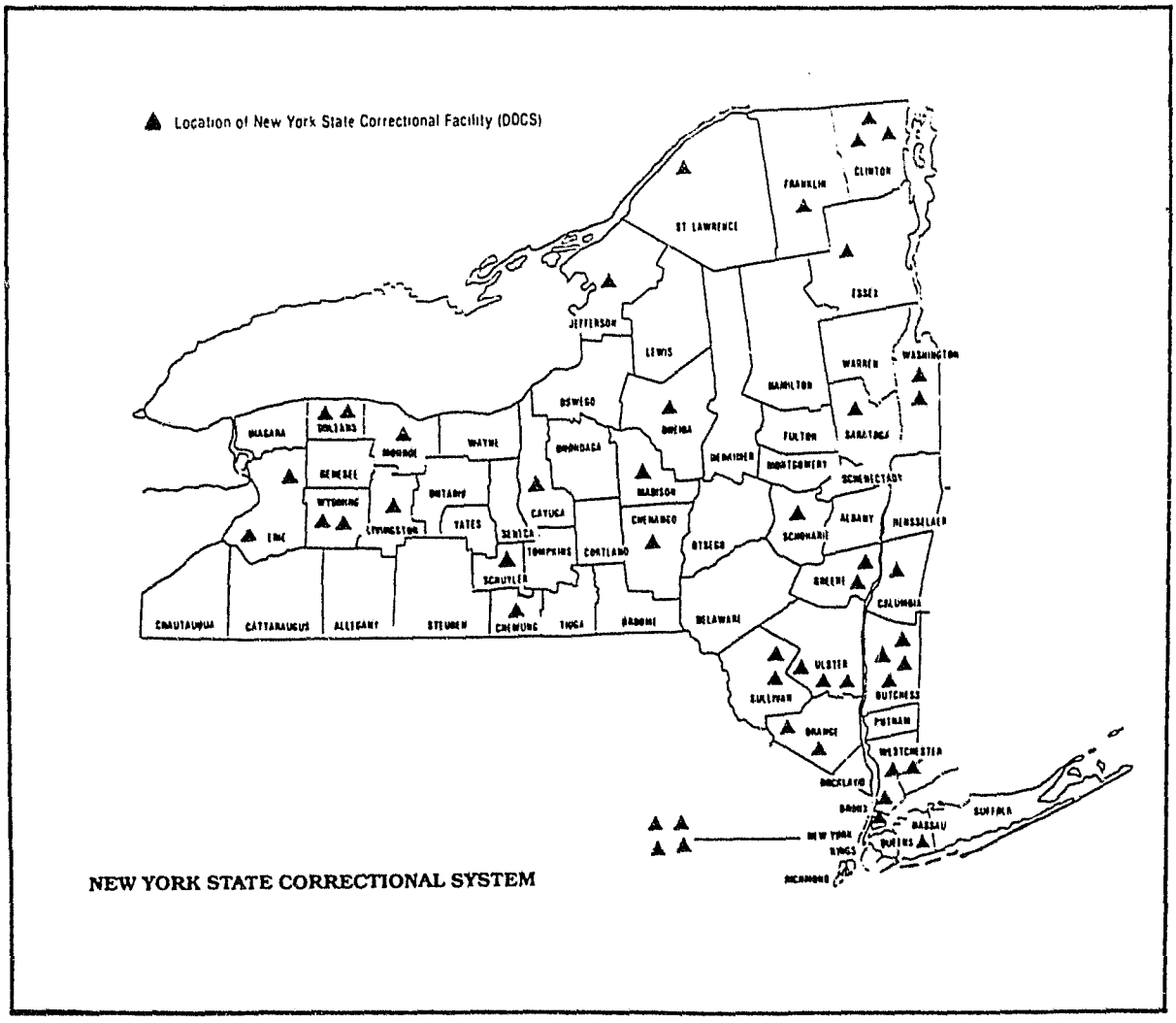
State correctional facilities compete in their locales for services of community-based hospitals for all inpatient medical/surgical services and for medical emergencies. Formally contracted hospital services are available at only eight hospitals (Erie County Medical Center, Champlain Valley Physicians' Hospital, St. Clare's Hospital, Horton Memorial Hospital, Helen Hayes Hospital, Emma Lang Stevens Hospital, Glens Falls Hospital and Richmond Memorial Hospital). These provide approximately 60 contracted hospital beds for the entire DOCS population. All other local hospital services are provided on an informal demand-for-service basis. Sophisticated procedures, (those not readily available except in a hospital setting) and specialized clinic services are also provided in this fashion, including the highly specialized services required by those with suspected or confirmed human immunodeficiency virus (HIV) disease.

Only four facilities have a health care administrative structure which is separate from clinical services.

DOCS does not submit a separate health services budget which is integrated with its overall requested appropriation.[6] Medical and dental services are currently funded as a Support Services sub-program. It is, therefore, difficult to audit the precise cost of inmate health care or to assess the return on the DOCS health care dollar.

FIGURE 1

NYS CORRECTIONAL FACILITIES



DEFINITION OF AIDS

As expected, the state of epidemiological and clinical information regarding Acquired Immunodeficiency Syndrome (AIDS) progressed substantially during the period covered by the evaluation report (1984-87). In 1984 the federal Centers for Disease Control defined a case of AIDS as:

> "... a disease, at least moderately predictive of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to that disease."

Since then a variety of developments, including the discovery of a retrovirus believed to be the causative agent for defects in cell-mediated immunity, the human immunodeficiency virus (HIV), and the clinical identification of various manifestations of both HIV infection and associated secondary infections have resulted in development of a classification system for HIV infection [7] and revision of the CDC surveillance case definition for AIDS [8].

For purposes of clarity and simplicity, this report will refer to inmate-patients with "HIV infection", "AIDS-Related Complex" (ARC) and "AIDS". These terms correspond to the CDC Classification System and Revised CDC Case Definition as described in Table 1.

TABLE 1

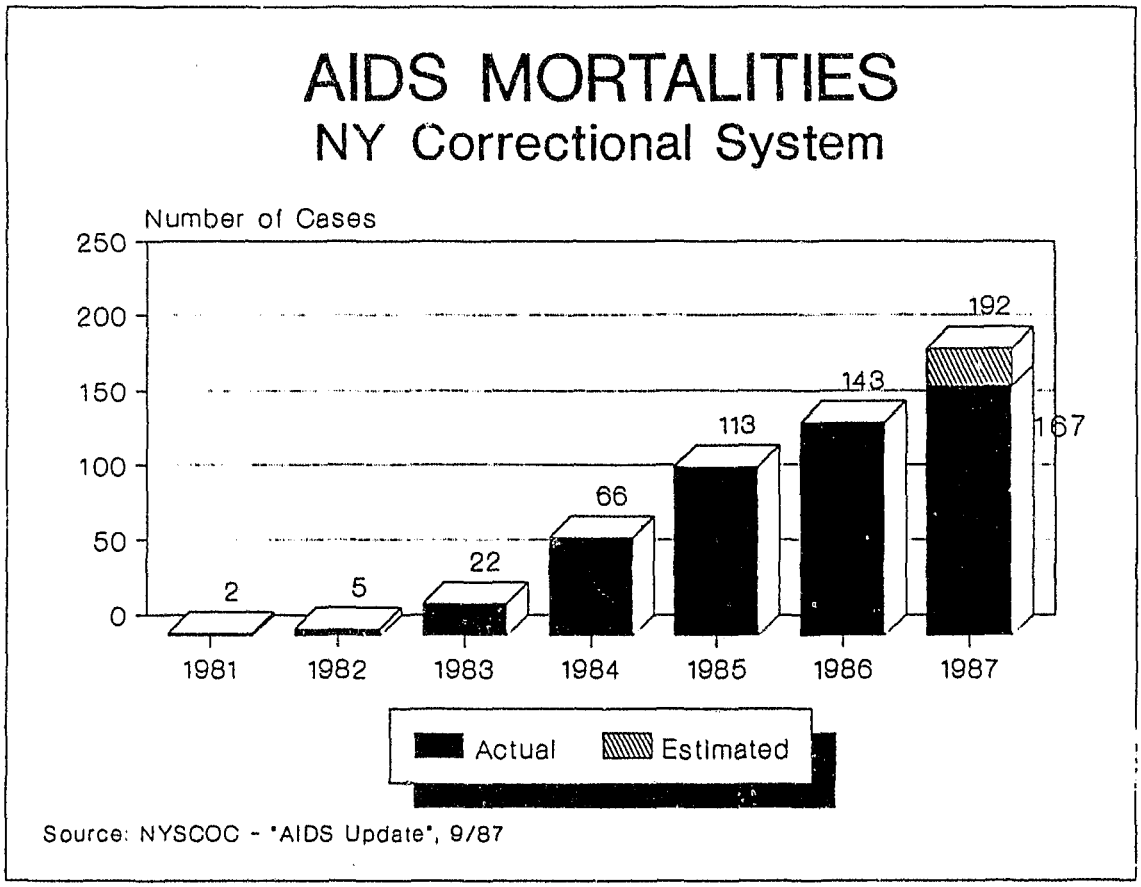
Comparative Terminology Employed
In "An Evaluation of Health Care Services
at the Sing Sing CF Special Needs Unit"

EVALUATION REPORT	CENTERS FOR DISEASE CONTROL
HIV Infection	Group I: Acute HIV Infection Group II: Asymptomatic HIV Infection
AIDS Related Complex (ARC)* *A variety of clinical and laboratory criteria are separately defined by CDC	Group III: Persistent Generalized Lymphadenopathy
Acquired Immunodeficiency Syndrome (AIDS)	Group IV: Other Disease A: Consitutional Disease (Definitive) B: Neurologic Disease (Definitive) C: Secondary Infectious Disease (Definitive or Presumptive depending upon the status of laboratory evidence of HIV infection)

INCIDENCE AND MANAGEMENT OF AIDS IN DOCS

Between November 1981 when the Medical Review Board reported the first two inmate mortality cases referable to what later became known as AIDS, and October 31, 1987 a total of 513 inmates have died from AIDS. Of these, a total of 433 died in the custody of DOCS. Figure 2 illustrates reported inmate AIDS mortalities from November 1, 1981 through October 31, 1987, with the Commission's projections for total 1987 deaths.

FIGURE 2



The growth in the AIDS mortality rate, originally predicted to be exponential, appears to have levelled off at an average 20% per year when adjusted for population.

Determination of the real incidence of AIDS, ARC and other clinical illness referable to HIV infection among DOCS inmates has been an imprecise science at best. This is due in part to a complex and scientifically rigorous set of diagnostic criteria imposed upon state

public health officials by the U.S. Public Health Service, Centers for Disease Control. The criteria for a diagnosis of AIDS have been expanded twice since 1984, most recently in August, 1987.[9]

The Commission's experience with detailed investigations of inmate AIDS mortalities leads to the conclusion that diagnosed, fully developed AIDS represents only one segment of a broad spectrum of HIV disease which also includes symptomatic HIV infection, clinical signs and symptoms suggestive of HIV compromised immunity, and AIDS Related Complex. The recent medical literature documents the burgeoning development of therapeutic and prophylactic interventions which are believed effective early in the clinical course of HIV disease.[10] These developments, together with the manifest need to formulate plans for the allocation of scarce health care resources and for development of cost-effective patient management models argues strongly for acquisition of timely and accurate information on the number of DOCS inmates who are clinically ill with HIV disease. In the Commission's opinion, sufficiently accurate information is not presently available.

According to DOCS officials, the Division of Health Services maintains a perpetually updated listing of inmate AIDS and ARC cases reported by the various facility health units according to a standardized reporting format. Initial reporting is typically by telephone on a weekly basis with completed written reports subsequently mailed. Staff from the Department of Health, Bureau of Communicable Disease Control meet bi-monthly with DOCS staff and

obtain newly reported AIDS case reports for eventual confirmation. ARC cases are not reportable to the Department of Health.

DOCS policy dictates that an inmate may not appear on the AIDS case list unless a diagnosis of one or more CDC designated indicator diseases has been made by a CDC-approved diagnostic method. Similarly, the ARC listing consists of only those inmates who present with at least two of six CDC-approved clinical manifestations and at least two of the nine approved laboratory abnormalities. Although this method of identifying inmate AIDS and ARC patients insures that those identifications which are made are definitive, inmate-patients who are clinically ill, are under presumptive treatment, or who meet some, but not all of the necessary diagnostic criteria are not counted. Some inmates are hospitalized with presumed AIDS or ARC but are too ill to undergo some invasive diagnostic procedures necessary to satisfy CDC criteria. Other problems include:

-- the unavailability of correctional facility-based diagnostic capabilities. All definitive diagnoses must await access to hospital-based infectious disease clinics or results from commercial diagnostic laboratories;

-- variations among facilities in the use of and reporting of HIV antibody tests, now a critical diagnostic indicator for both ARC and AIDS;

-- significant numbers of inmates who evade diagnosis because of fear of stigmatization or fear for personal safety;

-- the DOCS reporting format, which was designed for reports of AIDS and which does not elicit six of the indicators for ARC (DOCS is currently revising the format);

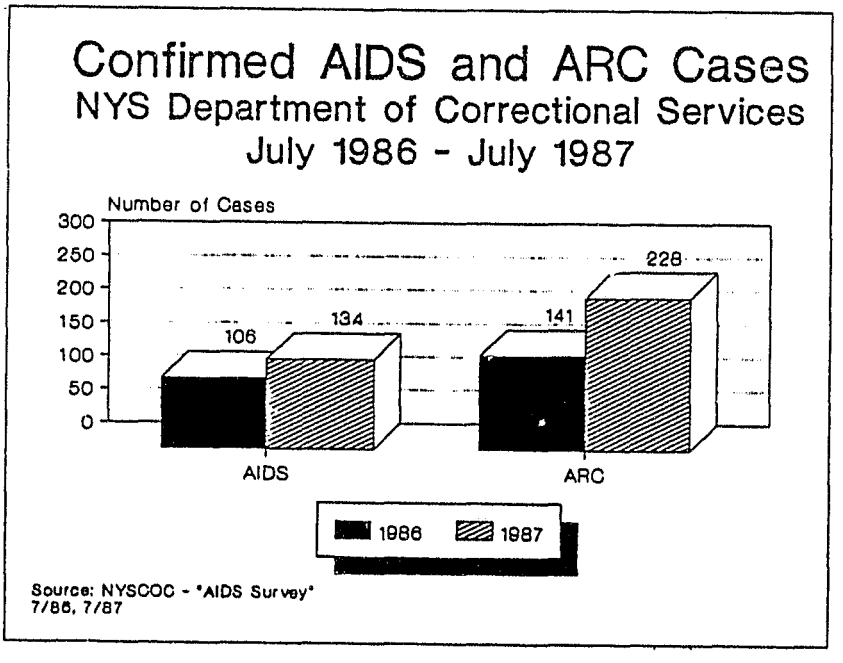
-- significant numbers of inmates for whom no AIDS diagnosis is made until autopsy. In 1986, 24 cases were so diagnosed. A partial review of 1987 cases reveals 21 autopsy confirmations with records and autopsy reports pending in 35 others; and

-- Department of Health confirmations of AIDS diagnoses are entirely retrospective, with a median lag time of 6.7 months.[11] DOH does not receive ARC reports or maintain records on ARC.

As a result of an enforced adherence to CDC/DOH guidelines, DOCS' official reports of the number of inmate ARC and AIDS patients at any point in time may be at variance with the perceptions of clinicians and allied health care staff in the various facilities and with the surveillance reports of the Department of Health, whose confirmed figures lag far behind. Predictably, this generates controversy.

For example, in July 1987 DOCS reported that it was managing 87 inmate AIDS patients and 136 inmate ARC patients. Eighty-three of the 87 AIDS patients were confirmed by the Department of Health as of the end of 1987. In July, 1986 and again in July, 1987, the Commission surveyed 49 DOCS facilities. In each case the health services administrator, facility health services director or the nurse administrator was asked to report the current number of diagnosed AIDS and ARC cases on the facilities' census. Figure 3 illustrates that the 1987 survey yielded reports of 134 inmate AIDS cases and 228 inmate ARC cases, and that the figure grew by 54% over the same period in 1986.

FIGURE 3



Data elicited from the Commission survey are self-reported, cannot be verified, and in some cases may reflect the subjective perceptions of the health care providers who reported. A facility medical director who hospitalized an inmate for what he believed was AIDS may report what is believed, as differentiated from what is precisely known.

While CDC-defined data on AIDS and ARC cases are useful in following epidemiological trends, clinicians and health planners are confronted with providing for the needs of persons seriously ill with HIV who, at a given point in time, cannot always be easily placed in a clear diagnostic category. The recent expansion of CDC diagnostic criteria alone is expected to increase AIDS reporting by 19% [12]

In its March, 1988 pamphlet entitled "A Physician's Guide to AIDS: Issues in the Medical Office", the Department of Health advises physicians:

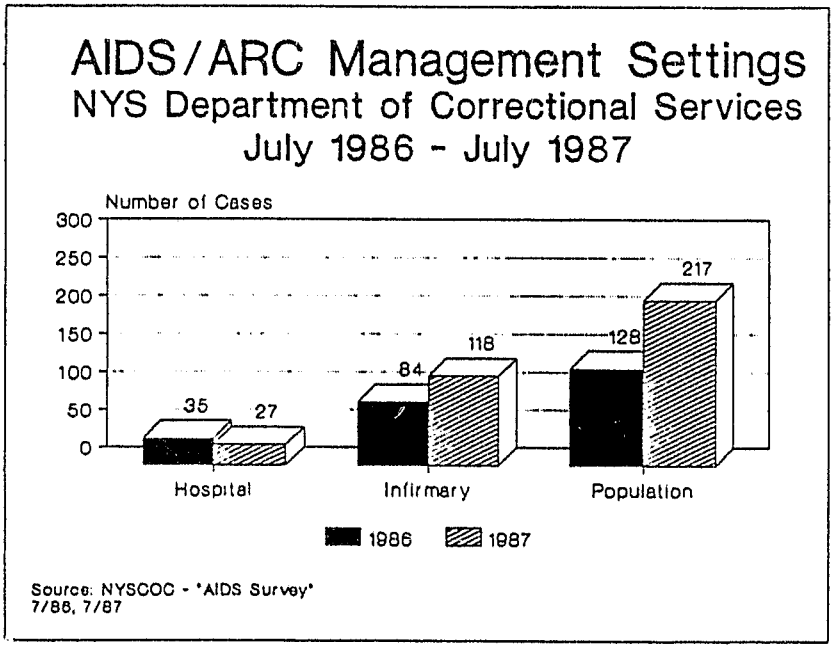
> "The diseases indicative of AIDS are serious and their therapies often include serious side effects. Therefore, it is generally important to diagnose these diseases definitively. However, in some situations the patient's condition contraindicates definitive invasive procedures, or accepted clinical practice may include presumptive diagnosis based on the presence of characteristic clinical and laboratory abnormalities."

The appearance of AIDS in state correctional facility populations in 1981 and its prevalence among inmates since then poses the greatest challenge ever to be encountered in institutional health care delivery. The management of AIDS and other forms of HIV disease and their associated problems requires a complete and sophisticated range of services and a multidisciplinary approach to the patient which draws from the medical, nursing, dietary, psychological, social science, health education and pastoral disciplines. In determining the need for establishment of AIDS centers, the New York State Department of Health described the "special needs" of AIDS patients:

> "The health care needs of AIDS patients require comprehensive, coordinated case management and dedicated, intensive health care services that are not generally required by patients with other diseases."[13]

Institutional health care delivery systems (especially that of DOCS) which are primary care and patient-demand oriented are not designed or constituted to meet the complex needs of inmates with HIV disease.[14] At present DOCS attempts to manage AIDS and symptomatic ARC patients in primary care facility-based infirmaries scattered throughout the state in 33 maximum and medium security facilities. These are capable of only the most rudimentary diagnostic services and are not staffed or equipped to deliver care at the skilled nursing care level.[15] Figure 4 illustrates the various settings in which DOCS attempted to manage confirmed AIDS and ARC cases between 1986 and 1987.

