

NEW YORK CITY
BOARD OF CORRECTION

October 23, 1998

MEMBERS PRESENT

John R. Horan, Acting Chair

Canute C. Bernard, M.D.

Louis A. Cruz

Richard M. Nahman, O.S.A.

David A. Schulte

Excused absences were noted for Members Stanley Kreitman, David Lenefsky and Barbara Margolis.

DEPARTMENT OF CORRECTION

Bernard Kerik, Commissioner

Gary Lanigan, First Deputy Commissioner

Tom Antenen, Deputy Commissioner

Antonio Figueroa, Deputy Commissioner

Roger Jefferies, Deputy Commissioner

Elizabeth Loconsolo, Counsel

Roger Parris, Assistant Commissioner

Robert Wangenstein, Deputy Chief

Christy Sanchez, Assistant Chief

Corina Monzon

Captain John Piccione

HEALTH AND HOSPITALS CORPORATION - CORRECTIONAL HEALTH SERVICES

Joseph Erazo, Executive Director

Michael Tannenbaum, Assoc. Exec. Dir. for Administration

Arthur Lynch, Dir., Mental Health

Linda Calzaretta, Director of Risk Management

Edward Allocco, Deputy Exec. Dir. for Administration and Finance

Naomi Bodo, Director, Utilization Review

Maria Delgado, Director of Contract Services

Vivian Diaz, Assoc. Dir. of Contract Services and Financial Analysis

Bayard King, Chief Financial Officer

Zoe Kollaras, Director of Nursing

Mauretta Link, Nursing Supervisor

Patricia Morgese, Asst. Dir. for Risk Management

Jane Zimmerman, HHC, Senior Vice-President for Communications and Marketing

OTHERS IN ATTENDANCE

Jonathan Chasan, Esq., Prisoners' Rights Project, Legal Aid Society
Ronald Gade, M.D., President, St. Barnabas Hospital
Katherine Finkelstein, *New York Observer*
Dan Janison, *Newsday*
S. Kay, Public
Paul Layton, Esq.
Gene Matusow, M.D., Chief of Ophthalmology, St. Barnabas Hospital
Kevin McAuliffe, Geto & deMilly
Ashley Normand, Researcher
David Rohde, *New York Times*
Marty Rosen, *Daily News*
Kevin Rothstein, Columbia University
Maria Vega, *El Diario*
M. Watson, Public
Dale Wilker, Esq., Prisoners' Rights Project, Legal Aid Society

Acting Chair John R. Horan opened the meeting at 1:05 p.m.. The Members present approved unanimously the minutes of the September 16, 1998 meeting.

Acting Chair Horan reported that he attended a DOC graduation ceremony on September 30, 1998 at the Borough of Manhattan Community College. He commended Commissioner Kerik and his staff for an impressive and spirited program, which included a motivational film.

Executive Director Richard Wolf said that the Board previously had granted a variance - which the Department never used - for operation of the ferries. Thereafter, DOC withdrew a second variance application. After noting a possibly inaccurate press report that DOC was about to cause the Department of Juvenile Justice (DJJ) to vacate the Bain Barge, Mr. Wolf asked about DOC's population projections and anticipated use of the Bain Barge and the Brooklyn Correctional Facility (BCF). Commissioner Kerik said the press report's reference to September was to September of 1999. He said that the variances had been requested due to a "spike" in the population. The Commissioner reported that renovation work continues at BCF, and that DOC does not expect to re-open BCF until December or January. He added that BCF would re-open before the Bain Barge.

At the invitation of Acting Chair Horan, Assistant Chief Christy Sanchez requested that the Board renew existing variances. A motion to do so passed unanimously.

Mr. Wolf asked about DOC's plans to ban smoking in the jails. He noted that last Spring the Commissioner had reported that the ban would begin this Fall, after St. Barnabas had become acclimated to Rikers Island and could assist in the transition to a smoke-free system. Commissioner Kerik said DOC was revisiting the plan to see if it could move forward in a month or so.