FIGURE 4

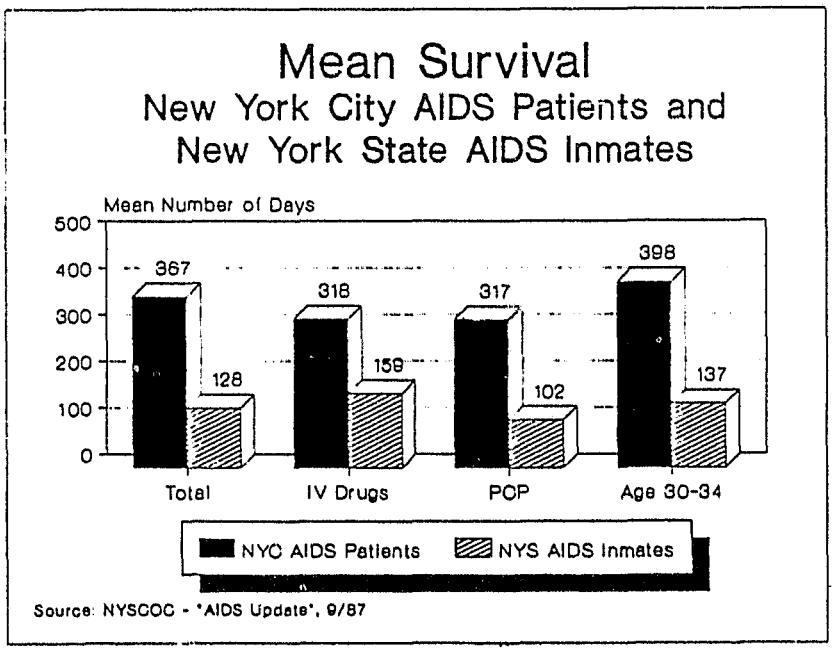


This strategy results in an ever increasing reliance on public and community hospital-based inpatient and outpatient services at a time when there is accompanying resistance to provision of such services for DOCS inmates.[16] The number of DOCS inmate AIDS patients needing hospital services has exceeded the capacities of nine university-affiliated medical centers (three of which are designated AIDS centers), available to inmates. Nor can this need be met by DOCS' contracted capacities in secondary care hospitals. As a result DOCS has been forced to seek services on a demand basis from an increasing number of small, often rural, secondary care hospitals which are ill-equipped to provide the broad range of services necessary to manage AIDS patients. This, combined with gross disparities in health care staff capability to diagnose, treat and provide medical management

of HIV disease among the some 33 facilities involved, leads to wide variation in the quality and availability of care.[17]

DOCS has thus far been reluctant to congregate inmates with HIV disease on a large scale in designated enriched-resource facilities with medical center or AIDS center access, citing the wish to avoid creation of segregated sub-groups analogous to lazarettos or "leper colonies."[18] DOCS' attempt to manage AIDS and ARC in its widely scattered infirmaries with erratic access to hospital-based services may, in part, explain low mean AIDS survival rates among DOCS inmates when compared to a cohort of AIDS patients studied in New York City as illustrated in Figure 5.

FIGURE 5



THE SPECIAL NEEDS UNIT

The DOCS Division of Health Services, recognizing the need for treatment units capable of providing comprehensive multi-disciplinary treatment of AIDS victims, established in 1984 the Special Needs Unit located at Sing Sing CF. Sing Sing CF is a maximum/medium security facility located in Ossining, Westchester County, New York. It has a capacity of 2,305 inmates. Originally designed to accommodate 12 inmate AIDS patients, the concept or "philosophy" of the Unit was to provide "optimal care", that is, a higher level of medical and nursing management for confirmed AIDS patients than was available elsewhere in the DOCS system.[19] The Unit was also intended to provide a multidisciplinary approach to the AIDS patients managed there in order to create a therapeutic and near-normal quality of correctional facility life for those patients.[20] The Unit was situated at Sing Sing CF because it had excess infirmary capacity and because of the proximity of Westchester County Medical Center, then the primary resource for hospital services to inmate AIDS patients.

In 1986 Westchester County Medical Center discontinued all inpatient and outpatient services to DOCS. At nearly the same time, DOCS' plans for establishment of a 25-bed acute care medical unit for inmate AIDS patients at Metropolitan Hospital Center in Harlem collapsed because of excessive delays, escalating costs and community resistance. DOCS turned in 1986 to the Archdiocese of New York for the services of St. Clare's Hospital in Manhattan which was subsequently certified by the Department of Health as an AIDS Center

and which provides DOCS with an average of eight inpatient beds and an outpatient infectious disease service. In 1987, DOCS successfully negotiated a contract which will, by January 1988, provide 25 inpatient beds in a secure setting at St. Clare's for acute care of inmate AIDS patients and for evaluation, diagnosis and therapeutic monitoring of ARC and AIDS patients on an outpatient basis.[21]

While the St. Clare's service agreement represents a major improvement in acute care and outpatient services for inmate ARC and AIDS patients, it does not begin to meet DOCS' needs in this regard. Notwithstanding the imprecise current state of knowledge concerning the real incidence of clinical HIV disease, the several hundred cases presently known to DOCS all may, at some stage, require outpatient service, acute care and long term medical management including monitoring of complex therapy.

At present, the Special Needs Unit operates as a therapeutic adjunct to the St. Clare's Hospital secure AIDS unit. According to the nurse administrator at Sing Sing CF, St. Clare's admits and/or provides outpatient services to inmates other than those assigned to the Special Needs Unit only if SNU does not require the beds. Division of Health Services officials recently stated that an additional three regional Special Needs Units are planned to accommodate expected increased capacity at St. Clare's and hoped-for secure capacity-building at other AIDS Centers.[22]

It appears to be the intent of DOCS to operate Special Needs Units as "step-down" adjunct facilities for the purpose of providing medical management at various levels of care for those inmate AIDS patients not in need of acute inpatient care, and who are under the nominal management of an AIDS center outpatient department, but who have all of the other special needs associated with AIDS including:

-- 24-hour emergency services;
-- "home" health and personal care services;
-- direct long term care, hospice care, and/or residential living care up to and including the skilled nursing level;
-- comprehensive individual patient management plans, updated regularly;
-- psychological and psychiatric services;
-- medical social services;
-- comprehensive discharge planning (parole or other forms of temporary/permanent release from custody);
-- infection control;
-- in-service clinical staff education;
-- a quality assurance program and;
-- an adequate physical plant.[23]

As will be shown in subsequent chapters of this report, the Special Needs Unit as presently constituted, staffed, equipped and programmed, does not meet these demonstrated needs of AIDS patients. In fact, based on thorough evaluation over a four-year period, Commission staff have concluded that the Special Needs Unit does provide a sheltered, segregated dormitory environment removed from the everyday stress of correctional facility life, where an overburdened staff strives to make the patient comfortable and to communicate empathy with his situation. This is laudable but does not address the identified needs of AIDS patients or approach the current generally accepted state-of-the-art in management of AIDS.

In their response to this report DOCS officials stated that the aims and objectives of the SNU are clearly outlined and that there is no need to redefine or expand the concept of the SNU. (See Appendix D, Item #1).

CHAPTER SUMMARY

The prevalence of AIDS in state correctional facility populations poses a challenge to the DOCS health care delivery system for which it was not designed and which it is not adequately prepared to address. According to DOCS records, in July, 1987 some 223 inmates were under treatment for AIDS and ARC as defined by the Centers for Disease Control. This does not include inmate-patients ill with HIV disease who may have been under treatment but who, for several reasons, do not meet CDC diagnostic criteria. Most of the patients are scattered among some 33 facilities throughout the state, and managed in primary care infirmaries which have limited and erratic access to hospital based services and which exhibit wide disparities in quality and availability of care. An average of ten inmate AIDS patients are managed in the Special Needs Unit where DOCS seeks to provide the comprehensive, intensive level of care required by all AIDS patients. The development of a specialized treatment unit where inmate AIDS patients can be grouped and provided comprehensive, coordinated medical management is a sound and necessary goal. However, as presently constituted, staffed, equipped and programmed, the Special Needs Unit does not meet that goal.

CHAPTER I RECOMMENDATIONS

1. The Division of Health Services should redefine the concept of the Special Needs Unit as an advanced, intensive treatment unit which operates as a coordinated adjunct to the inpatient and outpatient services of an AIDS Center, and which takes a multidisciplinary approach to the patient, providing multiple levels of direct care and a range of program services designed to facilitate development of a therapeutic residential living and hospice community. A multidisciplinary patient management team should be appointed and should meet regularly.

2. The Division of Health Services should continue to develop and implement its announced plans to replicate the Special Needs Unit, provided that the Unit concept is appropriately redefined and each unit is coordinated via a written service agreement with the inpatient and outpatient services of an AIDS Center as defined by the NYS Department of Health.

II. Administration, Policies and Procedures

HEALTH SERVICES ADMINISTRATION

The Special Needs Unit is located at Sing Sing CF, a large maximum/medium security facility with an average daily census in excess of 2,300 inmates. According to the Deputy Superintendent of Administration, delivery of a full range of health services to this population in addition to management of the Special Needs Unit is a demanding and complex task which requires the skills of a health care administrator.

During the 1985 and 1986 visits, the Sing Sing CF health services administrator detailed the duties and responsibilities of this position:

- purchasing and accountability for supplies, equipment and outside services;
- arrangements for planned outside hospital admissions and discharges;
- preparation, adjustment and maintenance of the health care staffing plan;
- personnel services and relations;
- management of the medical records department;
- physical plant maintenance and housekeeping;
- management of in-house laboratory, radiology, and pharmacy services;
- management and accountability for outside health care providers including private agency nursing and medical consultants;
- budgeting;
- staff recruitment;
- development, revision and enforcement of written policy and procedure;
- coordination of various health care services, i.e., ambulatory, infirmary, pharmacy, SNU, laboratory, radiology, etc.

During the November, 1987 site visit, the Commission evaluation team learned that the health services administrator budget line item had been summarily transferred from Sing Sing CF to Bedford Hills CF with no explanation other than the Division of Health Services believed that the health care administrative function could be adequately performed by an Albany-based health services administrator. During the November site visit, health care staff complained that none of the necessary administrative functions are performed by anyone in Albany and that the health services administrator nominally assigned to Sing Sing CF had not visited since July, 1987.

The evaluation team observed that, at present, all of the purely administrative functions connected with health care delivery at Sing Sing CF are shared by the nurse administrator and the facility health services director. The nurse administrator, who by title should be supervising the quality and availability of direct nursing care, states that she spends between 60% and 70% of her time on administrative details. The facility health services director who is responsible for the quality and availability of all health care and for the professional practices of the health care staff, and who is the only full time physician employed at Sing Sing CF, states that nearly 50% of his time is devoted to administrative duties. Indeed, during the initial interview with the facility health services director on November 5, 1987, the evaluation team observed him reviewing, verifying and approving a voluminous pile of bills submitted by a commercial diagnostic laboratory. Clearly, this represents an

inappropriate use of physician time and can only serve as an impediment to adequate health care delivery.

In their response to the evaluation report, DOCS officials stated that the management abilities of the medical director and nurse administrator have been recognized and are adequate to meet needs. In addition the regional administrator has specified duties with regard to the SNU (See Appendix D, Item #3).

During the November 1987 site visit the problem of attempting to maintain a staff schedule sufficient to adequately cover the inpatient care unit (IPCU), SNU, sick call screening and emergency unit without the services of an administrator was particularly evident. The nurse administrator, who (properly) views her primary responsibility as coordinator of direct care, found herself short two nurses on the evening shift on November 5, 1987 with the day shift waiting to give report and complete the controlled substances count. Both nurses had called into the facility during the day shift, but no one knew who had spoken to them and no one had communicated any information to the nurse administrator. On November 6, the primary physician coverage for the SNU did not appear and could not be located. There was some question as to whether his schedule had changed. (Commission staff were present until 5:00 p.m.) A medical emergency occurred on that afternoon.

One positive aspect of health care administration affecting the Special Needs Unit is the excellent clinical and administrative

coordination between the SNU and St. Clare's Hospital. Though the evaluation team could find no policy or statement of duties and responsibilities for the clinical coordinator, the staff member responsible for that function was interviewed by the evaluation team during the 1987 site visit. A review of patient records revealed that coordination of inpatient admissions and discharges and of outpatient clinic visits was excellent and that cooperation and communication between the SNU and St. Clare's Hospital was excellent. For the most part, clinic visits and planned admissions and discharges took place as scheduled. Emergency evaluations and admissions were expeditiously managed, with the exception that all admissions to St. Clare's require approval from Division of Health Services in Albany. This appeared to the evaluation team to be superfluous given the activities of the clinical coordinator. This procedure also risks unnecessary delays in effecting emergency admissions to St. Clare's.

POLICIES AND PROCEDURES

The Sing Sing CF Medical Department Policies and Guidelines Manual for the Special Needs Unit was reviewed during the 1984, 1985, 1986 and 1987 site visits. It contains the following:

900 - Special Needs Unit:
Philosophy, Purpose and Description
901 - Multidisciplinary Committee
902 - Inmate Conduct During Infirmary Rounds
903 - Inmate Privileges and Services - SNU
904 - Standards for Nursing Practice - SNU
905 - Health Teaching Plan - SNU
906 - Infection Control - SNU
907 - Housekeeping - SNU
908 - Administration of Amphotericin B

The policy and procedure defining the Special Needs Unit (900) is a single page written in 1983 (See Appendix A). It provides no meaningful information on the operations of the Unit. With the single exception of the policy on Amphotericin B (1986) none of the policies and procedures have been revised since 1984 nor have any new policies or procedures been added since then. The evaluation team was told by health care staff during the 1986 site visit that the multidisciplinary committee (901) met once and was disbanded. It did not meet during 1987. Standards for Nursing Practice and the Master Nursing Care Plan are comprehensive and well written, but the evaluation team observed during each of the four site visits that it was neither adhered to nor enforced (Chapter IV). The Housekeeping Guidelines were inadequate (Chapter III). The Infection Control Guidelines were obviously written for the infectious disease unit of a large hospital and incorporated into the manual without adaptation. They have little applicability in the SNU. Yet, the evaluation team observed evidence of violations of some of the simplest and most effective infection control precautions during the 1987 visit (Chapter III).

In their response, DOCS officials indicated that SNU Policy and Procedure Item #900 was sufficient to define the mission and objectives of the SNU (See Appendix D, Item #4).

The most noteworthy deficiency in the SNU Policy and Guidelines Manual is the omission of any criteria for admission to and discharge from the Special Needs Unit. According to the Sing Sing CF facility health services director, all SNU admissions are selected by the

assistant commissioner for health services. The only criteria for selection of candidates for admission known to Sing Sing CF staff is a confirmed AIDS diagnosis. Throughout the evaluation period, the evaluation team was unable to determine how patients were selected for admission. According to the facility health services director, an SNU patient is not discharged once admitted except through parole, temporary release, or death. The nurse administrator is of the opinion that discharge of stable patients from SNU to other facilities would result in rapid deterioration and a hastening of death. Since SNU patients are never discharged, admission criteria (except for a diagnosis of AIDS) are meaningless. The SNU patients may as well be selected at random from among the pool of DOCS inmates who are diagnosed with AIDS. It is, therefore, impossible to establish and maintain one fixed level of care at SNU. The Division of Health Services has not defined or established multiple levels of care required by different patients or by the same patients at different times. When patients deteriorate, they are managed at St. Clare's Hospital until they improve sufficiently for discharge to the SNU. Should their conditions improve further at the SNU, they are retained there. If their treatment needs fall somewhere between those of an acutely ill patient and those who are asymptomatic/ambulatory, they still remain on the Unit. The result is a patient population in which there is a mixture of acutely and chronically ill patients together with ambulatory asymptomatic self-care patients who do not need the services of a specialized medical/nursing unit at the moment. This patient level of care mixture was observed during all four site visits comprising the evaluation period.

SNU now houses up to eleven inmate-patients who receive respectful and considerate care at undefined levels in a sheltered environment, regardless of their clinical status, and who are merely more fortunate in that regard than the hundreds of other inmate AIDS patients who might benefit from an enriched resource, enhanced care medical/nursing unit.

CONTINUING MEDICAL EDUCATION

A program of orientation of new health care staff and a continuing in-service education and training program is an essential component in the organization and administration of any specialized medical treatment facility.[24] This is particularly true in a unit which treats HIV disease, where the state of clinical knowledge about treatment of the disease is advancing rapidly and where the clinical courses of the individual patients often take unexpected turns.

Although all DOCS nurses are allowed four paid career development days per year by virtue of their collective bargaining agreement, DOCS provides no organized program of orientation or continuing in-service clinical training to the health care staff in the SNU. In the Commission's opinion, this deficiency does not contribute to health care staff morale or quality assurance.

Division of Health Services officials informed the Commission that $200,000 has been earmarked for training of DOCS health care staff in the FY 1988-89 budget (See Appendix D, Item #5).

QUALITY ASSURANCE

The Division of Health Services staffs a director of health care standards in its central office in Albany. However, interviews with health care staff at Sing Sing CF reveal that there is no formal peer review or other quality assurance program at Sing Sing CF which regularly audits health care and reviews quality of care issues at the SNU. The complex care required by AIDS patients speaks strongly for the need for such a program.

CHAPTER SUMMARY

While clinical coordination between St. Clare's Hospital and the Special Needs Unit is viewed as excellent, the general administration of the SNU needs improvement, due in part to the summary removal of the health services administrator position, and the subsequent uneven health services administration at Sing Sing CF by the Division of Health Services.

Policies and procedures for the Special Needs Unit are inadequate or not enforced and have not been reviewed, improved or updated since 1984.

Except for a confirmed diagnosis of AIDS, there are no criteria for admission to or discharge from the SNU. Inmates are not discharged from SNU when their conditions improve so as to make space available for other inmates in need of SNU services. Levels of care are not established or defined and patients are not admitted or discharged according to level of care need.

There is no formal organized continuing medical education program on HIV disease or any other subject for health care staff assigned to the SNU.

There is no organized quality assurance program.

CHAPTER RECOMMENDATIONS

3. The Division of Health Services should immediately appoint a health services administrator to Sing Sing CF who is qualified by training and experience to manage a health services delivery system called upon to deliver complex multi-faceted care.

4. The Division of Health Services should develop a comprehensive policy and detailed procedures for the operation of the SNU. Such policy and procedures should define the mission and objectives of the SNU and its admission and discharge criteria; provide a utilization review process, staff performance standards and an adequate and appropriate infection control procedure; and should define levels of care available within the SNU. The Division of Health Services should insure that all policy and procedures are enforced.

5. The Division of Health Services should design and operate a comprehensive orientation/training and clinical in-service training program for all health care staff assigned to the SNU.

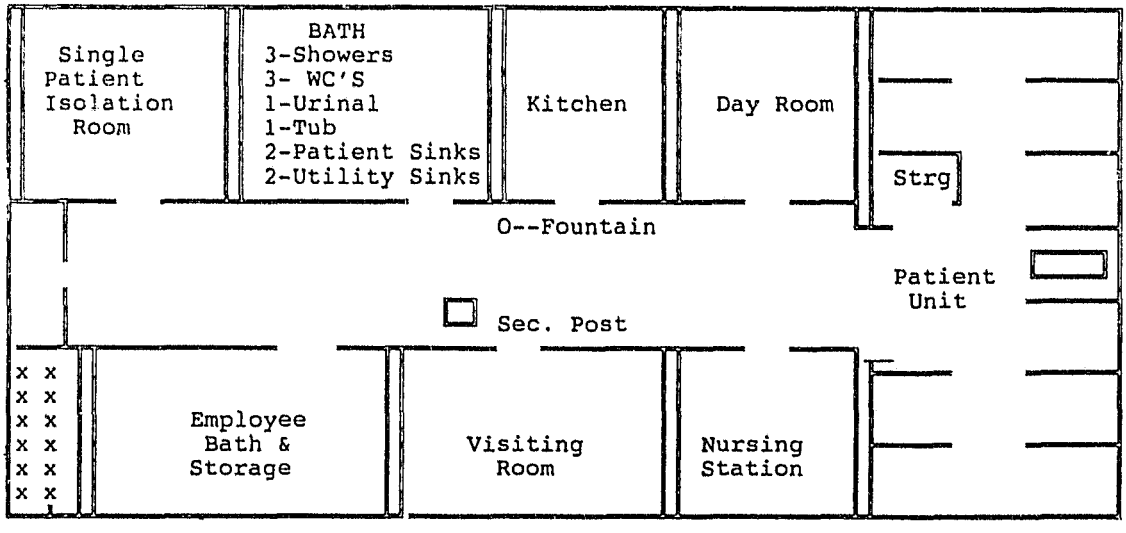
6. The Division of Health Services should develop and implement a formal, organized quality assurance program at the SNU.

III. Physical Plant and Equipment

The Special Needs Unit is located on the fourth floor of the Sing Sing CF hospital building and occupies approximately 25% of the available space on that floor. The building is old (1919) and has never undergone complete renovation. Figure 6 illustrates the floor plan of the Unit.

FIGURE 6

Floor Plan, Special Needs Unit, Sing Sing CF
(not to scale)



PATIENT UNIT

Inmate patients are housed in a 10 bed dormitory composed of divided plexiglas cubicles, each providing just under 42 square feet of floor space. The average census for the four site visits was 10.Patient beds extend past the length of the cubicles. The space provided per patient is approximately half that needed at a minimum to provide adequate patient bedside care.[25] The evaluation team observed patient cubicles to be so cramped with bed, other equipment and inmate personal possessions as to make any bedside examination or emergency treatment difficult. During a medical emergency on November 6, 1987, the evaluation team observed that staff had to literally get into bed with the patient to provide emergency care.

Each cubicle is equipped with an electric or manually operated hospital bed and a bedside stand. There are a few overbed tables. Small lockers are available for inmate personal property but it was observed that only a few inmates use them due to space limitation. The evaluation team observed inmate personal property piled on the floor, in cubicle corners, under beds and in every other available space. This arrangement encourages accumulation of dust, makes housekeeping and infection control difficult and presents a fire hazard. During the 1984, 1985 and 1986 visits patients used spare bedsheets suspended from rope for cubicle privacy. In 1987 ceiling track-mounted hospital privacy curtains were installed. There is no nurse/patient call system.

There is a single private room that is used for acutely ill patients, those with altered mental status, total-care patients or those on enteric precautions or other forms of isolation. It is equipped with a sink and water closet. There is a nurse/patient call system in this unit.

During the 1984 visit the ceiling of the SNU was leaking. The evaluation team was told that a request for repairs had been made. In 1985 roof patches had been made but extensive leakage was still evident as it was during the 1986 visit. During the 1987 visit, the evaluation team was told that ceiling leakage had been stopped, except for the dental suite on the third floor. Some damage from previous leaks had not been repaired.

During the 1987 site visit, the evaluation team found that three of the eight electric beds did not operate. Two were missing either headboards or footboards. During all four visits, the evaluation team noted that in empty patient cubicles, beds were left unmade and used for temporary storage.

According to DOCS officials, work orders for repair of beds have been submitted, space for personal property storage has been increased, and empty cubicles will no longer be used for storage (See Appendix D, Items #8-10).

The walls of the patient unit are covered with heavy plastic panels and form a hygienic surface.

BATHROOM

In 1984, bathroom facilities consisted of two water closets (one which did not flush), two shower stalls (one out of service) and one sink with leaking fixture. The sink was used by patients for personal hygiene and doing hand wash laundry and was at the same time the only source of drinking water on the Unit. Plastic garbage bags were used for shower curtains. The entire area was dirty, all surfaces were badly worn, and it had an offensive odor.

In 1985, the evaluation team found the bathroom area under extensive renovation but still only marginally operational.

In 1986, renovations were complete. The bath area was expanded with conversion of the adjacent single room. There were three water closets, a urinal, two new sinks and new shower facilities.A bathtub was added. Walls were paneled with heavy plastic to be maintained as hygienic surfaces.

In 1987, the evaluation team found the renovated bathroom clean and in good general condition. However, it is cold in cold weather because the only radiator is in the adjacent expansion area.There is no heat source in the shower/tub area. The window has been covered with plexiglass to conserve heat. There are no handrails for handicapped patients and no anti-slip mats, both of which were reportedly ordered in 1986 but had not appeared as of the November 1987 visit. There is a masonry/tile threshold in front of the shower

approximately eight inches high. A debilitated patient would need assistance to enter the shower. There is no facility suitable for bathing and maintaining skin integrity in severely debilitated bedridden patients. A drinking fountain was installed in 1986.

DOCS has informed the Commission that heating problems have been corrected. Anti-slip mats have been installed and handrails will soon be in place. Funds for a whirlpool bathing facility have been obligated (See Appendix D, Item #12).

EXAMINATION AND TREATMENT ROOM

There is no examination/treatment room.

DAYROOM

There is a small dayroom with four chairs in poor condition, a damaged hot plate, a refrigerator, a television and video cassette player/recorder. The dayroom is not equipped to accommodate more than half of the patient census at one time. At no time during the four visits did the evaluation team observe any meaningful use of the dayroom.

VISITING ROOM

The visiting room measures approximately 12 feet by 12 feet, contains a small table and no chairs. Some SNU equipment is stored

there. Chairs for visiting must be carried from the dayroom. There are no amenities of the kind usually available at DOCS' general population visiting facilities. Only a single visit can be accomplished at one time.

KITCHENETTE

There is a well-equipped kitchenette adjacent to the dayroom. It is equipped with an operating electric range, a sink, kitchen cabinetry and a refrigerator where fresh foodstuffs for patients are stored. There is an electric blender and a small microwave oven. The kitchenette is in good condition and appeared clean.

NURSES STATION

There is a small nurses station adjacent to the patient unit.

ELECTRICAL

The patient unit and dayroom were observed by the evaluation team throughout the evaluation period to present several electrical hazards. The patient unit provides only a single duplex plug outlet for each cubicle.[26] Electrical bed connections are made here as are all connections for bedside lights, radios, etc. Electric space heaters are also connected at some outlets in cold weather. The hot plate in the dayroom is badly corroded and appears to be missing some

parts. One outlet in the dayroom is damaged and held together with masking tape. The evaluation team observed that throughout the patient unit and dayroom areas, multiple appliances are connected to single outlets. It should be noted that oxygen is often in use in the patient unit.

The Commission has been advised that DOCS will inquire into and correct any electrical hazards (See Appendix D, Item #11).

HOUSEKEEPING AND INFECTION CONTROL

Although general housekeeping of the Special Needs Unit has improved markedly since 1986, it remains inadequate. In 1986, the entire SNU complex was observed to be dirty and unsanitary. Floors were visibly dirty as were surfaces in the dayroom, visiting room and kitchenette. Established housekeeping procedures did not take place on either day during the 1986 visit. Monthly cleaning schedules clearly had not been adhered to. A major cleanup was undertaken in 1986. During the November 1987 site visit, the SNU was observed to be cleaner than it had ever been during prior site visits but major improvement remains to be made.

Standing procedures for SNU housekeeping and infection control (Appendix B) call for waste removal, soiled linen removal, cleaning of all environmental surfaces with germicidal solution, and cleaning of the nurses station every shift. Bed frames are to be cleaned monthly. These procedures have been in effect since 1983. However, in 1984

the procedure was amended to make inmate-patients responsible for all housekeeping inside the patient unit, except for the floors. This is inappropriate and difficult to enforce. While it may be advisable to make inmate patients take some responsibility to keep their personal property in order and their living areas neat, there is no acceptable rationale for making the patients responsible for maintaining medical treatment unit housekeeping standards. The reaction of the inmate patients interviewed concerning their adherence to housekeeping standards may be described as confused. Most had no idea of what the evaluation team was talking about. Simple observation confirms that established procedures are not adhered to. During the 1987 visit floors were still not clean under beds. Floors are to be cleaned twice daily, but were not cleaned at any time during the two-day visit. The evaluation team was told that the floor buffer was broken. It was stored in an empty patient cubicle. Inmate-patients stated that floors generally were cleaned once daily.

The kitchenette and bathroom were clean but the dayroom and nurses station were dirty and unsanitary. Some parts of the patient care unit were dusty and walls and cubicle dividers had not been cleaned recently.

In their response to this report, DOCS officials referred to departmental housekeeping directives #3092, 3094 and 3096 to support their contention that current housekeeping procedures were adequate. Directive #3092 relates to general facility housekeeping. Directives #3094 and 3096 have been in effect since 1976 when the current SNU

plant was a surgical suite and based on the observations of the evaluation team, are not followed. DOCS officials also stated that a new housekeeping manual is being printed (See Appendix D, Item #15).

INFECTION CONTROL

The SNU Policies and Guidelines Manual employs isolation procedures which appear to have been extracted whole from those employed in a hospital setting. The procedure relies heavily on the availability of private rooms and advanced housekeeping techniques which are not applicable in the SNU. The U.S. Public Health Service "Guideline for Handwashing and Hospital Environmental Control" (1985) is also used, but, as with the other guidelines and procedures, these are highly sophisticated and designed for hospital environments and, in the opinion of the evaluation team, are not applicable to the SNU.

Exceedingly sophisticated and complex infection control and housekeeping procedures notwithstanding, the evaluation team observed abundant evidence in November, 1987 that some of the simplest and most basic infection control/housekeeping precautions were not complied with in the SNU.[27] The following deficiencies were noted:

- -- all of the liquid soap dispensers and paper towel dispensers in and around the SNU were empty;
- -- paint finishes on the cabinetry in the dayroom are peeling, rusted and cannot be kept clean;
- -- the vinyl seat covers on the chairs in the dayroom were cracked and ripped and the foam cushioning was exposed and disintegrating (DOCS officials report that new furniture was purchased);
- -- paint on the ceiling of the patient unit was peeling and flaking;
- -- overhead lighting fixtures had not been cleaned;

-- patient access refrigerators were not cleaned and disinfected daily;
-- many vinyl covered pillows and mattresses showed rips and cracks with stuffing exposed;
-- a drinking fountain for patients had no disposable cup dispenser.

CHAPTER SUMMARY

The physical plant designated for the Special Needs Unit provides insufficient space to accommodate its residents and to provide necessary bedside care. There is no examination/treatment room. Some hospital beds are inoperable. There is insufficient space for storage of inmate property. There is an electrical hazard potential. The visiting room is inadequate from the standpoint of space, equipment and basic amenities.

Despite improvements in overall cleanliness in 1987 when compared to 1986, the Special Needs Unit is not sufficiently clean and sanitary. The SNU housekeeping guidelines are not adhered to and many basic infection control precautions are not complied with.

CHAPTER RECOMMENDATIONS

7. The Division of Health Services should provide a residential environment for the SNU which provides a minimum of 80 square feet of floor space per inmate-patient. Relocation of the SNU within Sing Sing CF should be considered.

8. The Division of Health Services should repair or replace all non-operating hospital beds.

9. The Division of Health Services should provide sufficient storage for inmate personal property away from patient cubicle areas.

10. Empty patient cubicles should not be used for storage. Beds should be made up at all times.

11. The Division of Health Services should undertake an electrical engineering study of the SNU to identify potential electrical hazards and should provide sufficient and properly protected circuits. Individual cubicle lighting should be installed in place of lighting supplied by inmates.

12. The Division of Health Services should install handicap rails and anti-slip mats in the bathroom area. An additional source of heat should be installed in the shower area. The Division should

consider procurement of hydrotherapy equipment for bathing and improving skin integrity of debilitated, bedridden patients.

13. All dayroom furniture should be replaced with appropriate, comfortable, durable furniture.

14. The Division of Health Services should increase the size of the visiting room to accommodate a minimum of three visits simultaneously. Furniture and other basic amenities should be supplied comparable to the Sing Sing CF general visiting facility.

15. The Division of Health Services should develop, implement and enforce a comprehensive housekeeping and infection control policy and procedure specifically tailored to the needs of the SNU. Overall cleanliness of all areas should be improved immediately.

Such a procedure should directly address the following areas:

-- floor cleaning and waxing;
-- wall, ceiling and fixture cleaning;
-- terminal/discharge cleaning of single rooms and cubicles;
-- daily cleaning of single rooms and cubicles;
-- daily cleaning of non-patient areas;
-- double mopping procedures;
-- daily cleaning of bathrooms and fixtures;
-- schedule and procedure for cleaning of kitchenette;
-- schedule and procedure for cleaning dayroom refrigerator and cabinetry;

-- cleaning procedure for water fountain;

-- precautions and chemicals to be used;

-- storage of clean and soiled linen;

-- record keeping of inspections.

All details and finishes which are resistant to maintenance of cleanliness should be replaced. The Sing Sing CF policy which makes inmate-patients responsible for SNU housekeeping should be repealed immediately. Inmate-patients should be responsible for personal hygiene, neatness and orderliness as their conditions allow, but not for medical unit housekeeping. A professional service should be used if necessary.

IV. Medical and Nursing Services

LEVELS OF CARE

In evaluating the quality and availability of medical and nursing services available at any discrete specialized medical treatment unit, one controlling factor must be the level of care required by all or most of the patients residing on the unit. In its licensure of hospitals, skilled nursing facilities and health related facilities, the New York State Department of Health is governed by level of care definitions as assigned to patients rather than to facilities, i.e., a health related facility is one which may admit only health related facility patients as defined by the Department of Health in 10 NYCRR Chapter V. It may not admit, for example, a skilled nursing facility patient.

DOCS Division of Health Services officials have suggested that most inmate patients on the SNU are essentially self-care patients 80% of the time and therefore the SNU need only provide a level of care defined by the Department of Health as appropriate for a "health related facility resident", one who:

> "because of social, physical, developmental, or mental condition requires institutional care and services above the level of room and board in order ... to function but who does not require ... services provided by a hospital or skilled nursing facility ..."[28, 29]

The Commission's Bureau of Health Systems Evaluation has evaluated the SNU over the period 1984-1987, investigated more than

500 mortality cases attributed to AIDS, and handled many AIDS-related health care complaints and grievances. This experience has convinced both the staff and the Medical Review Board that AIDS is a disease process characterized by frequent, sudden and unpredictable changes in clinical course, often constituting medical emergencies, which requires increasingly complex therapy, assessment, and care, and in which the victims are very sick and, indeed, at present, terminal.

According to medical records and direct observation during the 1986 site visit, half of the patient census of eight required more than "self-care". During the November 1987 review of medical records, three of seven patients had been acutely ill during the first week in November and a fourth was experiencing serious side effects from AZT therapy. Two of the inmates who were well enough to be extensively interviewed in November, 1987 died prior to the publication of this report.

Notwithstanding the evaluation team's assessment of individual patient care needs at isolated points in time, it may be that the level of care required by many SNU patients is intermediate or "health related" much of the time. However, as discussed in Chapter II, admission to the SNU is not affected by level of care criteria. Patient care level need and facility level of care are unrelated. As a result of the absence of admission criteria linked to care level need, a collection of patients finds its way to the SNU, is maintained there indefinitely, and serves as the basis for DOCS' determination of the level of care to be delivered at the SNU.

Based on the Commission's experience, many inmate AIDS patients observed in the SNU and elsewhere in the DOCS system exhibit a picture of patients who are:

> "diagnosed by a physician as having one or more clinically determined illnesses or conditions that cause the person to be so incapacitated, sick, invalid, infirm, disabled, or convalescent as to require at least medical and nursing care ..."[30]

In other words, many inmate AIDS patients are often skilled nursing facility patients during the course of their illness.

The skilled nursing level of care provides an additional benefit -- the capability to successfully manage patients of various care level needs or of the same patient when his care level needs change suddenly.

The State Health Department is currently conducting an assessment of the various care level needs of AIDS patients in the civilian population, i.e., what resources are needed to provide for AIDS patients at the skilled nursing, health related and residential care levels? It is understood by Health Department planners that there is a need at each level.[31] At present, however, the first priority for DOCS should be how to manage AIDS victims who are too sick to be managed as self-care patients in infirmaries or in population but not sick enough to be hospitalized. Lower intermediate levels of care may be considered after nominal management capability for this patient group is achieved.

For these reasons, the Commission has concluded that DOCS should develop a skilled nursing level of care capability followed by intermediate and residential levels, preferably in a congregate setting. An existing or planned Special Needs Unit would serve to provide skilled nursing care.

In their response, DOCS officials stated that DOCS' institutions are not subject to Article 28 of the Public Health Law and therefore are not required to deliver levels of care as outlined in 10NYCRR (See Appendix D, Item #16).

MEDICAL SERVICES

During the entire evaluation period, Sing Sing CF staffed one full-time physician and two half-time physicians. The full-time physician, a family practitioner, serves as facility health services director and according to staff and inmates, has no contact with the SNU. This physician is present at the facility for one-half day, Monday through Friday. During all four visits, the director's half-day attendance was verified by direct observation. The evaluation team was told that the director makes up the remainder of the time through being "on call". However, a review of the "on call" schedule reveals that physician's assistants, not physicians, are first on call. One of the half-time physicians, a board-qualified internist, is responsible for physician services on the SNU. He attends the facility three hours per morning, four days per week, and on Sunday evenings. The other half-time physician is a board-certified internist who attends three

hours per afternoon, five days per week. There is one vacant part-time physician item for which the director has submitted a candidate. The director stated that the Division of Health Services had failed to act on this candidate application for three months. It was recently filled.

In 1986 Sing Sing CF obtained regular consultant services from three physicians who provided two, eight and 12 hours per week, respectively. During the 1987 visit, it was learned that all three had resigned. The causes, according to the director, were the unrealistically low fees paid by New York State, excessive delays in payment, and in at least one case, a dispute over whether services were actually provided as claimed.

The physician assigned to the SNU should be responsible for the following for each inmate-patient:

-- completion of an admission medical history and physical examination of each newly admitted SNU inmate-patient within 48 hours of admission and recording of all findings in an appropriate form in the patient's chart;

-- recording of a complete list of diagnoses or findings and of initial orders for treatment on each inmate-patient's chart including orders for medication, diet, level of activity, needed supportive services and other patient care services;

-- prompt, periodic and emergency visits to the inmate-patient on a schedule determined by the facility health services director, each of which is recorded in the inmate-patient's clinical chart;

-- preparation of an individualized written patient care plan which summarizes the medical, nursing, nutritional, social, emotional, and related treatment goals anticipated for the inmate-patient and the forms of

medical, nursing, paramedical, nutritional, social or other services required to achieve these goals;

-- periodic assessment and recording of any changes in an inmate-patient's condition which require modification of the treatment plan, and modification of the plan accordingly; and,

-- employment of medical specialist consultants where needed.[32]

Based upon interviews with SNU inmate-patients, nursing staff and the facility health services director, together with direct observation on the Unit and an audit of SNU medical records 1985-1987, the following deficiencies in physician services were found:

-- More than half of all inmate-patients 1935-1987 did not receive a medical history or physical exam upon admission to the SNU or upon readmission after returning from an in-patient hospitalization. In 1987, only two of seven patients had received a history/exam. Both appeared thorough and complete but were completed by registered physician's assistants not assigned duties in the SNU;

-- Many records lacked a comprehensive list of diagnoses or findings. However, orders for medications were timely and complete in nearly all records.

-- The physician did not make the daily visits to the SNU as scheduled by the facility health services director. During the May 7-8, 1986 site visit, no rounds were made. During the November 5-6, 1987 visit, the physician did not appear for work on November 6 and no explanation was provided. The review of clinical records revealed an average of physician visits to the SNU on 24% of the days between 10/1 and 11/5/87, based on the physician notes. The nurse administrator stated that the physician attends much more often than that but only made notes an average of 24% of the time.

-- Comprehensive treatment plans are not formulated or reviewed and updated for any SNU patient. Periodic progress summaries are not completed;

-- Although sudden changes in treatment plan and/or medical emergencies are quite common, all of the records reviewed from 1985, 1986, or 1987 revealed that

weekend, evening or holiday physician intervention was exclusively by telephone.

-- Despite the fact that the clinical picture of AIDS victims is one which is uniform in the necessity for continuing management by specialists in infectious diseases, no infectious disease consultant visits were made to inmate-patients at the SNU. All such consultation is accomplished by periodic outpatient infectious disease department appointments at St. Clare's Hospital.

The quality of the physician notes was questionable. For example, the evaluation team interviewed an inmate-patient who complained to the team of shortness of breath, shedding oral lesion, swinging fever, occasional abdominal pain and who had survived two bouts of pneumocystis carinii pneumonia. The clinical notes made by the physician read as follows in their entirety:

10/18: "no complaints"
10/19: "no complaints"
10/23: "weak"
10/26: "Abd benign"
10/27: "no complaint"
10/29: "febrile/weak"
10/30: "febrile"
11/2: "no distress"
11/5: "no complaint"

DOCS officials responded to the evaluation report by stating that physician coverage is adequate, that physicians' schedules must take hours "on call" into account and that access to infectious disease consultants is adequate and appropriate (For the entire text of DOCS' response, see Appendix D Items #17-19).

NURSING SERVICES

Staffing, Recruitment and Retention

During the 1985 site visit there appeared to be sufficient filled registered and licensed practical nursing items to adequately manage and deliver health care to Sing Sing CF's population, including the SNU. Severe deficiencies in this regard in 1982 and 1983 were corrected in 1983.

In 1986, Sing Sing CF had an authorized nursing staff complement of 22 registered and licensed practical nurses. Of these, four items were vacant. In 1987, Sing Sing's authorized nursing complement totaled 26, of which seven were vacant. Table 2 illustrates the Sing Sing CF proposed nursing staff plot plan.