Mr. Wolf reported that on September 29th an inmate at the Brooklyn House of Detention died at Long Island College Hospital. He had hung himself from the cell bars, using a leather belt. This was the third inmate suicide of 1998. Commissioner Kerik said the matter was under investigation. Joseph Erazo, Executive Director of HHC's Correctional Health Services (CHS). said additional information could be provided in executive session, if necessary.

Acting Chair Horan opened discussion about correctional health by noting that today's meeting was an opportunity for the Board to report on its ongoing investigation of complaints. He said that a report will be issued in the near future. Acting Chair Horan noted that Board staff met yesterday with Mr. Erazo and his staff. He added that today's meeting should not be confrontational, but should be a discussion between the Board and the City agencies represented at the meeting. Acting Chair Horan reported that the Board has been cooperating with investigations by the Manhattan District Attorney and the State Attorney General, and by the City Comptroller. He said that the number of medical complaints received by BOC had increased by 404% year-to-date over last year, and was 470% higher than 1996.

Acting Chair Horan asked for reports from the Members.

Board Member Dr. Canute C. Bernard reported that last Friday he made a follow-up visit to facilities he had visited before September's meeting. He focused on whether there was adequate staffing to address problems he had noticed and complaints he had received. He said that timely treatment remains a problem. He cited the example of an inmate who is paralyzed from the waist down who is not receiving adequate physical therapy. Dr. Bernard said that the inmate belongs in an institution where his pathology can be adequately handled. Dr. Bernard also cited examples where ophthalmological consults were indicated, but that because of a protocol that requires inmates to be seen by optometrists before they can be seen by an ophthalmologist, a consult with the latter is delayed. He said that when, upon physical examination, a practitioner knows that diabetes, hypertension or glaucoma is present, the inmate/patient needs to be seen by an ophthalmologist. Following the ophthalmologist's consult, the inmate may be treated by an optometrist. Dr. Bernard reported that in some cases, ophthalmology consults had been ordered two or three months ago but had yet to occur. He urged HHC to monitor more closely the activities of St. Barnabas. Dr. Bernard said that when he visits the facilities, he speaks with the practitioners and asks about their concerns. He also meets with inmates and is usually inundated with complaints. He added that there needs to be a non-adversarial relationship between HHC and the Board, so that identified problems can be addressed sooner. Dr. Bernard said that new methods and technology do not compensate for inadequate staffing, and a lack of access to information inhibits progress in problem-solving. He said that he views HHC as the primary correctional health oversight, and the Board as a "back-up". Dr. Bernard mentioned a case presented to him by BOC staff of an HIV patient who was severely compromised who developed cellulitis of the arm. Dr. Bernard said that kind of patient needs hospital care. Both Mr. Erazo and Arthur Lynch, CHS's Mental Health Director, identified the inmate as a female inmate. Dr. Bernard said that to try to "urgi-care" this case was inappropriate, and was an example of a delay in access to appropriate treatment. He noted, however, that St. Barnabas was still in a transition period, and it was too early to say St. Barnabas is not doing the job. He said he could understand how some cases could "fall through the cracks".

Mr. Erazo said that he welcomed Dr. Bernard's comments. He said he respected and honored the work of the Board, noting that it performs a very important function. He said he reviewed the chart very carefully, that the inmate did receive hospitalization for care of the arm and appropriate care upon returning from the hospital. Mr. Erazo said that CHS's review indicated that treatment was "quite adequate".

Mr. Erazo raised the issue of the St. Barnabas contract. He said that he earlier had expressed his concern about the managed care model, but that after review, CHS concluded that the contract had nothing to do with any diminution of care. He said that it does not appear that the contract contains any disincentives to discourage St. Barnabas from providing appropriate care. Mr. Erazo said he would send the Board a CHS document which analyzes the contract. He said the contract contains "stop loss" provisions which compensate the vendor if the inmate

population increases beyond expectations. Another provision requires HHC to pay for inmate hospitalizations in excess of \$50,000. Mr. Erazo said that, as a result of the analysis, he now feels much more comfortable about the contract itself. Acting Chair Horan asked Mr. Erazo if he was saying that paying a lump sum which allows latitude for the vendor to "come in under that lump sum does not have an incentive?" Mr. Erazo said that in the initial discussions about the contract, HHC provided an "additional financial incentive" to make sure that there are no incentives for the vendor to save money at the expense of patient care. Acting Chair Horan said that Mr. Erazo's was not an obvious point. Mr. Erazo said the St. Barnabas contract is not a managed care contract.