Table 2

Nursing Staff Plot Plan
Sing Sing CF 1986-1987*

Day Shift (7-3)	Monday - Friday	Weekends/Holidays
Sick call	4 RN	Emergency sick call only
SNU	1 RN/1 LPN	1 RN/0.5 LPN
Inpatient Unit	1 RN/1 LPN	1 RN/0.5 LPN
Facility ER	2 RN/1 LPN	2 RN
Evening Shift - 3-11		
SNU	1 RN/1 LPN	1 RN/0.5 LPN
Inpatient Unit	1 RN/1 LPN	1 RN/0.5 LPN
Facility ER	2 RN/1 LPN	1 RN
Night Shift - 11-7		
SNU	1 RN/0.5 LPN	1 RN/0.5 LPN
Inpatient Unit	1 RN/0.5 LPN	1 RN/0.5 LPN
Facility ER	1 RN	1 RN

Monday - Friday

7-3	11 nurses
3-11	7 nurses
11-7	4 nurses
	22 nurses daily

Weekends and Holidays

7-3	5 nurses
3-11	4 nurses
11-7	4 nurses
	13 nurses

*SOURCE: Sing Sing CF, Office of the Nurse Administrator

The plan allocates nursing coverage to sick call, the SNU, the inpatient component unit (IPCU) and facility emergency room. In the opinion of the evaluation team, the nursing staff plot plan is conservative. For example, the SNU is allocated two nurses (one RN) on the day and evening shifts and 1.5 nurses (one RN) on the night

shift five days per week. In all, the nursing staff plot plan calls for 36 nurses to cover 21 shifts per week, without relief coverage. Sing Sing CF presently has 21 active nurses on staff. When registered professional nurses alone are considered, the plot plan calls for 25 RN's to cover 21 shifts while Sing Sing CF actually staffs only 15.

According to personnel records, this chronic shortage of nurses resulted in 224 overtime shifts worked by the existing staff complement during July-September, 1986, supplemented by 90 shifts covered by outside private nursing agencies. During the period July-September 1987 overtime was reduced to 63 shifts by the addition of 305 outside agency nursing shifts. According to Sing Sing CF records, the average cost of a single agency-supplied nursing shift at the SNU is $117.00. Moreover, in September 1987, 256 hours or 32 shifts were covered by nurses employed by DOCS at Sing Sing CF but supplied by a private nursing agency during those shifts. It is common for a DOCS nurse to work two consecutive shifts in the SNU, one as a state employee and one as a nursing agency employee. According to the nurse administrator, such an employee benefits from lower tax withholding rates and more timely payment of wages working a shift for an agency than on state overtime. While this practice makes personnel administration difficult, it appears not to violate New York State Civil Service Law, provided that the Commissioner of the DOCS has authorized the practice.[33]

In 1987, the shortage of nurses in New York State reached crisis proportions. Nationally, nursing school enrollment declined by 12% in

1986 and was expected to decline by 14% in 1987.[34] The Albany Medical Center School of Nursing has announced that it will close after the presently enrolled class graduates. Capital district news media reported in November 1987 that local hospitals were engaged in a competitive "bidding war" to attract qualified nurses. In March 1987 the New York State annual hiring rate for an experienced nurse (Nurse II) was $23,565 with an annual $600 downstate location differential applicable to Sing Sing CF. In contrast, an experienced registered professional nurse recruited by a hospital in the New York City/northern metropolitan area could expect to be offered an annual salary range of $27,000-39,000 with an initial employment bonus. A private agency in White Plains, New York advertises for registered nurses at rates of up to $308.00 per shift.[35]

DOCS and the Governor's Office of Employee Relations have recently taken steps to redress this disparity. Entry level nurses in the northern metropolitan area will be offered $24,950 annually with a shift differential of $2,200 annually. Experienced nurses currently employed by DOCS will earn between $27,935 and $34,217 annually. It is hoped that these enhancements will improve DOCS' competitive position.

Even if all currently vacant items were filled, the current staffing plan at Sing Sing CF does not provide for sufficient nursing staff coverage to deliver a skilled nursing level of care, even if half of the SNU's capacity is comprised of self-care patients, and the remainder divided equally between total-care and partial-care

patients. The skilled nursing care level requires for each 24-hour period:

> a director, assistant director, or charge nurse who is a registered professional nurse; and
>
> registered professional nurses, licensed practical nurses, and nurse's aides in sufficient number to provide a combined average of direct nursing care of not less than one hour for each self-care patient, two hours for each partial-care patient, and four hours for each total-care patient.[36]

Nursing Care

Nursing services may be defined as diagnosing and treating human responses to actual or potential health problems through such services as casefinding, health teaching, health counseling and provision of care supportive to or restorative of life and well being, and, evaluating medical regimens prescribed by a licensed or otherwise legally authorized physician or dentist.[37] This necessarily involves a high level of direct interaction with each inmate-patient and development of a written individualized nursing care plan for each inmate-patient which is reviewed and updated regularly.[38]

The evaluation team's review of SNU records during the entire evaluation period together with direct observation of patient care during all four site visits revealed that no individualized nursing care plans were formulated and that direct care and interaction with SNU patients was limited, and, on some shifts, non existent. These limitations were most evident when private agency nurses were on duty. As previously discussed, the number of shifts covered by

agencies increased dramatically in 1987. Agency nurses do not necessarily share in the value system or treatment goals of the SNU and may lack incentive or motivation to maintain a high level of patient interaction. The evaluation team observed one agency nurse when she came on duty on November 6, 1987 and for two hours thereafter. No report was taken or given concerning events on the previous shift, including a medical emergency, and the oncoming nurse did not enter the Unit for the first two hours of the shift. A review of medical records in 1986 and 1987 revealed one nursing note per patient per shift. Except for the day shift, there is no registered nurse shift supervision. The evaluation team's observations also led to the conclusion that nearly all direct care in the SNU was provided by untrained inmate health assistants (See Inmate Health Assistants, this chapter).

It should be noted that the Sing Sing CF Policies and Guidelines Manual does contain a standing Master Problem List and Nursing Care Plan (904). This plan was developed for the AIDS Unit of San Francisco General Hospital. Except for medication administration and sporadic taking of vital signs and temperature, few of the nursing strategies or approaches to the patient listed in the Manual were conducted by nursing staff, according to inmate-patient records and observation of Unit activity.

It bears repeating that, in the opinion of the evaluation team, the lack of direct nursing supervision and the increasing use of agency

nurses is a major factor in the low level of direct nursing activity on the SNU.

DOCS officials responded by stating that new nursing care plans have been formulated for the SNU with quality assurance components. DOCS expects a higher level of nurse/patient interaction upon implementation. DOCS has reviewed and discontinued the practice of allowing DOCS nurses to work agency-paid shifts at Sing Sing CF (See Appendix D, Items #23-24).

MEDICAL RECORDS

During the 1985, 1986 and 1987 site visits, the evaluation team audited the active records of SNU patients. In all, 25 active records were reviewed. The audit evaluated the frequency and quality of:

- admission history and physical examination;
- physician/nursing progress notes including periodic assessments and treatment plans;
- nursing care plans;
- laboratory reports;
- graphic vital sign and weight records;
- x-ray and diagnostic reports;
- outside specialist consultations;
- discharge summaries from hospitals;
- physician and physician's assistant orders;
- medication administration; and
- record maintenance;

The results of the evaluation of admission assessments, progress notes and treatment and nursing plans have been previously discussed.

In general, the quality and organization of SNU patient records improved steadily between 1985 and 1987. The presence and organization of laboratory data had improved, as had consultation reports from the infectious disease clinic at St. Clare's Hospital. Discharge summaries, now almost exclusively from St. Clare's, were present, legible and comprehensive.

Persistent problems found during all site visits, in addition to those previously cited, included:

-- Lack of an organized procedure for routinely reviewing and deleting old or unnecessary records and routing them to an inactive file;

-- medical record charting is not "problem-oriented". This allows entry of complaints without corresponding plan; similarly, diagnoses and plans may appear without reference to chief complaint;

-- graphic vital sign sheets and weight records are in most cases blank. Vital signs and weights are recorded in a separate notebook but are not regularly recorded as dictated by procedures;

-- orders written by physician's assistants are not always reviewed and co-signed by physicians.

Medication administration records are not maintained in the individual patient record but are recorded in a separate bound "Kardex" record. An audit of this record and associated direct observations revealed the following:

-- nurses almost always leave the recording of administered medications until the end of shift; many unexplained blanks were found in every patient administration record, including those receiving AZT, a particularly serious problem;

-- the record did not contain the name, title and initials of each provider who administers medications;

-- controlled substance analgesics were often ordered every four hours. These medications should not be given six times around the clock, rather, as needed;

-- medications were ordered temporarily withheld without explanation;

-- controlled substances were sometimes signed out of inventory but not signed for on the administration record;

-- some medications, including controlled substances, were often ordered with the dosage to be decided by the nurse. The administration record often did not record the actual dosage given;

-- Phenergran with codeine concentrate was not handled as a controlled substance at Sing Sing CF;

-- sleeping medication was sometimes ordered on a regular basis, not as needed or requested;

-- medication orders which carried over into a new month were sometimes dropped;

-- there was no system for recording medication not given and the reasons why.

INMATE HEALTH ASSISTANTS

There are three inmate health assistants assigned to the Special Needs Unit. These inmates stated that they receive some informal orientation in patient care and informal training in such skills as obtaining of vital signs and personal care. They stated that they work an average of between 60 and 80 hours per week. The nurse administrator stated that inmate health assistant hours are "flexible". The observations of the evaluation team indicated that these inmates provided nearly all of the direct bedside care in the SNU. They function as nurse's aides but are not formally trained or certified as such. The use of untrained inmates in the role of nurse's

aides with seriously ill inmate-patients is an inappropriate practice.[40] A formal training program leading to certification would be a useful vocational program and would add competent paraprofessional staff support where it is needed.

In their response, DOCS officials offered the opinion that such a program would constitute a violation of the federal court order issued in Milburn v. Coughlin (See Appendix D, Item #25).

EMERGENCY SERVICES

Sing Sing CF has no formal agreement for the services of a hospital-based emergency room. At present it is Sing Sing CF's policy to send all medical emergency cases, including SNU cases to Phelps Memorial Hospital a few miles away. The facility health services director and nurse administrator complained that the attitude of administrators and clinicians at Phelps Memorial Hospital is one of active resistance to treatment of inmates and indifference to their needs as emergency patients. Some examples were cited:

-- In August, 1987 an SNU inmate-patient with a fever of unknown origin of 104 degrees was sent to the Phelps Emergency Room. He returned several hours later with no diagnosis and with two jugular IV lines in place. The SNU has no capacity to manage such a patient and this was known to Phelps medical staff;

-- In October, 1987 an obtunded IPCU inmate-patient with severe ascites secondary to suspected liver dysfunction was sent to the Phelps ER. He was made to wait five hours before being seen, then returned to the facility with a laboratory report showing "normal" liver function studies. This was impossible given the patient's clinical presentation.

-- In October 1987 an inmate was sent to Phelps ER after an accident with a subluxation of the cervical spine confirmed by x-ray. He was returned without having been treated with a recommendation that he be referred elsewhere.

In each case the conduct of personnel at Phelps Memorial Hospital may have been a violation of Department of Health regulations.[41]

The nurse administrator offered the opinion that the Phelps administration and medical staff conducts itself in a manner devised to discourage the practice of sending inmates there.

According to the nurse administrator(s) during the period 1986-1987, Sing Sing CF encountered increasing resistance on the part of ambulance companies in the Sing Sing CF area to respond to calls for emergency transport. At present, Sing Sing CF has no formal agreements for ambulance services. Five of the companies closest to Sing Sing CF often refused outright to respond, irrespective of the diagnosis, or delayed their response for as long as six hours so that alternate arrangements had to be made, according to health care staff. This often involved use of a Sing Sing CF van for patients in no condition to be transported in that manner. In response to one such episode on November 6, 1987, the Commission filed a formal complaint against five ambulance companies with DOH, Bureau of Emergency Medical Services. The complaint is currently under investigation.
In their response, DOCS officials stated that contract negotiations with a single ambulance company are underway and that this company is responding to Sing Sing CF during the pending negotiations (See Appendix D, Item #26).

HOSPITAL SERVICES

As discussed in Chapter I, hospital-based inpatient and outpatient services for SNU inmate-patients are provided by St. Clare's Hospital in Manhattan. This facility was visited twice in 1986 and twice in

1987. Commission staff found a clean and well-administered hospital unit with a competent staff and a positive attitude toward inmate-patients. St. Clare's discharge summaries, consultation reports, laboratory studies and treatment plans reviewed at Sing Sing CF were clear, cogent and reflected a comprehensive approach to the patient. One SNU inmate-patient interviewed in November 1987 stated, "I wish I had a million dollars. I would leave every cent of it to St. Clare's Hospital."

The problems cited with physical plant, medical services, nursing services, inmate health assistants and emergency services on the Special Needs Unit were illustrated by a medical emergency which occurred on the SNU during an evaluation team visit:

> On November 6, 1987 the facility health services director left the facility at approximately 1:00 p.m. The physician assigned to the SNU had not appeared for work that day and in any case would have been gone by that time. The SNU was covered by one private agency licensed practical nurse who was not on the SNU. There was no registered nurse supervision in the SNU. At 2:30 p.m. the evaluation team was interviewing an SNU inmate-patient in his cubicle. He had no previous history of central nervous system complications of AIDS but suddenly collapsed onto his bed and began exhibiting major motor seizure activity followed by respiratory distress, with cyanosis. There is no nurse/patient call system, so the team beckoned to one ambulatory inmate-patient, told him not to alarm the others, but to bring the nurse immediately and to tell her "seizure, not breathing". The cubicle was equipped with portable oxygen but both the demand valve and the wrench valve were closed tight. One member of the team, a registered nurse, was able to open the valve with some effort. The patient was placed on his side and a clear airway was established. To do this both team members had to get partially onto the bed because there was insufficient bed/cubicle clearance. The inmate-patient was placed on oxygen. The nurse arrived 4 to 5 minutes after the onset of the episode, calling for an inmate health assistant to find and bring a stethescope and

blood pressure equipment. The inmate health assistant responded in 7 to 8 minutes. All vital signs were later obtained by the inmate health assistant without the nurse present. The inmate-patient's color improved on oxygen and he was questioned by an evaluation team member concerning mental status, headache, nausea, etc. The physician's assistant responded in approximately 20 minutes, but did not conduct an examination. The nurse administrator responded and decided to hospitalize the inmate-patient at St. Clare's, which was then notified. However, permission from Division of Health Services in Albany had to be obtained to admit the inmate-patient. No one was available at 3:30 p.m. to give permission. Staff was told they would be called back. At the shift change the offgoing agency LPN did not discuss the case with the oncoming agency LPN. The nurse administrator made the nursing note in the chart because the responding LPN had left at the shift change without making an entry. Five ambulance companies were called, all of which refused to respond and offered no reason for doing so. A sixth ambulance company stated it would respond at 6:30 p.m. It actually responded at 9:30 p.m. and the inmate-patient was admitted to St. Clare's.

MEDICAL ISOLATION

Because the opportunistic infections commonly contracted by AIDS patients pose no threat to those with intact immune systems, strict isolation (specially designed and equipped private rooms) of AIDS patients is usually not necessary. AIDS patients who are incontinent, have bleeding or draining skin lesions or who are experiencing altered mental status may pose a risk to both asymptomatic AIDS patients and to health care staff. These patients are not currently managed in significant numbers in the SNU (they are commonly hospitalized during such episodes), but as DOCS attempts to manage ever increasing numbers of AIDS inmate-patients with limited hospital resources, it is likely that more inmate-patients in these conditions will be managed at the SNU.

At present, the SNU has one private room to house inmate-patients who are acutely ill, exhibit altered mental status or who require wound/skin or enteric precautions. This arrangement will be inadequate to meet expected future needs.

HIV TESTING

The Division of Health Services has thus far not promulgated a statewide policy and procedure for HIV antibody testing. Similarly, there is no policy or procedure in effect at Sing Sing CF.

Although it is clear on a statewide basis that mass compulsory testing is prohibited by the Department of Health, the lack of policy and procedure for the use of antibody testing in diagnostic workups or upon the request of inmates who believe they are at risk creates unnecessary confusion.

CHAPTER SUMMARY

Medical and nursing services at the Special Needs Unit are not sufficient to provide for the care required by inmate AIDS patients, whose disease is characterized by sudden and unpredictable changes in condition, frequent medical emergencies, and who require increasingly complex therapy, monitoring, assessment and care. Full-time physician coverage is not available at Sing Sing CF. The part-time physician staff is not adequate to meet needs and the Division of Health Services did not act expeditiously to fill a vacant physician item. No

infectious disease consultant is available and the facility lost the services of its three other medical consultants during 1987. SNU inmate-patients do not always receive admission histories or physical exams. Inmate-patients are not seen daily by a physician and not all visits result in a progress note. Many physician progress notes provide little or no information. Periodic progress summaries are not done. Comprehensive treatment plans are not formulated. Medical emergencies and unexpected changes in treatment plan are often handled by telephone.

DOCS has been unable to recruit and retain sufficient numbers of nurses to provide an appropriate level of nursing care at the SNU, although salaries have recently become more competitive. Sing Sing CF is currently seven nurses below its authorized complement and 17 nurses below its internally recommended staffing plan. Excessive overtime (224 shifts in three months) was used in 1986. Excessive use of private agency nurses (305 shifts in three months) was employed in 1987, including DOCS nurses on agency payrolls, a practice which makes personnel management difficult.

Individual nursing care plans are not formulated. Nurses, particularly agency nurses, provide little or no direct care or interaction with SNU inmate-patients. Nearly all direct care is provided by untrained inmate health assistants.

Medical record keeping improved over the evaluation period, but some problems persist, including failure to implement problem-oriented

charting, many blank graphic vital sign and weight records, orders by physician's assistants which are not always reviewed and co-signed by a physician, and poor recording of the administration of medications.

Hospital-based emergency room services are inadequate as are ambulance services. Hospital inpatient and outpatient services are excellent.

Medical isolation facilities are not adequate to meet anticipated future needs.

Policy and procedure for HIV antibody testing need expansion and definition.

CHAPTER IV RECOMMENDATIONS

16. The Division of Health Services should establish and maintain a skilled nursing level of care as defined by Title 10 New York Codes Rules and Regulations, for inmate AIDS patients requiring such care.

17. The Division of Health Services should provide for physician coverage at Sing Sing CF which requires the personal presence of a physician, preferably an internist, at Sing Sing CF a minimum of 37.5 hours, five days per week and the immediate on-call availability of a physician on evenings, nights, weekends and holidays. The Division of Health Services should develop and

enforce policies and procedures which require on-call physicians to go to the SNU when patient condition warrants such a response, avoiding unnecessary emergency hospitalization.

18. The facility health services director should be personally present at Sing Sing CF on a full-time basis. The facility health services director should insure that SNU inmate-patients are seen daily by a physician, that each visit results in an adequate progress note and that periodic progress summaries are recorded in the record. He should insure that each patient admitted to the SNU is provided a complete medical history and physical exam within 48 hours of admission, and that each is provided with an individual comprehensive patient care plan which is reviewed and updated regularly.

19. The Division of Health Services should provide for a physician who is board-qualified or board-certified in infectious disease to visit patients in the SNU and operate a clinic at least twice monthly. Other specialist consultants should be provided as determined by the facility health services director.

20. The Department of Health should review and upwardly revise the physician fee schedule in order to provide incentives for qualified medical specialists to visit Sing Sing CF and other correctional facilities on a regular basis.

21. The Division of Health Services in conjunction with the Governor's Office of Employee Relations should continue to develop employment incentives to recruit and retain qualified registered professional and licensed practical nurses at the SNU.

22. Nursing staff at the SNU should be increased to a level which will conform to its internal proposed staffing plan. Each shift at the SNU should be under the supervision of a charge nurse who is a registered professional nurse. Overtime and use of agency nurses should be reduced. The advisability of DOCS nurses working agency-paid shifts at their own institution should be reviewed.

23. The nurse administrator should enhance the quality and availability of direct nursing care provided to SNU inmate-patients. Comprehensive written nursing care plans should be formulated and updated regularly. Nurses should spend more time directly interacting with inmate-patients, conducting health teaching, health counseling and supportive care. Prescribed medical regimens should be evaluated by nurses interacting with patients.

24. The facility health services director and nurse administrator should improve SNU medical record keeping. A procedure for routinely reviewing charts for quality of care and quality of record keeping should be implemented. Old or unnecessary records should be regularly removed to inactive files. Problem-oriented charting should be required. Graphic vital sign

reviewed and co-signed by physicians. Medications should always be recorded when given and blank record entries explained. Prescription policies which allow for controlled substance analgesics around the clock irrespective of need should be reviewed and revised.

25. The Division of Health Services should develop and implement a certificate nurse's aide training program within DOCS. Inmate health assistants should be trained and certified as nurse's aides.

26. The Division of Health Services should secure a formal, written agreement for the services of a hospital-based emergency room, and of a certified ambulance. The Department of Health should assist DOCS in securing such services. Every refusal of emergency room service which, in the opinion of the facility health services director constitutes a violation of 10 NYCRR Section 405.22(j)(5) should result in a formal complaint to the Department of Health, Bureau of Hospital Services. Each arbitrary refusal by a Department of Health certified ambulance service to respond to a medical emergency at Sing Sing CF should be similarly reported to the Department of Health, Bureau of Emergency Medical Services.

27. The Division of Health Services should plan for anticipated future medical isolation needs.

28. The Division of Health Services should develop and promulgate a comprehensive policy and procedure on HIV antibody testing.

V. Support Services

The Special Needs Unit requires a host of ancillary or indirect services in order to operate nominally. Some services, such as pharmacy, are directly related to Unit operations and others, such as visiting, are directly supportive of the inmate-patients on the Special Needs Unit. Chapter V examines the various operations which together comprise the support services system for the Special Needs Unit.

DIETARY SERVICES

The nutrition of AIDS patients is affected by their underlying constitutional disease, particular opportunistic infections and the therapy employed to combat these infections. Anorexia, periodic fever, shortness of breath, nausea, diarrhea, malabsorption, and oral lesions, whether caused by opportunistic infection or certain therapeutic agents, most often affect their nutrition. This is manifested by their inability to maintain weight and by malnutrition, both of which are currently believed to further compromise the already severely impaired immune function of these patients.[42]

In evaluating dietary services in the SNU, the evaluation team obtained the consultant services of a registered dietitian who works with AIDS patients at Albany Medical Center Hospital.

The evaluation team was advised that AIDS patients require a high calorie, high protein, low microbe diet. Hot meals must be served hot, and must be attractive and appetizing in order to encourage the patient to eat. In addition, high calorie, high protein snacks which are appetizing and attractive should be available and regularly offered. Foods irritating to the gut should be avoided. Variety is important. Patients should be weighed twice weekly and their diets reviewed.[43]

At the SNU, inmate-patients are provided with the same menu as the general population. A typical weekly menu for 1987 and a recommended supplementary diet are to be found in Appendix C. SNU attempts to maintain caloric intake at 3000 calories per day with 80-90 grams of protein. This is done by doubling regular meal portions sent to the SNU and by supplemental stocks of food in the SNU kitchen which, according to policy, include:

peanut butter
sugar
honey
sour cream
mayonnaise
heavy cream
milk shakes
cheese
eggs
canned cream soups
fortified milk
fresh vegetables
canned fruit

During the 1984 and 1985 site visits, the evaluation team found virtually none of the mandated items. In 1986 the evaluation team found only some rotten vegetables and some cheese. The evaluation team was told by inmate-patients that the supplementary food was cooked by inmate cooks only for correction officers and that the remainder "just disappears". When these allegations were transmitted to the superintendent by the evaluation team, the availability of supplementary food improved dramatically, according to health care staff and inmate communications to the Commission after the 1986 site visit.

During the 1987 site visit, the evaluation team found fresh tomatoes, lettuce, peppers, fruit juice, milk, cheese and bacon in the supplementary stocks. The team found no peanut butter, honey, sour cream, mayonnaise, heavy cream, soup or eggs.

In its 1987 interviews with inmate-patients, inmate health assistants and porters, the evaluation team found inmate-patients on the SNU make little, if any, use of the supplemental food stocks and are not encouraged to do so by the health care staff. Health care staff offered the opinion that most patients usually have poor appetites and do not feel like eating. Inmate cooks are only available at mealtimes. The food is available if the inmate-patients have the desire and industry to prepare it during non-mealtime periods. According to medical records, and direct observation of nursing staff activities, adequate inmate-patient nutrition is not managed or encouraged by the health care staff at the SNU.

The Commission consultant found little use for bacon, lettuce, tomatoes and peppers which are irritating and/or of low caloric value.

In reviewing menus for July-September, 1987 the following objectionable items were found:

Knockwurst/frankfurters
cabbage
barbequed chicken
chile con carne
liver with onions and peppers
navy beans
sauerkraut
burritos
rice diablo with salami
ground beef with onions and peppers
sausage

Of the 196 lunch and dinner menus reviewed, 57 or 30% were objectionable, according to the Commission consultant.

The evaluation team also found that hot meals were not sufficiently hot, nor were cold items sufficiently so. Food is delivered to SNU in a series of nested metal pails. Inmate cooks prepare servings in divided Styrofoam containers and hand them to patients. A steam cart is not used. The evaluation team was told by the Deputy Superintendent for Administration that there is insufficient room for a steam cart on the SNU.

DOCS officials stated in their response that "the treating physician determines the need for therapeutic dietary intervention". DOCS officials also pointed out that a registered nutritionist is currently on staff at DOCS' Central Office (See Appendix D, Item #29).

PHARMACY

Evaluation team site visits in 1984 and 1985 revealed pharmacy operations at Sing Sing CF to be stable and adequate to meet the needs of the inmate population. However, site visits in 1986 and 1987 revealed deterioration in pharmacy services, primarily due to staff shortages.

Table 3 illustrates pharmacy staff available at Sing Sing CF and the demand for pharmacy service from this large inmate population in 1986 and 1987:

Table 3

Sing Sing CF
Average Prescriptions and
Funded Positions
1986-1987

YEAR	AVG. RX/MONTH	PHARMACISTS (FTE)	PHARMACY AIDES (FTE)
1986	2,678	1.50	1.0
1987	3,706	1.0*	1.0

*The incumbent of this position was absent due to illness 5/87-8/87 and is currently on indefinite sick leave.
Source: Sing Sing CF, Office of the Nurse Administrator

At present, therefore, Sing Sing CF attempts to manage a large pharmacy operation without a full-time pharmacist. Sing Sing CF has obtained the services of a part-time pharmacist from Fishkill CF who provides 20 hours of coverage per week between 4 p.m. and 8 p.m. daily. The work schedule of the pharmacy aide has been adjusted to

evenings. The pharmacy is closed during the day shift, when the demand for prescriptions, "stat", and "as needed" medications is greatest in the IPCU and SNU. The temporary part-time loan arrangement from Fishkill has only been in effect since July 1987. The pharmacy was closed throughout the first half of 1987. All prescriptions had to be filled by the local retail pharmacy. Even with part-time services, prescriptions which are needed on the same shift as written are still filled at the local pharmacy.

In addition, Sing Sing CF's "open pharmacy" hour (a popular inmate privilege which allows inmates to obtain any four of ten available items weekly at the pharmacy window) has been cancelled, causing considerable inmate discontent, according to health care staff.

The nurse administrator stated that the severely curtailed pharmacy service has caused other problems, including:

-- a complex and confusing accountability system for controlled substances caused by a dual system of ordering and filling prescriptions;

-- anxiety on the part of the physician and nursing staff that certain drugs will not be immediately available as needed in the SNU and the IPCU. This causes ordering of excessively large prescriptions from the local pharmacy or from the evening pharmacist. There are excessively large controlled substance stocks in the SNU and IPCU nursing stations which are difficult to account for. Similarly large stocks of syringes are insecurely stored in the same nursing stations;

-- patient medication profiles are not maintained, including none for those receiving AZT (five patients) or Amphotericin B;

-- the pharmacist on loan from Fishkill is overburdened and fatigued. He has no communication with the medical staff and his work is in no way integrated into the operations of the Sing Sing medical department. This makes operations very questionable from the standpoint of quality assurance.

In their response, DOCS officials detailed several initiatives to expand pharmacy operations (see APpendix D, Item #30).

SYRINGE AND CONTROLLED SUBSTANCE CONTROL

The pharmacy maintains security and inventory control over syringes and needles. Operational stocks of syringes and needles are dispensed to the facility emergency unit, the IPCU nursing station and the SNU nursing station. Inspection of all three substocks in 1985 and 1986 revealed them to be reasonably small (12 or less) and the inventory count agreed with the pharmacy inventory. In 1987 the evaluation team found in the IPCU nursing station more than 50 syringes stored in stapled brown paper bags in plain view in a cabinet behind a single-locked glass door. These were not counted by the nursing staff on the date the station was inspected. Nursing staff stated that they needed a large stock on hand because the pharmacy was closed most of each day. The SNU nursing station had a small supply of properly stored syringes with a verified count. Most controlled substances are given orally in the SNU, according to administration records. The emergency unit had a large volume of properly stored and counted syringes. The evaluation team was told by staff that a large stock was necessary because all insulin is administered there on a daily basis.

During the 1985 and 1986 site visits, controlled substances on hand in the two nursing stations and the emergency unit were counted on each shift, perpetual inventories updated and this was verified by the evaluation team. During the 1987 site visit, irregularities in controlled substances accountability were observed by the evaluation team. These included:

-- during the 3:00 p.m. count on 11/5/87 a total of six units of controlled substances were missing. The offgoing nurse entered all six units on the shift inventory as "dispensed" during the count. A subsequent check of the order sheets revealed that all six units were scheduled to be dispensed during the 7 a.m-3 p.m. shift to the inmates for whom the late entries were made;

-- during the 3:00 p.m. count on 11/5/87 one unit of a controlled substance was missing. Nursing staff stated that the unit in question had been dropped on the floor, contaminated and discarded earlier in the shift. Standard procedures for discarding contaminated controlled substances were not followed.

LABORATORY

During the 1987 site visit the evaluation team found that the scope of facility-based laboratory services available at Sing Sing had been markedly reduced due to changes in the New York State Public Health Law made in 1986 which raised state institutional laboratory standards to the level of those applied to Department of Health-licensed laboratories. The Sing Sing CF laboratory performs only routine urinalysis and hematocrit levels. This service has little impact on SNU patients. Nearly all laboratory studies for SNU patients are done at St. Clare's Hospital, according to medical records.

RECREATION AND OTHER ACTIVITIES

In any specialized treatment unit intended to provide long term care for chronic illness, a planned program of meaningful social, leisure and diversional activities designed to stimulate patients and sustain their dignity and continuing usefulness to self is essential.[44]

Inmate-patients on the SNU are isolated from the rest of Sing Sing CF, including its various programs and activities. Throughout the evaluation period, planned structured programs and activities designed to serve as a therapeutic adjunct were found to be deficient or non existent.

Limited outdoor recreation is allowed in a makeshift yard on the north side of Building 7. Two hours of recreation are allowed each morning and one and one-half hours each afternoon. During each site visit the yard was found in poor condition with virtually no lawn, and with piles of litter, rocks, refuse, and broken glass visible. The lack of lawn or any other plantings made the area excessively dusty in dry weather and muddy in wet weather. This "yard" also houses one of the main garbage bins of the facility which was observed to be open during all site visits and which provided the major attraction for the many hundreds of pigeons and gulls which frequent Sing Sing. During the 1987 site visit, the evaluation team noted that a small portion of the area had been paved and a basketball backboard and horseshoe

court had been added. SNU health care staff admitted that outdoor recreation is neither encouraged nor organized. Inmate-patient interviews indicated virtually no use of the outdoor area.

DOCS officials stated that all yards are cleaned and maintained on a regular basis.

Indoor recreation, social and diversional activities are severely limited. In 1985 and 1986 a recreational volunteer visited the SNU on a regular basis to organize and encourage indoor activities. During the 1987 site visit, the evaluation team was told by health care staff that the volunteer had resigned and was not replaced. There are some materials and equipment for handcrafts and board games which did not appear to be used. During the 1987 site visit the evaluation team concluded that the very limited scope of organized recreational, social and diversional activities observed during 1985 and 1986 had deteriorated to virtually nil. At present, SNU inmate-patients lead an inactive, idle lifestyle at Sing Sing CF.

In their response, DOCS officials stated that the Deputy Commissioner for Program Services has directed that a program of meaningful recreational and diversional activities for SNU patients be developed (See Appendix D, Item #32).

LEGAL SERVICES

During the entire evaluation period, an experienced inmate law clerk was assigned to the Special Needs Unit. The clerk provides attentive and responsible legal assistance to inmate-patients and provides requested materials from the law library in a timely fashion. No complaints concerning legal services were elicited from inmate-patients on the SNU.

MINISTERIAL SERVICES

Throughout the evaluation period, the evaluation team found ministerial/pastoral services to be one of the few responsive and intact components of the multidisciplinary team. During each visit, Commission personnel observed DOCS and local volunteer clergy to be dedicated and committed to providing organized religious services, and pastoral counseling to inmate-patients and their families. Interviews with inmates and clergy revealed a genuine attempt to engage and interact with patients and family and to provide intervention and support outside the pastoral discipline. During all site visits from 1984 through 1987, Ministerial Services personnel and clerical volunteers acted to fill the void created by a lack of organized medical social services, correctional counseling and recreational/diversional activities. While this small group cannot hope to provide the entire range of services needed by inmate-patients in the SNU, Ministerial Services personnel and, in particular, their associated volunteers are to be commended.

The Catholic chaplain, although assigned to Taconic CF,works in the SNU, takes a personal interest in each inmate-patient and has been a vocal and active advocate for overall improvement in service delivery to the SNU.

CORRECTIONAL COUNSELING

The service unit at Sing Sing CF does not take an active role in providing counseling to inmate-patients. The counselor assigned responsibility for the SNU was never seen on the SNU during any of the four site visits. Inmate-patients who were interviewed expressed dissatisfaction with counseling services. Two inmate-patients refused to discuss the counselor, stating words to the effect that the less said about the counselor assigned to the SNU, the better.

PAROLE SERVICES

Extensive interviews with volunteer and Ministerial Services personnel, the facility health services director and nurse administrator resulted in allegations that services needed to adequately prepare inmates for approaching parole are seriously lacking, specifically:

-- inmates are sometimes released on parole from the SNU in their prison "greens". They are provided with street clothes but are not fitted for them. Often, they leave the facility with their parole clothes in a paper sack;

-- Sing Sing institutional parole personnel repeatedly fail to take necessary steps to procure SSI and medical

benefits for paroled AIDS patients. Health care staff stated that they attempt to prepare the necessary paperwork with varied results after it becomes evident that release is imminent;

-- inmate-patients are paroled from the SNU when it is clear to all concerned that they have no place to live;

-- parole personnel fail to consult with health services staff in parole/discharge planning including provision for continuing prescribed therapy and outpatient follow-up services;

-- necessary documentation for parolees with approved dates is unaccountably delayed in nearly every case and is incomplete when finally provided; and

-- the SNU staff is never given advance notice of parolee discharge dates.

In response to these allegations, the Division of Parole (DOP), Office of Policy Analysis and Information analyzed the parole status of 25 inmate-patients discharged from the SNU between 1984 and 1988. The study revealed:

-- that it is not the responsibility of the Division of Parole to distribute clothing to parolees or insure that they are properly dressed upon release; DOCS officials agree that this is a DOCS responsibility. DOP officials also noted that some of the releasees studied were non-ambulatory at release;

-- that DOP instituted a policy requiring institutional parole officers to make initial applications for SSI benefits on behalf of inmate-patients on May 29, 1986. Of the eleven parolees released from the SNU after that date, ten had an application filed prior to release. However, information on the timeliness of applications and of follow-up eligibility determinations was not always available nor was data on application for and procurement of Medicaid benefits;

-- that 22 of 23 parolees studied had appropriate residential placements prior to release;

-- that DOP instituted a formal procedure for completion of health discharge summaries on July 1, 1986. Of the eleven parolees discharged from the SNU after that date, ten had health discharge summaries completed;

-- that it is established DOP policy to notify appropriate Sing Sing CF personnel, including the director of nursing of parole hearing dispositions via DOP Form 3000; however, DOP did not provide information as to the number and timeliness of Form 3000 notifications made.

In summary, while it appears from the data provided that parole services for SNU inmate-patients are much more responsive than may be inferred from the complaints of Sing Sing CF staff, questions of timeliness, procurement of Medicaid benefits and release date notification remain unanswered. Division of Parole officials stated that, "there is no doubt that improved coordination between institutional parole staff, health services staff, field parole staff, and social services staff would enhance release planning for inmate-patients in all correctional facilities". (For the complete text of the Division of Parole response, see Appendix E).

MEDICAL SOCIAL SERVICES

Medical social services may be defined as the identification, assessment and management of social problems related to illness, the receipt of medical care and the attainment and maintenance of health as performed by qualified social workers.[45] Because the inmate-patients of the SNU are afflicted with a disease presently regarded as terminal, such services necessarily require a psychiatric component in order to deal with the psychic stresses associated with the final stages of illness, and during dying and bereavement. According to the senior health services staff at the SNU, no such services are provided except on an informal basis by certain ministerial and volunteer personnel.

MENTAL HEALTH SERVICES

The Office of Mental Health, Bureau of Forensic Services provides a full range of emergency outpatient, residential and intermediate care mental health services to the general inmate population at Sing Sing CF. Throughout the evaluation period, mental health staff had no defined or clearly understood role in the operation of the SNU. No service delivery plan has been formulated for the SNU. No policies and procedures directed toward the special needs of SNU patients have been formulated. OMH staff will respond to referrals for evaluation of SNU inmate-patients experiencing acute mental health crisis or the sudden alterations in mental status now increasingly characteristic of the central nervous system manifestations of HIV disease. One mental health clinician interviewed in November 1987 was of the opinion that SNU patients did not want psychiatric care because "it only further stigmatizes them". The lack of establishment of a useful role for the Sing Sing CF mental health staff in the SNU is one of the many deficiencies related to a lack of multidisciplinary case management.

DENTAL SERVICES

Based upon the Commission's 1984 systemwide evaluation of health services, its experience with grievances related to dental services 1984-1987, and the four site visits to Sing Sing CF since 1984, the evaluation team is of the opinion that the dental services unit at Sing Sing CF may well represent the best dental care available in the DOCS

system. There are five modern operatories, and an adequate, disciplined, cooperative and well-trained staff. A full range of services are provided to all SNU patients including examination for oral opportunistic infection. Dental services staff are well versed and disciplined in infection control precautions.

TELEPHONE

The single telephone available to SNU inmate-patients is available to inmates from 4:00 p.m. to 11:00 p.m. weekdays and from 9:00 a.m. to 11:00 p.m. on weekends. The telephone is operated by the facility switchboard. Inmate-patients have complained that there is resistance to placing calls between 4:00 p.m. and 7:00 p.m.. Sing Sing CF officials stated they have tried without success to install a dedicated line for the SNU.

LAUNDRY

In 1984 and 1985 the evaluation team found the laundry service to be inadequate. Clothing and bedding were often returned damp and unfolded. Some contaminated clothing was not returned clean. Damp, wrinkled bedding facilitates bedsore development in debilitated patients. In 1986 and 1987 bedding was returned clean but still unfolded and badly wrinkled. Many fitted sheets are worn out and do not fit well. One inmate-patient stated that he folds laundry "to keep busy". Large bags of unfolded laundry were visible in 1987.

SECURITY STAFF

At present, correction officers staffing the security posts within the SNU are "steady" officers who have "bid" into these jobs, i.e., they are permanently assigned and have elected to work in the SNU.

The evaluation team's interviews with and observations of the security staff have revealed them to be well-informed, cooperative and competent. They appear to share in the value system and treatment goals of the SNU. Interviews with the health care staff and the inmate-patients elicited no complaints concerning the security staff and some complimentary remarks. This staff is to be commended.

VISITING

Inmate-patients are allowed visits seven days per week for four hours. Non-ambulatory inmate-patients may receive visits at bedside. Deficiencies in visiting are entirely related to space and basic visiting room amenities which are discussed in Chapter III. As a practical matter, the visiting room cannot accommodate more than one visit at a time. This has the effect of limiting visitation unless most visits are conducted at the bedside.

CHAPTER SUMMARY

With the exception of security, legal, dental and ministerial/volunteer services, support services provided to the Special Needs Unit are inadequate. The nutritional needs of inmate-patients are not adequately met. The pharmacy is understaffed and is currently closed during peak demand periods. Medications are purchased at retail pharmacies. There is confusing and inadequate control of controlled substances and syringes. There are no planned, organized social, leisure or diversional activities. The recreation yard is mostly dusty or muddy hard-packed earth which contains a large garbage bin, is often littered with rocks and debris and is infested with pigeons and gulls. Inmate-patients lead an inactive, idle lifestyle. Inmate-patients and health care staff are dissatisfied with service unit counseling services. While it appears from data submitted by the Division of Parole that parole service delivery for SNU patients is better than may be inferred from the complaints on this subject made by Sing Sing CF staff, questions concerning timeliness of SSI applications, procurement of medical benefits and release notification to health care staff remain. Medical social services are not provided. The Office of Mental Health staff at Sing Sing CF has not defined its role with respect to the SNU and provides only evaluation and stabilization of mental disorder upon referral.

Dental services were evaluated as excellent as were the activities of a small ministerial services and volunteer services staff. Laundry

services are inadequate. Laundry is returned unironed and unfolded. Some bedding is worn and ill-fitting.

The security staff is permanent, and is composed of officers who elected service on the SNU. They were found competent, knowledgeable and cooperative.

CHAPTER V RECOMMENDATIONS

29. The Division of Health Services and Sing Sing CF should take immediate steps to provide a special medical diet designed to meet the special nutritional needs and problems of inmate AIDS patients at the SNU. Such a diet should provide a minimum of 3000 calories per day which includes at least 80 grams of protein. Foods unduly irritating to the gastrointestinal tract should be eliminated. Supplemental foods of questionable caloric value should be replaced with high density sandwiches, puddings, milkshakes and supplements such as Ensure Plus or its equivalent. Hot meals whould be served hot. A steam cart should be used. In addition, nursing procedures which require nursing staff to vigorously encourage adequate dietary intake and which require inmate cooks to prepare snacks and supplements from the supplementary food stocks at and under the direction of professional nurses should be enforced. Weights should be obtained twice weekly and diets adjusted accordingly.

30. The Division of Health Services should take immediate action to re-open and maintain an adequate pharmacy with a minimum of two full-time registered pharmacists, one of whom is designated as director. All sub-stock controlled substances and syringes should be returned to the pharmacy, inventoried, discrepancies accounted for and re-issued to sub-stock in manageable quantities. The pharmacy at Sing Sing CF should be open and fully operational from 7 a.m. until 4 p.m. five days per week. Medication profiles should be kept for all Sing Sing inmates, and those on AZT and other sophisticated AIDS therapies should be closely monitored by the pharmacy director. The pharmacy director should meet at least bi-monthly with the facility health services director and nurse administrator

31. The administration of Sing Sing CF should thoroughly clean up the SNU recreation yard. All litter and debris should be removed. Grass should be planted and tended. The garbage bin should be removed. Recreational amenities and equipment suitable for long-term chronic care patients should be installed. Plantings and other amenities designed to provide an attractive and sheltered environment should be considered.

32. The Division of Health Services should obtain the services of a resident activities/recreation director who shall be responsible for development of a planned program of meaningful indoor and outdoor social, leisure and diversional activities appropriate to the needs and abilities of all of the SNU inmate-patients, and who

shall, in consultation with the SNU nursing staff, encourage active participation by all SNU inmate-patients.

33. The Division of Health Services should make definite arrangements to provide a medical social services program at the SNU which shall identify, assess and manage inmate-patient social problems related to their illness, including arrangements for services from community social agencies and other services such as procurement of SSI, Medicaid and habilitation services after release.

34. The Office of Mental Health, Bureau of Forensic Services should develop and implement a mental health service delivery plan tailored to the special needs of SNU inmate-patients, particularly the mental health needs related to the final stages of illness and to death and dying.

35. The Division of Health Services should improve procedures for handling laundry at the SNU. Laundry should be delivered ironed or mangled, free of wrinkles and folded. Worn or damaged laundry, especially bedclothes, should be replaced. Tailored and fitted bedsheets should be exclusively used.

36. The Division of Parole should continue to improve and enhance its facility-based services to SNU inmate-patients approaching parole, and should improve coordination with the SNU health care staff and social services staff in preparing eligible inmate-patients for release.

CONCLUSION

The New York State Department of Correctional Services, under the leadership of Commissioner Thomas Coughlin, operates the third largest state correctional system in the United States. Modern, innovative management has resulted in maintenance of a safe, secure and humane correctional environment which has experienced little of the strife which has recently beset comparable state prison systems. DOCS is the one of the few major systems in the country that is not operating under statewide court order mandating conditions of confinement or population caps. DOCS has the lowest homicide rate in the nation, the second lowest escape rate, and a declining annual per capita unusual incident rate, all at a time when the largest prison expansion program in New York State history is underway.

The record of dedication and professionalism of DOCS' management and staff should engender confidence that DOCS will successfully cope with the largely unforeseen AIDS crisis. The Commission and its Medical Review Board are fully cognizant of the fact that the generally accepted standard for state-of-the-art management of AIDS and its associated problems is an evolving one and that some of the treatment and support needs of AIDS patients cited in this evaluation report have only recently been identified. Moreover, the public and proprietary health care systems and their allied support systems are encountering severe difficulties and are often deficient in meeting these needs in the state's population at large. Neither the correctional system nor

the rest of society may be able to instantly remedy all of their respective shortcomings in this area. Nevertheless, planned, steady progress must be made if we are not to be overwhelmed by ever increasing numbers of victims and the need to provide care, treatment and services of ever increasing sophistication and complexity, as will surely be the case as time and medical science progress.

As discussed in Chapter I, the challenge posed by AIDS is unprecedented in criminal justice. Nothing in this evaluation report should be interpreted to imply or suggest that correctional and other criminal justice officials are indifferent to this health catastrophe. New York's criminal justice establishment has been responsive and responsible. Much remains to be done.

FOOTNOTES

1. "New York State Jail and Prison Population", June, 1987, Albany, New York, New York State Commission of Correction, Bureau of Corrections Research

2. "Monthly Summary of Admissions and Releases", October, 1987, Albany, New York, New York State Department of Correctional Services

3. New York State Commission of Correction Medical Review Board, "Minutes - Meeting of October 21, 1987", quoting Dr. Raymond Broaddus, Assistant Commissioner of Health Services, DOCS, Albany, New York

   Letter from Commissioner Thomas A. Coughlin, III, DOCS to Robert Gangi, Correctional Association of New York, April 11, 1988.

4. "State Correctional Facility Health Services: A Systemwide Perspective", New York State Commission of Correction, June, 1984, Albany, New York

5. Ibid, p.8

6. Ibid, p.9

7. "Classification System for Human T-Lymphotrophic Virus Type III/Lymphadenopathy - Associated Virus Infections", Morbidity and Mortality Weekly Report 36:20 (May 23, 1986) pp. 335-338

8. "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome", Morbidity and Mortality Weekly Report 36:15 (August 14, 1987) pp. 15-65

9. "A Physician's Guide to AIDS: Issues in the Medical Office", NYS Department of Health, Albany, New York. March, 1988, p. 15.

10. Girard, P.M. et al.: "Pentamidine Aerosol in Prophylaxis and Treatment of Murine Pneumocystis carinii Pneumonia." Chemotherapy, 1987, Jul. 31 (7).

Fischl, et al.: "Safety and Efficacy of Sulfamethoxadole and Trimethoprim Chemoprophylaxis for Pneumocystis carinii Pneumonia in AIDS." JAMA, 1988, Feb. 26, 259(8).

11. Personal Communication with Benedict Truman, M.D., NYS Department of Health, April 25, 1988.

12. Rutherford, G.W., et al.: "Impact of the Revised AIDS Case Definition on AIDS Reporting in San Francisco." JAMA, 1988 April 15, 259(15).

13. NYS Department of Health, "Notice of Proposed Rule Making - 10 NYCRR Part 405 - AIDS Centers", February 18, 1986, Albany, New York

14. "State Correctional Facility Health Services", p. 12, and Appendix

15. Ibid, pp. 11-12 (also see Appendix)

16. In early 1986, the Department of Correctional Services was notified by the administration of Westchester County Medical Center that it would no longer provide acute inpatient or outpatient department services to DOCS inmates as of the end of June, 1986. During 1985 and 1986 Champlain Valley Physician's Hospital (CVPH) withheld acute inpatient, outpatient and emergency department services to DOCS during a dispute over reimbursement rates and questions concerning the quality of care rendered in two inmate mortality cases in 1984. DOCS concluded a contract with CVPH in 1987.

17. NYS Commission of Correction Medical Review Board, "In the Matter of the Death of Harry Duprey (87-M-202), October, 1987, Albany, New York. Also, "In the Matter of the Death of Mark Alixerhaj (87-M-176), "In the Matter of the Death of Ronald Johnson (87-M-181), "In the Matter of the Deaths of David Oscosio and Ronald Wilson" (84-M-169 and 84-M-143), "In the Matter of the

Death of John Rivera (85-M-193), "In the Matter of the Death of Carol Harris (86-M-80)

18. Honorable Thomas A. Coughlin, III, "Keynote Remarks - DOCS Conference on AIDS in Corrections", Downstate Correctional Facility, March 5, 1987, Fishkill, New York

19. "Policies and Guidelines, Special Needs Unit, Sing Sing CF", (Item 900), December 15, 1983

20. Ibid (Item 901), May 1, 1984

21. "Medical Review Board Minutes of October 21, 1987"

22. Raymond Broaddus, Ph.D., Assistant Commissioner for Health Services, NYS DOCS, "Remarks to the DOCS Clinical Symposium on AIDS", November 12, 1987, Albany, New York

23. 10 NYCRR, Section 405.40

24. 10 NYCRR Section 740.6(j)(3)(4)

25. 10 NYCRR Section 711.6(5)

26. 10 NYCRR Section 714.19(d) and 714.19 (e)

27. 10 NYCRR Section 702.2

28. 10 NYCRR Section 414.1(8)

29. Letter from Assistant Commissioner Broaddus, DOCS to Commissioner McNulty, SCOC, July 17, 1987

30. 10 NYCRR Section 414.1(11)

31. Governor's Task Force on AIDS, December 21, 1987

32. 10 NYCRR Section 416.1

33. NYS Civil Service Law, Section 135 (Classification and Compensation)

34. "All Things Considered", National Public Radio broadcast, October 29, 1987

35. "Classified Health Care Employment", New York Times, November 8, 1987

36. 10 NYCRR Section 416.2(b) and (d)

37. 10 NYCRR Section 700.2(a)(60)

38. 10 NYCRR Section 415.4(c)

39. "Retrovir (tm) (Zidovudine) Capsules" (package insert), Burroughs Wellcome Co., RTP, North Carolina, p. 2

40. 10 NYCRR Section 414.22

41. 10 NYCRR Section 405.22(j)(5)

42. Garcia, M., Collins, C.L., et al.,"The Acquired Immune Deficiency Syndrome - Nutritional Complications and Assessment of Body Weight Status", Nutrition in Clinical Practice, ASPEN, 1987

43. Personal Communication with Pearl Hyland, RD, Albany Medical Center Hospital, December, 1987

44. 10 NYCRR 741.6(a)

45. 10 NYCRR 741.5(a)

APPENDIX A

SING SING CORRECTIONAL FACILITY MEDICAL

DEPARTMENT POLICIES AND GUIDELINES

ITEM 900

ITEM 901

MEDICAL DEPARTMENT OSSINING CORRECTIONAL FACILITY POLICIES & GUIDELINES	CLASSIFICATION 0900	DATE 12/15/83
	SUPERSEDES	
RULING AUTHORITY Herman Kunat	SUBJECT SPECIAL NEEDS UNIT	

PHILOSOPHY: A shared goal to achieve optimal care for patients.

PURPOSE: To provide a protective environment to reduce the possibility of infection to immune deficient patients.

DESCRIPTION: The special needs unit is a 12 bed infirmary located on the north end of the 4th floor hospital. There are two isolation rooms and ten beds in an open dormitory.

Staffing includes a part-time physician, two nurses on the day and evening shifts, and another PN assigned to the night shift. One officer per shift will be assigned to the unit.

There will be three inmate porters assigned to the unit. Two inmate porters will be assigned during the day, one inmate porter will be assigned to the evening shift.

Personnel, other than those mentioned, are not permitted onto the SNU without permission from the nurse in charge.

MEDICAL DEPARTMENT OSSINING CORRECTIONAL FACILITY POLICIES & GUIDELINES	CLASSIFICATION 0901	DATE 5/1/84
	SUPERSEDES	
ROVING AUTHORITY	SUBJECT Multidisciplinary Committee	

PURPOSE:

1. To unite a multidisciplinary team in implementing a hospice like setting for inmates with terminial A.I.D.S. and the identification of specific needs for the patients not requiring hospice care.

GOALS:

2. To identify problems which impact on the physiological and psychological needs of A.I.D.S. patients.

MEETINGS:

First thursday in every month 11:30 A.M..

COMMITTEE:

Dr. Felix, Physician
Margaret E. Wyke, Health Services Administrator
Saundra Johnson, Nurse Administrator
George Daley, Satellite Unit
Rev. Hunt, Ministerial Services
Barbara Cravath, R.N.
Mark Goodman, Volunteer Services
Barker Karstens, Counselor
Captain Strack, Security

APPENDIX B

SING SING CORRECTIONAL FACILITY MEDICAL

DEPARTMENT POLICIES AND GUIDELINES

EXCERPTS FROM ITEM 907

SELECTED HOUSEKEEPING GUIDELINES

MEDICAL DEPT. OF
LEWIS COUNTY GENERAL HOSPITAL

POLICIES & GUIDELINES

SUPERSEDES

DATE
12/28/83

SUBJECT

HOUSEKEEPING - HOSPITAL IPCU'S

PURPOSE: To provide a protective environment and reduce possibility of infection.

NOTE: Clorox solution 1:10 can be used as a germicidal.

EVERY SHIFT & PRN	WEEKLY & PRN	MONTHLY
1. Empty all garbage receptacles.	Wash all garbage receptacles throughly with germicidal detergent.	Complete terminal cleanir of all patient units. (occupied and unoccupied)
2. Place all soiled linen into disovable isolation bags.	Complete change of rubber sheets and linen	a. Raise foot of bed to highest position and clean springs and frame, legs & castors
3. Damp dust all bedside furniture with germ-icidal solution.		b. Raise head of bed and do same.
4. Wipe all tile surfaces ledges, partitions, wash basin fixtures, mirors with germ-icidal solution.		c. All siderails, head-boards.
5. All surfaces on toilets (both inside and out) including fixtures and pipes.		d. Rotate mattress from top to bottom, head to foot, replace as indicated.
6. ~~Daily~~ maintenance of floors. (½ of floor at a time to permit continued traffic. TWICE PER DAY		
7. Clean of Nurses station. Examining & Autoclave room. Cabinet tops & doors & sinks.		

908 907

Form 1016 EV 9/73

STATE OF NEW YORK-DEPARTMENT OF CORRECTIONAL SERVICES

MEMORANDUM

DATE: 11/15/84

TO: Special Needs Unit Patients

FROM: Saundra Johnson, R.N.
Nurse Administrator

SUBJECT: Cubicles

All inmate-patients assigned to the Special Needs Unit will be responsible for the daily cleaning and disinfecting of their indivi-daul living area.

This includes cleaning of:

Cubicle partition and walls
Bedside tables
Floors
Window sills
Bed linen and making bed
Monthly cleaning of bed frame
and underlying structures

Exceptions to individual daily housekeeping tasks will be made by the nurse in charge of the unit.

The porter assigned to the unit will be responsible for all other living areas according to Directive #3092.

SJ/nh

cc: Sergeant McCall
O.I.C. - SNU
O.I.C. - IPCU
L. Dyer, R.N. - POST
B. Cravath, R.N. - POST
SNU Procedure Manual, Section V, Housekeeping Procedures
Inmate Health Assistant
Porters
File

APPENDIX C

SAMPLE WEEKLY MENU:

SING SING CORRECTIONAL FACILITY

SUGGESTIONS FOR SMALL MEALS OR NUTRITIOUS SNACKS

Institute for Immunological Disorders

Sing Sing Correctional Facility

Weekly Menu

Week of JULY 6 THRU JULY 12 1987

Breakfast	Lunch	Supper
MONDAY Juice Cup,Chilled Fruit Juice 6 Oz.Whole Fresh Milk [illegible] Griddle Cakes w/2oz.Syrup Pc.Jelly,Butter Pc.Sugar,Coffee	1 Bowl Navy Bean Soup 1 Beef Burger 1 Burger Bun 1 Tray(6oz,)Fried Potatoes 6 Oz.Creamy Cole Slaw 4 Pc.Catsup 4 Pickle Chips Beverage,Dessert	12oz.Chili Con Carne (Beef,Beans,Tomatoes) Steamed White Rice Seasoned Spinach [illegible] Beverage Dessert
TUESDAY Ea.Chilled Fresh Fruit 6 Oz.Whole Fresh Milk *8oz.Baked Ham Hash** Boxes Dry Cereal Pc.Catsup Pc.Sugar,Coffee Bread,Butter	1 Bowl Minestrone Soup 3 Stuffed Shell Macaroni w/Tomato Sauce 4 Oz.Meat Sauce Combination Salad French Dressing Bread Beverage,Dessert	1(4oz.)Hot Turkey Sandwich Cream Style Gravy Buttered Whipped Potatoe Seasoned Peas Bread Beverage Dessert
WEDNESDAY Juice Cup,Chilled Fruit Juice 6 Oz.Whole Fresh Milk Scoop(4oz.)Scrambled Eggs *2 Strips Crisp Bacon** Pc.Catsup,Coffee Pc.Sugar,Bread,Butter	1 Bowl Split Pea Soup 2 Slices Beef Cold Cuts 2 Slices American Cheese 8 Oz.Fresh Potato Salad 6 Oz.Cabbage,Carrot and Raisin Salad Mustard,Bread Beverage,Dessert	2 Baked Codfish Wedges 2 Oz.Tartar Sauce Fresh Baked Potatoes Seasoned Turnip Greens Bread Butter Beverage Dessert
THURSDAY Ea.Chilled Fresh Fruit 6 Oz.Whole Fresh Milk 2 Boxes Dry Cereal 2 Waffles w/2oz.Syrup 5 Pc.Sugar Coffee Butter	Oven Roast Chicken Fresh Potatoes Obrien Seasoned Whole Kernel Corn Bread Beverage Dessert	**12oz.Pork Chow Mein** w/Chinese Vegetables Seasoned Lima Beans Beet & Onion Salad Bread Beverage Dessert Steamed White Rice
FRIDAY 1 Juice Cup,Chilled Fruit Juice 16 Oz.Whole Fresh Milk 2 Boxes Dry Cereal 2 Hard Cooked Eggs 5 Pc.Sugar,Coffee Bread,Butter	4 Oz.Sliced Corned Beef Boiled Potatoes,Cabbage and Carrots Mustard Bread Beverage Dessert	3 Steamed Frankfurters Seasoned Navy Pea Beans Steamed Sauerkraut Mustard Relish Bread Beverage Dessert
SATURDAY 1 Ea.Chilled Fresh Fruit 16 Oz.Whole Fresh Milk 2 Boxes Dry Cereal 2 Slices French Toast w/ 2 Oz.Syrup,2pc.Jelly 5 Pc.Sugar,Coffee Butter	1(4oz.)Beef Meat Ball Spaghetti w/ Tomato Sauce Combination Salad Oil and Vinegar Dressing Bread Beverage Dessert	1 Bowl Chicken Noodle Soup 12oz.Rice Diablo w/Diced Beef Salami Seasoned Carrots Bread Beverage Dessert
SUNDAY 1 Juice Cup,Chilled Fruit Juice 16 Oz.Whole Fresh Milk 3 Oz.Pepper & Onion Omelette 2 Pc.Catsup 5 Pc.Sugar,Coffee Bread,Butter	1 Slice(5oz.)Baked Beef Meat Loaf Brown Beef Gravy Fresh Parsley Potatoes Seasoned Mixed Vegetables Bread Beverage Dessert	12oz.Braised Liver Fiesta w/Onions & Peppers in a Red Sauce Buttered Whipped Potato Seasoned Green Beans Bread Beverage Dessert

When Bread appears on the menu up to 4 Slices will be allowed for the Breakfast and Lunch meals and up to 8 Slices for the Supper meal.

DENOTES PORK PRODUCT

Nutritional Director

Physician

Institute for Immunological Disorders

SUGGESTIONS FOR SMALL MEALS OR

NUTRITIOUS SNACKS

(Remember: Snacks and drinks must also count for nutrition)

This list is only suggestions; by no means do you have to include them all in your diet. Also, you do not have to stick to what is normally served at breakfast, lunch, or supper. If your tastes vary, have what sounds good to you.

Pudding and Vanilla Wafers
Peanut Butter* and Crackers
Meat Sandwich (Sliced Meat or Salads - Egg, Tuna, Chicken)
Cold or Cooked Cereal with Milk
Buttered Popcorn with Parmesan Cheese*
Dried Fruit, Nuts, and Granola*
Ice Cream with Topping
Custard (Egg) and Graham Crackers
Cottage Cheese and Fruit
Milkshakes - Any Flavor
Hard-Boiled or Deviled Egg
Yogurt (Regular or Frozen)
Pudding Popsicles, Regular Popsicles
Muffins or Bagels with Cream Cheese
Cheese and Crackers
Tomato Juice or V-8 Juice and Crackers
Instant Breakfast Drink
Apple Slices* with Cheese or Peanut Butter
Waffles (Toaster Type) and Syrup
English Muffins with Butter and Preserves
Sherbet
Grilled Cheese Sandwich (May add Ham)
Soups (Cream or Meat)
Gelatin and Fruit
Eggnog and Cookies
Granola Bar* (Dipped in Chocolate)
Snack Crackers (Goldfish Crackers, Pretzels)
Single Serve Frozen Entrees (Meat and Vegetable)
Cinnamon Toast and Milk
Baked Potato* with Cheese
Chocolate Candy that contains Nuts
Hot Chocolate (Cocoa) and Cookies
Cornbread and Buttermilk*
Cheese Nachos
Coke Float
Pop Tarts and Milk
Tomatoes Stuffed with Egg, Tuna, or Chicken Salad

For commercial high protein, high calorie supplements please contact the dietitian for samples to taste before buying any.

*High Fiber: If you are experiencing diarrhea, do not use.

Candy Collins, R.D., L.D.
Clinical Nutritionist
713/691-3531

APPENDIX D

NYS DEPARTMENT OF CORRECTIONAL SERVICES

RESPONSE

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONAL SERVICES
ALBANY, N.Y. 12226

THOMAS A. COUGHLIN III
COMMISSIONER

June 7, 1988

Mr. William G. McMahon
Chairman
Commission of Correction
60 South Pearl Street
Albany, New York 12207-1596

Dear Bill:

Enclosed are the responses to the formal recommendations contained in your report, "Special Needs Management of AIDS in the Department of Correctional Services."

Several important issues are raised by your report. The most notable, and in many cases, the most troubling is the issue of numbers of AIDS and ARC patients. At the onset of this public health crisis, it was decided that the Department of Health would be the single state agency responsible for planning the States' response to the disease. Since that time in 1981, this Department has, and until notified differently, will continue to follow the advice and direction of the Department of Health (DOH).

With that concept as the official basis for Corrections' policies, your report must be looked at in a different light.

When you say that "DOCS policy dictates that an inmate may not appear on the AIDS case list unless diagnosis of one or more CDC designated indicator diseases has been made by a CDC approved diagnostic method," what you really mean is DOH policy dictates...

When you say that "...the manifest need to formulate plans for the allocation of scarce health care resources and for the development of cost effective patient management models argues strongly for acquisition of timely and accurate information of the number of Department of Correctional Services inmates who are clinically ill with HIV disease. In the Commission's opinion, sufficiently accurate information is not presently available." What you're really calling for is the testing of all inmates for HIV positivity. That issue has been decided by DOH in favor of not testing. It is a settled issue and one in which the Department of Correctional Services (DOCS) is again following the advice and direction of DOH. If for some reason, DOH changes its position on mass testing you can be assured that DOCS will follow DOH's lead.

Reports of the Commission are viewed by the public at large, the DOCS work force and its inmate population as authoritative. To suggest in the report that existing state policy, not just DOCS policy, is faulty, does a disservice to the constituency and causes further mistrust and confusion regarding the problem.

It is legitimate for the Commission to comment on DOCS' response to the AIDS issue, and it is also legitimate to suggest changes in that response. In a careful reading of your report, it seems to be that the heart of your criticism of the Special Needs Unit is that you believe that the unit should be a skilled

nursing unit or at least a higher level of health care than what it was set up as. Your mention of Art. 28-type standards, your recommendations to "redefine the concept," leads the informed reader to the conclusion that the program was evaluated as something it was never intended to be with the resulting critical evaluation causing what could be irreparable harm to an enlightened, internationally acclaimed housing program for AIDS patients.

DOCS' primary mission is not one of health care. As Commissioner, I would resist any attempts to redefine our mission to include primary responsibility for health care. Our system is predicated on the use of community health resources. As you know, there is a study underway to determine how best we may meet our primary responsibility at the same caring for the health needs of the inmates. Without prejudging the outcome of the study, I am confident that the current policy of using community resources will remain intact.

AIDS is a devastating personal and societal problem; prison should not be the place to treat the problem. Any attempt to replicate, in prison, services that should be provided in the community to treat this problem is, in my opinion, bad public policy.

Sincerely,

Thomas A. Coughlin III
Commissioner

Encls.
cc: John Poklemba
Dr. Axelrod
Ilene Margolin
Ramon Rodriguez

COMMISSION OF CORRECTION AUDIT OF THE SPECIAL NEEDS UNIT AT SING SING CORRECTIONAL FACILITY

1. COC RECOMMENDATIONS

The Division of Health Services should redefine the concept of the Special Needs Unit as an advanced, intensive treatment unit which operates as a coordinated adjunct to the inpatient and outpatient services of an AIDS Center, and which takes a multi-disciplinary approach to the patient, providing multiple levels of direct care and a range of program services designated to facilitate development of a therapeutic residential living and hospice community. A multi-disciplinary patient management team should be appointed and should meet regularly.

RESPONSE

There is no need for the Division of Health Services to redefine the concept of the Special Needs Unit (SNU). Our aims and objectives are clearly outlined. We already have a multi-disciplinary program in effect consisting of the Nurse Administrator, Ministerial Services, Psychiatric Services, Parole and Volunteer Services. Regular meetings will be scheduled of this multi-disciplinary team.

2. COC RECOMMENDATIONS

The Division of Health Services should continue to develop and implement its announced plans to replicate the Special Needs Unit, provided that the Unit concept is appropriately redefined and each unit is coordinated via a written service agreement with the inpatient and outpatient services of an AIDS Center as defined by the NYS Department of Health.

RESPONSE

As you are aware, it has long been the intent of DOCS to locate AIDS victims in a close geographical proximity to their family and significant others. This fact is made obvious given our individual effort over the years to realize an AIDS specific secure unit in New York City. This also was a primary reason for establishing the Special Needs Unit at Sing Sing C.F. Similarly, the two new units authorized by the legislature will be located proximate to the greater New York Metropolitan area. And finally, it is

mandated in the legislation approving the establishment of the two new units, that a written service agreement with the inpatient and outpatient services of an AIDS designated center be obtained.

There is a contractual agreement with St. Clare's Hospital, New York City Inpatient and Outpatient Services, to assist in the delivery of medical care of our AIDS patients.

3. COC RECOMMENDATION

The Division of Health Services should immediately appoint a health services administrator to Sing Sing C.F. who is qualified by training and experience to manage a health services delivery system called upon to deliver complex multifaceted care.

RESPONSE

The management abilities of the FHSD and the NA have been recognized and are adequate to meet the day to day operations of the facility health unit. A Regional Health Services Administrator has been assigned to the Sing Sing C.F. with clearly delineated duties and responsibilities.

4. COC RECOMMENDATION

The Division of Health Services should develop a comprehensive policy and detailed procedure for the operation of the SNU. Such policy and procedures should define the mission and objectives of the SNU, and its admission and discharge criteria; provide a utilization review process, staff performance standards and an adequate and appropriate infection control procedure; and should define levels of care available within the SNU. The Division of Health Services should insure that all policy and procedures are enforced.

RESPONSE

I refer you to Policy and Procedure #0900, entitled, Special Needs Unit. This is presently in effect which defines the mission and objectives of the SNU.

5. COC RECOMMENDATION

The Division of Health Services should design and operate a comprehensive orientation/training and clinical in-service training program for all health care staff assigned to the SNU.

RESPONSE

Health care personnel are assigned to SNU on a rotating basis. On-going orientation is provided to all employees and specifically to new employees every Thursday following pay day.

This program includes access to several videos and an abundance of written material available in the health unit for staff and inmates. Specific information is given to assigned nursing personnel during the change of shift report as would occur in any other health unit providing 24-hour care.

It should be noted that the Department has received $200,000 for Fiscal Year 88-89 to provide training to health care professionals on a system-wide basis.

6. COC RECOMMENDATION

The Division of Health Services should develop and implement a formal, organized quality assurance program at the SNU.

RESPONSE

A Quality Assurance Program, together with a Nursing Care Plan is in existence on the Special Needs Unit.

7. COC RECOMMENDATION

The Division of Health Services should provide a residential environment for the SNU which provides a minimum of 80 square feet of floor space per inmate-patient. Relocation of the SNU within Sing Sing C.F. should be considered.

RESPONSE

Presently we have 600 square feet of space available for the inmates assigned. We have additional capability of assigning an inmate to a private room. Present location of SNU allows for the best use of space available.

8. COC RECOMMENDATION

The Division of Health Services should repair or replace all non-operating hospital beds.

RESPONSE

Hospital Beds - two currently inoperable. Work orders have been submitted to maintenance.

9. COC RECOMMENDATION

The Division of Health Services should provide sufficient storage for inmate personal property away from patient cubicle areas.

RESPONSE

The facility will order full size lockers for each inmate assigned to unit.

10. COC RECOMMENDATION

Empty patient cubicles should not be used for storage. Beds should be made up at all times.

RESPONSE

We agree. Previous observations of storage of equipment and linen in cubicles occurred when designated storage areas were undergoing routine housekeeping procedures.

The Health Service Unit is in agreement with this recommendation.

11. COC RECOMMENDATION

The Division of Health Services should undertake an electrical engineering study of the SNU to identify potential electrical hazards and should provide sufficient and properly protected circuits. Individual cubicle lighting should be installed in place of lighting supplied by inmates.

RESPONSE

An electrician will be directed to investigate any potential electrical problems.

12. COC RECOMMENDATION

The Division of Health Services should install handicap rails and anti-slip mats in the bathroom area. An additional source of heat should be installed in the shower area. The Division should consider procurement of hydrotherapy equipment for bathing and improving skin integrity of debilitated, bedridden patients.

RESPONSE

Handicap rails will be installed by the Maintenance Department. All other items have been addressed.

13. COC RECOMMENDATION

All dayroom furniture should be replaced with appropriate, comfortable, durable furniture.

RESPONSE

New Division of Industries furniture was purchased and current furnishings are adequate, within limits of our spending plan.

14. COC RECOMMENDATION

The Division of Health Services should increase the size of the visiting room to accommodate a minimum of three (3) visits simultaneously. Furniture and other basic amenities should be supplied comparable to the Sing Sing C.F. general visiting facility.

RESPONSE

Visitors now visit the patients in the day room or at the bedside which promotes a more congenial atmosphere.

15. COC RECOMMENDATION

The Division of Health Services should develop, implement and enforce a comprehensive housekeeping and infection control policy and procedure specifically tailored to the needs of the SNU. Overall cleanliness of all areas should be improved immediately.

Such a procedure should directly address the following areas:

- floor cleaning and waxing;
- wall, ceiling and fixture cleaning;
- terminal/discharge cleaning of single rooms and cubicles;
- daily cleaning of single rooms and cubicles;
- daily cleaning of non-patient areas;
- double mopping procedures;
- daily cleaning of bathrooms and fixtures;
- schedule and procedure from cleaning of kitchenette;
- schedule and procedure for cleaning dayroom, refrigerator and cabinetry;
- cleaning procedure for water fountain;
- precautions and chemicals to be used;
- storage of clean and soiled linen;
- record keeping of inspections.

All details and finishes which are resistant to maintenance of cleanliness should be replaced. The Sing Sing C.F. policy which makes inmate-patients responsible for SNU housekeeping should be repealed immediately. Inmate-patients should be responsible for personal hygiene, neatness and orderliness as their conditions allow, but not for medical unit housekeeping. A professional service should be used if necessary.

RESPONSE

Current departmental directives 3092, 3094, 3096 address, more than satisfactorily, the housekeeping procedures necessary to maintain the cleanliness of the unit.

Current practices in effect at Sing Sing C..F. SNU allow the patient to meet his maximum ability for independence by encouraging him to maintain his personal hygiene and individual living space to the best of his ability.

It should be noted that a Housekeeping Manual is currently being printed at the facility.

16. COC RECOMMENDATION

The Division of Health Services should establish and maintain a skilled nursing level of care as defined by Title 10, New York Codes Rules and Regulations for inmate AIDS patients requiring such care.

RESPONSE

We are not an Article 28 institution and therefore not subject to level of care as defined by Title 10.

17. COC RECOMMENDATION

The Division of Health Services should provide for physician coverage at Sing Sing C.F. which requires the personal presence of a physician, preferably an internist, at Sing Sing C.F. a minimum of 37.5 hours, five days per week and the immediate on-call availability of a physician on

evenings, nights, weekends and holidays. The Division of Health Services should develop and enforce policies and procedures which require on-call physicians to go to the SNU when inmate-patient condition warrants such a response, avoiding unnecessary emergency hospitalization.

RESPONSE

The physician coverage at Sing Sing Correctional Facility is more than sufficient to supply adequate medical care. There is a full time physician and three part-time physicians. The full time physician who is the Facility Health Service Director, is responsible for the administrative functioning of the Medical Unit and the overall delivery of health care to the inmate population. Two of the part time physicians work in the morning - one on the Special Needs Unit and in-Patient Component Unit. One in the out-patient department seeing patients and counseling with the physician assistants during sick-call. The other part time physician works in the afternoon taking care of whatever medical occurrences that may arise. All of these physicians have hospital affiliations and are able to keep abreast of the modern medical advancements. The evening, week-ends, and holidays, are covered by the physician assistants. Since they cannot work independently, there is always a backup physician.

18. COC RECOMMENDATION

The facility health services director should be personally present at Sing Sing C.F. on a full time basis. The facility health services director should insure that SNU inmate-patients are seen daily by a physician, that each visit results in an adequate progress note and that periodic progress summaries are recorded in the record. He should insure that each patient admitted to the SNU is provided a complete medical history and physical exam within 48 hours of admission, and that each is provided with an individual comprehensive patient care plan which is reviewed and updated regularly.

RESPONSE

The Facility Health Service Director along with the other physicians have signed agreements to adhere to the Institutional Practice Plan. This plan allows the

physician to utilize his time performing duties for the facility when not on site. The patients are on the Special Needs Unit and the Inpatient Components Unit are seen regularly by the physician who is assigned to those units.

19. COC RECOMMENDATION

The Division of Health Services should provide for a physician who is board-qualified or board-certified in infectious diseases to visit patients in the SNU at least twice monthly. Other specialist consultants should be provided as determined by the facility health services director.

RESPONSE

The Director of Medical Standards, among other specialties, is an immunologist. In addition to this, this Department utilizes the services of Infectious Disease Outpatient Clinics on a continuum. We are continuously in dialogue with Doctors Truman and Morse; Epidemiologists from State Health. Significant numbers of our AIDS Related Cases received past and present services from Board Certified Infectious Disease Specialists such as Doctor Vicky Sharpe from Albany Medical Center, Doctor Hewitt from Upstate Medical Facility, Doctor Spicehandler from St. Clare's Hospital, the list can go on and on. Individuals who are in the SNU are scheduled according to need for consultation with Infectious Disease Clinics.

20. COC RECOMMENDATION

The Department of Health should review and upwardly revise the physician fee schedule in order to provide incentives for qualified medical specialists to visit Sing Sing C.F. and other correctional facilities on a regular basis.

RESPONSE

The issue of what some view as an antiquated fee schedule has been debated for many years. The Department of Correctional Services has articulated its concern for to governing bodies on numerous occasions. Through contracts

such as Medicus and other selected arrangements, we have been able to increase the participation of medical professionals to provide on-site specialty clinics. We shall continue to pursue this course.

21. COC RECOMMENDATION

The Division of Health Services in conjunction with the Governor's Office of Employee Relations should continue to develop employment incentives to recruit and retain qualified registered professional and licensed practical nurses at the SNU.

RESPONSE

This Department continues to work closely with O.E.R., State Health and significant others in an effort to find viable solutions to a nursing shortage which has become a national crisis. Recent salary incentives relative to geographical proximity have given us reason to be encouraged regarding recruitment and retention of qualified nursing professionals.

22. COC RECOMMENDATION

Nursing staff at the SNU should be increased to a level which will conform to its internal proposed staffing plan. Each shift at the SNU should be under the supervision of a charge nurse who is a registered professional nurse. Overtime and use of agency nurses should be reduced. The propriety of DOCS nurses working agency-paid shifts at their own institution should be reviewed.

RESPONSE

Recruitment and retention issues of qualified health care professionals is one of the DOCS main objectives. Propriety issue was reviewed and the practice discontinued. The provision of a Nurse Administrator for the second and third shifts for SNU is neither practical or cost-effective.

23. COC RECOMMENDATION

The nurse administrator should enhance the quality and availability of direct nursing care provided to SNU inmate-patients. Comprehensive written nursing care plans should be formulated and updated regularly. Nurses should spend more time directly interacting with inmate-patients, conducting health teaching, health counseling, and supportive care. Prescribed medical regimens should be evaluated by nurses interacting with patients.

RESPONSE

Improved quality and availability of direct nursing care provided to the Special Needs Unit inmate-patients is an on-going process. With the improved staffing of nurses, staff nurse assignment to the Special Needs Unit will be accomplished upon orientation. Nursing care plans have been formulated and are being implemented this month upon completion of In-service Training. These nursing care plans have a built-in quality assurance component. With these nursing care plans as guidelines, there will be more direct patient/nurse interactions and health teaching.

24. COC RECOMMENDATION

The facility health services director and nurse administrator should improve SNU medical record keeping. A procedure for routinely reviewing charts for quality of care and quality of record keeping should be implemented. Old or unnecessary records should be regularly removed to inactive files. Problem-oriented charting should be required. Graphic vital sign sheets and weight records should be completed and kept current. Physician's assistants' orders and progress notes should be reviewed and co-signed by physicians. Medications should always be recorded when given and blank record entries explained. Prescription policies which allow for controlled substance analgesics around the clock irrespective of need should be reviewed and revised.

RESPONSE

As noted above, the Nurse Care Plan has a quality assurance component. There has been a quality assurance format in place in our medical unit. Old and outdated portions of records are kept separate from active in-patient records. They remain in the Special Needs Unit office for ready availability and referrals. It is agreed that accurate graphic and vital statistics charts should be maintained. Emphasis on this has been reiterated at the monthly meetings conducted by the Nurse Administrator with both staff and agency nurses. Physician Assistants orders and progress notes we review as a quality assurance procedure. It is not necessary to countersign the progress notes and the physician assistant orders should be signed if they are controlled medications. Controlled analgesics are routinely reviewed during quality assurance assessments and adjusted as necessary.

25. COC RECOMMENDATION

The Division of Health Services should develop and implement a certificate nurse's aid training program within DOCS. Inmate health assistants employed in the SNU should be trained and certified as nurse's aids.

RESPONSE

A certificate Nurse's Aide training program for inmate health assistants is in violation of the Milburn Court Order (Green Haven Correctional Facility).

26. COC RECOMMENDATION

The Division of Health Services should secure a formal, written agreement for the services of a hospital-based emergency room and of a certified ambulance. The Department of Health should assist DOCS in securing such services. Every refusal of emergency room service which, in the opinion of the facility health services director, constitutes a violation of 10 NYCRR Section 405.22(j)(5) should result in a formal complaint to the Department of Health, Bureau of Hospital Services. Each arbitrary refusal by a Health Department certified ambulance service to respond to a medical emergency at Sing Sing C.F. should be similarly reported to the Department of Health, Bureau of Emergency Medical Services.

RESPONSE

A contract negotiation has been underway with Affiliated Ambulance Service since February 1988. This ambulance service has responded to all emergency calls.

27. COC RECOMMENDATION

The Division of Health Services should plan for anticipated future medical isolation needs.

RESPONSE

Upon review of facility isolation capabilities undertaken when AIDS was first identified, the DOCS determined that isolation facilities were adequate. Future construction will update isolation rooms but does not call for an increase in their number.

28. COC RECOMMENDATION

The Division of Health Services should develop and promulgate a comprehensive policy and procedure of HIV antibody testing.

RESPONSE

Health Services has instructed its Facility Health Service Directors to utilize A Physicians' Guide to HIV Counseling and Testing as promulgated by the New York State Department of Health.

29. COC RECOMMENDATION

The Division of Health Services and Sing Sing C.F. should take immediate steps to provide a special medical diet designed to meet the special nutritional needs and problems of inmate AIDS patients at the SNU. Such a diet should provide a minimum of 3000 calories per day which includes at least 80 grams of protein. Foods unduly irritating to the gastrointestinal tract should be eliminated. Supplemental foods of questionable caloric value should be replaced with high density sandwiches, puddings, milk shakes and supplements such as Ensure Plus or its equivalent. Hot meals should be served hot. A steam cart should be used.

In addition, nursing procedures which require nursing staff to vigorously encourage adequate dietary intake and which require inmate cooks to prepare snacks and supplements from the supplementary food stocks at and under the direction of professional nurses should be enforced. Weights should be obtained twice weekly and diets adjusted accordingly.

RESPONSE

The treating physician determines the need for therapeutic dietary intervention. The maintenance of health and hope is based on the individual's ability to maintain weight. Therefore dietary offerings are based on cultural and personal preferences, the method of consumption and sound nutritional practices.

It should be noted that there is a registered nutritionist in the Division of Health Services who works with facilities on dietary and nutritional problems.

30. COC RECOMMENDATION

The Division of Health Services should take immediate action to re-open and maintain an adequate pharmacy with a minimum of two full-time registered pharmacists, one of whom is designated as director. All sub-stock controlled substances and syringes should be returned to the pharmacy, inventoried, discrepancies accounted for, and be re-issued to sub-stock in manageable quantities. The pharmacy at Sing Sing C.F. should be open and fully operational from 7 am until 4 pm five days per week. Medication profiles should be kept for all Sing Sing inmates, and those on AZT and other sophisticated AIDS therapies should be closely monitored by the pharmacy director. The pharmacy director should meet at least bi-monthly with the facility health services director and nurse administrator.

RESPONSE

During the period when we were without the services of an on-site pharmacist, we amended operating procedures and allowed a larger inventory of hypodermic paraphernalia and medications to be in the medical substations. Upon return

of full-time pharmacy services, these interim procedures were discontinued immediately. All extra stock was returned and inventoried.

Plans are currently being made to transfer the pharmacist from Fishkill Correctional Facility to Sing Sing Correctional Facility. We have a second pharmacist item which was recently approved. Recruitment efforts to fill this vacancy continues. This includes newspaper advertisement and contact with two schools of pharmacy.

We maintain daily open lines of communication between Pharmacy Director, Nurse Administrator I and Medical Director. Meetings are held quarterly.

31. COC RECOMMENDATION

The administrator of Sing Sing C.F. should thoroughly clean up the SNU recreation yard. All litter and debris should be removed. Grass should be planted and tended. The garbage bin should be removed. Recreational amenities and equipment suitable for long-term chronic care patients should be installed. Plantings and other amenities designed to provide an attractive and sheltered environment should be considered.

RESPONSE

Yards - All yards are frequently cleaned and maintained on a regular basis as part of overall housekeeping program.

32. COC RECOMMENDATION

The Division of Health Services should obtain the services of a resident activities/recreation director who shall be responsible for development of a planned program of meaningful indoor and outdoor social, leisure and diversional activities appropriate to the needs and abilities of all of the SNU inmate-patients, and who shall, in consultation with the SNU nursing staff, encourage active participation by all SNU inmate-patients.

RESPONSE

Meaningful activities and recreation should be available to SNU inmates who are medically able to participate. This same service should be available to all inmates who are infirmarized for an extended period of time. The Assistant Commissioners for Program Services, Ministerial Services and Health Services have been charged by the Deputy Commissioner for Program Services to develop a viable plan to bring this objective to fruition.

33. COC RECOMMENDATION

The Division of Health Services should make definite arrangements to provide a medical social services program at the SNU which shall identify, assess and manage inmate-patient social problems related to their illness, including arrangements for services from community social agencies and other services such as procurement of SSI, Medicaid and rehabilitation services after release.

RESPONSE

The Division of Health Services, in conjunction with the Division of Parole have developed a comprehensive planning process which more than satisfactorily addresses the aforementioned recommendation. There are ongoing meetings between our respective agencies to continue to refine and sophisticate this process.

34. COC RECOMMENDATION

The Office of Mental Health, Bureau of Forensic Services should develop and implement a mental health service delivery plan tailored to the special needs of SNU inmate-patients, in particular mental health needs related to the final stages of illness and to death and dying.

RESPONSE

Dr. Hayes, a psychiatrist from the Mental Health Unit and our Nurse Administrator, organized a support group on the Special Needs Unit. Dr. Hayes, also conducts one-on-one sessions as deemed appropriate.

35. COC RECOMMENDATION

The Division of Health Services should improve procedures for handling laundry at the SNU. Laundry should be delivered ironed or mangled, free of wrinkles and folded. Worn or damaged laundry, especially bedclothes, should be replaced. Tailored and fitted bed sheets should be exclusively used.

RESPONSE

Laundry for Special Needs Unit is cleaned, ironed and delivered to unit where it is then folded.

36. COC RECOMMENDATION

The Division of Parole should improve and enhance its facility-based services to SNU inmate-patients approaching parole, and should improve coordination with the SNU health care staff and social services staff in preparing eligible inmate-patients for release.

RESPONSE

The agreement between DOCS and Parole adequately addresses this issue. It is designed to address continuity of care and required support services for all inmates who are cleared to be discharged from the system who have critical health care needs.

SUMMARY

The DOCS Division of Health Services has a health care delivery system in place that far surpasses the minimum standard of care defined in "Estelle vs. Gamble" and the AMA's publication that defines the inmate's constitutional Right to Health Care published in October 1978.

The philosophical differences surrounding the care, treatment and management of PWA's are many and varied. The response of communities, school systems, health care institutions and government officials reflect the perceived needs of their respective bodies. NYSDOCS in attempting to identify the needs of our inmates and employees has opted to proceed with a deliberate methodology in order to not contribute to panic and hysteria which surrounds this issue by providing a factual basis for maintaining our credibility.

Our educational programs reflect respect for groups and address behavior rather than individuals. Our efforts to "mainstream" and manage PWA's according to the most current knowledge regarding its transmission and its associated problems affirms our philosophy that AIDS not become an occasion to exclude people or deny their common humanity.

APPENDIX E

NYS DIVISION OF PAROLE

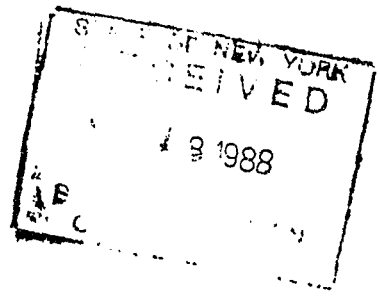
RESPONSE

STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF PAROLE

RAMON J RODRIGUEZ
CHAIRMAN

97 CENTRAL AVENUE
ALBANY, NY 12206

May 17, 1988



Mr. William G. McMahon
Chairman
State Commission of Correction
60 South Pearl St.
Albany, NY 12207

Dear Bill:

As we have previously discussed, I believe that it is critical that we learn of the areas where interagency coordination and policy can expedite and enhance assistance to inmate-patients with AIDS.

My strong reaction to the draft report on the Special Needs Management of AIDS at DOCS comes from the subjective methods of information collection that were the basis of an analysis which focused on the exception rather than the norm. Decisions and recommendations reported in this publication used unqualified language to present information specific to the Division of Parole.

To provide an assessment of the Division's actual role and efforts with, and on behalf of, the inmate-patients at Sing Sing SNU from 1984-88, the Office of Policy Analysis and Information completed a very thorough study. The results of this examination are attached for your review. Our findings were very different from yours. While there are areas which we found that will enable us to immediately improve release planning at Sing Sing, our staff has put forth some very impressive efforts to ensure timely and effective discharge planning.

The report includes some critical misconceptions and is limited to a one-sided perspective. Discussions with the Division's facility staff and Central Office would have provided your staff with a much greater depth of knowledge and assistance in your analysis and recommendations.

I look forward to discussing our findings.

Sincerely,

Ramon J. Rodriguez
Chairman

RJR:du
Att.
cc: Mr. John Poklemba
Mr. Thomas Coughlin
Mr. Raymond Wolfe

A draft of a report prepared by the New York State Commission of Correction evaluating health services at the Sing Sing Correctional Facility Special Needs Unit (SNU) was recently released. Sections of this report reference Division of Parole actions with respect to inmate-patients approaching release. The following study was prepared as a response to certain inaccuracies contained in the findings of the Commission's report.[1]

In order to address the Commission's findings, the Division conducted a thorough document and data analysis of information in Institutional Parole files, Central Office files, and Department of Correctional Services and Division of Parole Management Information Systems. DOCS records indicated that there were twenty-five inmate-patients in the SNU who were involved with the Division between 1984 and 1988. These cases were reviewed for this report.

According to the available information, the average length of incarceration at Ossining for the SNU inmates studied was approximately twelve months. The length of incarceration at Sing Sing ranged from a minimum of twelve days to a maximum of fifty-two months. Parole records indicate that, of the twenty-five inmates studied, thirteen were documented as AIDS cases during their incarceration at Sing Sing.

An examination of release type indicated that two of the inmates reached their maximum expiration dates, five were conditionally released and eighteen were board releases. The remaining portion of this report will reference only those twenty-three releasees who were assigned to parole supervision. Seventeen individuals were released on or before the specified date, while five parolees were released several days after their open or conditional release dates.

The Commission of Correction specifically referenced six areas of parole practice within their report. Each of the six references are addressed as follows from the research we have completed:

Finding 1:

> Inmates are sometimes released on parole from the SNU in their prison "greens." They are provided with street clothes but are not fitted for them. Often they leave the facility with their parole clothes in a paper sack.

Response:

It is not the Division of Parole's responsibility to distribute clothing to parolees, or to insure that they are dressed appropriately upon their release. It should be noted, however, that of the twenty-three releasees in question, nine were non-ambulatory at the time of their release. In fact, three of the "releasees" were already housed at St. Clares at the time of their documented release, four were directly transported to the hospital upon their discharge from Sing Sing, one received medical transport to his home, and one was transported by family members to their home. It is possible that none of these parolees were in street clothing at the time of their release.

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[1]The study was prepared by the Office of Policy Analysis & Information at the Division of Parole.

Finding 2:

> Sing Sing institutional parole personnel repeatedly fail to take necessary steps to procure SSI and medical benefits for paroled AIDS patients. Health care staff attempt to prepare the necessary paperwork with varied results after it becomes evident that release is imminent.

Response:

The Division of Parole policy concerning SSI benefits for AIDS parolees was instituted on May 29, 1986. At that time, the Director of Operations announced that a pre-release agreement between the Division and the Social Security Administration (SSA) had been reached. The policy placed responsibility for the initial application for SSI with the institutional parole officer. Follow-up was assigned to the field parole officer to encourage final verification with SSA by the releasee upon release.

A review of the records of the eleven inmates released subsequent to the agreement with SSA indicated that ten had an application filed with the SSA prior to their release. In the one case where application was not made, the parolee had been unconscious for a significant period of time and never regained consciousness before his death. While the exact dates of application were not always available, several of the applications were verified through follow-up correspondence regarding the original application.

In the twelve cases handled prior to the establishment of the policy, three had SSI applications filed by the institutional parole staff, one had a family member file prior to release, and one releasee who was diagnosed shortly before his release had his SSI application filed by field staff. In total, five of those released prior to the Division's agreement with the SSA had applications filed.

Finding 3:

> Inmate-patients are paroled from the SNU when it is clear to all concerned that they have no place to live.

Response:

Parole records contain Community Preparation documents in nineteen of the twenty-three cases. The Community Preparation investigations include information concerning residential placement, reasonable assurance of employment (if appropriate) and, in some cases, medical treatment plans. Of the four cases that did not contain Community Preparations, two contained requests by institutional staff that a Community Preparation be done by a field parole officer; one had memos from both DOCS and field staff ensuring appropriate programming; and only one had no documentation of a parole program.

The case review of the twenty-two parolees with data indicated that, upon discharge, nine releasees were non-ambulatory and thirteen were ambulatory. The data indicated that release programs for ambulatory and non-ambulatory releasees

differed somewhat. Of the nine non-ambulatory cases, the release program was complete with residential and medical placements. Two of the programs also included ambulance transfers.

A review of the ambulatory releasees indicated that institutional parole staff had attempted to establish approved residential plans in the thirteen cases. In three cases these plans became problematic. Two of the inmates had prospective plans that were canceled shortly before the inmate's release. In one of these cases the inmate was scheduled for release to St. Clares, however, four days before his release St. Clares rescinded their acceptance due to the inmate's ambulatory status. In the other case the inmate proposed release to his family. Shortly before his scheduled release his family indicated they could not accept him. The institutional parole staff, ministerial services and health services staff arranged for placement in a hospice program.

In one case, secure residential placement became unavailable upon release. The parolee had an approved residence with his sister, however, upon his arrival she discovered his AIDS diagnosis and refused to accept him. In this case, field parole staff documented efforts to refer this individual to shelters and/or motels until such time as he could secure permanent residence. Two of these three releasees for whom residential programs were difficult to provide had medical programs in place despite their lack of a permanent residence.

In summary, according to the files, nineteen of twenty-two of the releasees had appropriate residential placements at the time of their release, including those who either remained in the hospital or were directly transported there. Nineteen of the cases also had a documented medical program which was established through institutional or field parole staff.

Finding 4:

> Parole personnel fail to consult with health services staff in parole/discharge planning including provision for continuing prescribed therapy and outpatient follow-up services.

Response:

On July 1, 1986 Health Discharge Summary (HDS) forms were implemented system-wide to "provide parole staff with information in all cases where an inmate has a serious health problem that requires treatment or follow-up after release." In the eleven cases that were handled subsequent to the implementation of this policy, ten contained HDS reports. In the eleventh case the HDS was requested; however, the inmate was unconscious and was likely unavailable for a DOCS physical.

A pilot test of the HDS forms was initiated on December 3, 1985. Of the six cases that were handled between the pilot and the system-wide implementation, three had HDS forms on file, and one had a detailed medical memo containing a diagnosis, prognosis, and prescription information.

Six cases were handled by Parole prior to the pilot. Of these, one had an early version of a medical summary form, three had detailed medical memos from

DOCS Health Services staff, and one had a Long-Term Chronic Care Assessment from DOCS on file. Therefore, five of the six early cases had documented medical information on file.

In total, nineteen of the twenty-three cases had some kind of formal exchange of information which included diagnosis, prognosis and treatment information between DOCS Health Services staff and Institutional parole staff.

Finding 5:

> Necessary documentation for parolees with approved dates is unaccountably delayed in nearly every case, and is incomplete when finally provided.

Response:

Necessary documentation is critical to a release program for these inmates and our examination demonstrated that facility parole personnel were able, with some exceptions, to provide timely and complete information.

There were five inmate-patients whose releases were extended beyond their release dates as approved by the Parole Board. The reasons for these extensions, however, were not related to incomplete paperwork. High compliance rates have been established for SSI applications, HDS reports and Community Preparation documents subsequent to established policies for such documents.

The five inmates who were not released on the earliest possible date were released within a day, four days, five days, ten days, and fourteen days. One inmate was released a day late because his release date was a legal holiday. In the case of the inmates who were released four, five and ten days later, their approved residences were delayed at area offices. In the case of the inmate-patient who was fourteen days late, our study found that this inmate's condition became much worse around the time of his release. He was rushed to St. Clares and attempts to place him back in his community were futile. The facility parole staff worked with the family to help arrange care. Finally, it was determined that the best arrangement was to parole him to St. Clares.

Finding 6:

> The SNU staff is never given advance notice of parolee discharge dates.

Response:

The Division of Parole notifies all concerned parties of the Board decision by sending Form 3000, "Disposition of Cases Heard", within three days of the Board panel. All area offices, Parole Central Office, DOCS Central Office (three copies), Superintendent, the Deputy Superintendent of Programs, Head Clerk, Senior Correctional Counselor, Security, Nurse Administrator, Education Director, First Deputy, Pre-Release, and Tappan Substance Abuse Program, receive copies from the Sing Sing CF Parole Office. This provides ample notice of the impending release day since Board interviews are usually held two months prior to parole eligibility. Although the Division, by Executive Law, has two weeks

to notify inmates of the Board's decision, agency practice is to notify inmates within five days. Copies of the 9026, "Parole Board Release Decision Notice," are sent to the inmates, the Institutional file, the Parole Central Office file, the Area Office to which the releasee is assigned and the Department of Correctional Services.

Summary

In summary, the Division of Parole takes great exception to the evaluation as presented in the Commission of Correction report. This report inappropriately dramatizes the exceptional, rather than fairly analyzes the norm. The Commission staff did not check with Parole regarding its policies and practices when evaluating the SNU at Sing Sing Correctional Facility. A cursory review of Division policy and practices would have demonstrated that the characterizations contained in the findings were inconsistent with those policies and practices. Certainly our analysis indicates a high degree of performance for Division staff after the implementation of the agreements for SSI applications and Health Discharge Summary reports.

Further study may be appropriate to ascertain if all time frames in written policy are being adhered to. There is no doubt that improved coordination between Institutional Parole staff, Health Services staff, field Parole staff and Social Services staff would enhance release planning for inmate-patients in all correctional facilities.

APPENDIX F

NYS DEPARTMENT OF HEALTH

RESPONSE

STATE OF NEW YORK
DEPARTMENT OF HEALTH
ALBANY

DAVID AXELROD, M.D
COMMISSIONER

May 10, 1988

Dear Chairman McMahon:

Thank you for forwarding a copy of the Commission on Corrections report "An Evaluation of Health Services at Sing Sing Correctional Facility Special Needs Unit".

The report describes the challenge that AIDS and HIV infection present to the Department of Correctional Services (DOCS) health care delivery system. The Department of Health through its AIDS Institute has worked with both the Commission and DOCS in responding to this challenge and will continue to do so. We will provide our assistance in implementing the recommendations offered in the report and in developing linkages between correctional facilities and this agency's designated AIDS care centers and testing/counseling programs.

The AIDS Institute, in cooperation with DOCS, is developing a plan to educate, test and counsel prisoners prior to their release. In addition, the AIDS Institute, through its AIDS Intervention Management System program, is also developing quality assurance and policy implementation guidelines to assist DOCS in the design of standards.

We look forward to working with you in the review and implementation of the report's recommendations.

Sincerely,

David Axelrod, M.D.
Commissioner of Health

Hon. William G. McMahon
Chairman
State Commission on Corrections
60 South Pearl Street
Albany, New York 12207

STATE OF NEW YORK
DEPARTMENT OF HEALTH
ALBANY

DAVID AXELROD, M.D.
COMMISSIONER

June 8, 1988

Dear Chairman McMahon:

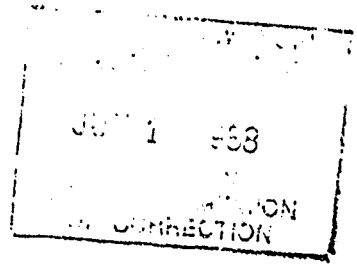
Thank you for forwarding a copy of the Commission's report "Special Needs Management of AIDS in the Department of Correctional Services".

Consistent with my letter of May 10, 1988, responding to your earlier report discussing AIDS management at Sing Sing Correctional Facility, this Department, through its AIDS Institute, stands ready to assist the Department of Correctional Services and the Commission in implementing the report's recommendations.

Sincerely,

David Axelrod, M.D.
Commissioner of Health

Hon. William G. McMahon
Chairman
New York State Commission
on Corrections
60 South Pearl Street
Albany, New York 12207



APPENDIX G

NYS OFFICE OF MENTAL HEALTH

RESPONSE

NEW YORK STATE
OFFICE OF MENTAL HEALTH
44 Holland Avenue, Albany, New York 12229

RICHARD C. SURLES, Ph.D., Commissioner

May 19, 1988

William G. McMahon
Chairman
New York State Commission of Correction
60 South Pearl Street
Albany, New York 12207-1596

Dear Chairman McMahon:

Thank you for the opportunity to respond to the Final Draft of the State Commission of Correction's evaluation report entitled, "Special Needs Management of AIDS in the Department of Correctional Services". My comments will focus on mental health issues related to the management of AIDS patients at Sing Sing Correctional Facility.

Mental Health services at Sing Sing are consistent with services provided by satellite units statewide and reflect the threefold mission of the Bureau of Forensic Services:

- To work with the Department of Correctional Services (DOCS) in providing a safe and humane environment for staff and inmates;
- To alleviate to whatever degree possible the unnecessary extremes of human suffering due to mental illness;
- To mitigate the debilitating effects of psychiatric illness which prevent an inmate from fully participating in the positive aspects of the correctional environment.

To these ends, OMH staff at Sing Sing provide crisis intervention, verbal therapies, chemotherapy, residential treatment programs (e.g., Intermediate Care Program (ICP), satellite unit treatment services) and transfer to Central New York Psychiatric Center (CNYPC) when inpatient services are appropriate.

During the four-year study between 1984-1987, mental health services available to AIDS patients reflected services available to general population inmates at Sing Sing. In addition, an AIDS support group led by an OMH satellite unit nurse met regularly until his resignation in 1985. It was difficult to re-establish this group because of longstanding nurse recruitment difficulties in Westchester County.

Furthermore, a DOCS corrections counselor assigned to the AIDS unit is also assigned as liaison to the satellite unit and attends daily OMH team meetings. The location of the DOCS counselor's office on the satellite unit engenders good communication between the AIDS unit and OMH treatment personnel and ensures that AIDS patients have easy access to mental health treatment services. This counselor also continues to provide to AIDS patients daily counseling services which focus on death and dying issues.

Finally, ARC patients have always had access to the full range of satellite unit services including residential placement.

Mental health services available to AIDS patients at Sing Sing continue to evolve and improve. Currently, in addition to ongoing treatment services, a satellite unit psychiatrist and psychologist offer a weekly AIDS group and provide a clinical presence on the AIDS unit three days per week.

We concur with the recommendation to formalize a mental health service delivery plan for AIDS patients. Now that both DOCS and OMH have official policies in place for care and treatment of patients with AIDS, a local policy for management of AIDS patients is under development at Sing Sing. We also agree such a plan should be multi-disciplinary in nature and reflect involvement of appropriate DOCS staff, Division of Parole personnel, and when indicated, appropriate voluntary community resources.

As always, the New York State Office of Mental Health is committed to full cooperation with our sister agencies in delivering quality mental health services to all of our patients.

Sincerely,

Richard Surles

Richard C. Surles, Ph.D.
Commissioner

cc: Commissioner Thomas Coughlin