Acting Chair Horan told Mr. Erazo that the Comptroller's Office had advised the Board that a separate funding contract has not been registered and has expired. Mr. Wolf said that the contract is between the Departments of Health, Mental Health, and Correction (by amendment), and HHC. Michael Tannenbaum, CHS Associate Executive Director for Administration, said that the funding sources are secure. Mr. Erazo said CHS would look into the situation. Acting Chair Horan said that a purpose of the process is for the City to determine whether the contract should go forward. Mr. Erazo added that the contract with St. Barnabas contains a termination clause.

Board Member David A. Schulte asked Mr. Erazo if he was a doctor. Mr. Erazo said he was not. Mr. Schulte asked if Mr. Erazo had medical personnel on staff. Mr. Erazo said that CHS has a medical director, and other staff represent many other provider disciplines. Mr. Schulte said that it is CHS's responsibility to monitor to assure that the correctional health care system is functioning properly, and the Board's responsibility is to see that CHS properly discharges its responsibility. He asked how many CHS staff visited the facilities to monitor care. Mr. Erazo said CHS's nursing department reviewed approximately 3,000 charts over the past few months; CHS has done more monitoring over the past seven or eight months than occurred over the last 23 years. He added that complaints often represent systemic problems, and are signals that certain things need to be "adjusted". Acting Chair Horan asked whether CHS staff have moved to Rikers Island to improve monitoring. Mr. Erazo said his staff normally spends two or three days monitoring at Rikers Island. Mr. Schulte asked what Mr. Erazo meant by "monitoring", noting that looking at charts is one thing, and doing what Dr. Bernard did is something else. Mr. Erazo said both things are necessary, chart reviews and "anecdotes". He said CHS is performing adequate monitoring, but that it is not enough and the move is intended to put staff closer to where the activity is occurring.

Commissioner Kerik said that in response to a request from Mr. Erazo, office space will be provided on Rikers Island for CHS. Temporary space will be provided on one of the ferries until a Sprung is available.

Mr. Schulte again asked how many staff monitors Mr. Erazo utilized. Mr. Erazo said CHS employs 60 nurses "in the field". He returned to the case of the inmate with the arm infection and said he was satisfied that "prudent prophylactic medicine was practiced" in that

case. Mr. Erazo said that physicians will disagree, and he suggested that the case be discussed in "another forum". He added that CHS cannot discuss specific cases, because it is bound by confidentiality requirements. Mr. Wolf said that everyone agrees about the importance of confidentiality, and that when Dr. Bernard mentioned the patient, Dr. Bernard said "he"; CHS representatives said "she". Mr. Wolf said that the presentation he will make about the case was designed to ensure that the patient's gender would not be disclosed.

Deputy Executive Director Cathy Potler, in response to Mr. Erazo's comment that Dr. Bernard's field investigations of individual cases were anecdotal information, said that Dr. Bernard interviewed the patients and also reviewed the medical charts. Mr. Erazo said that the term "anecdotal" was not meant in disparagement.

Acting Chair Horan re-directed Mr. Erazo to the issue of how many monitors CHS employed. Mr. Erazo said CHS, in addition to nurses, employed psychiatrists, psychologists, and pharmacists. He said CHS had a staff of approximately 200. Mr. Tannenbaum said that CHS had 10 "full-time equivalents" monitoring in the jails on a daily basis. He added that additional activity occurs in central office, where staff verify data submitted by St. Barnabas.

Mr. Erazo said that when St. Barnabas took over the Rikers Island contract, most of the historical data required for transition had been eliminated. Charts and other information were misplaced or lost, resulting in a disjointed transition. Mr. Erazo said that for 23 years, complaints never were presented to CHS's central office. Problems were addressed by the vendor; now they come to central office. Mr. Erazo said that for the first three months of CHS's relationship with St. Barnabas, he was confrontational, and that now the relationship is more collaborative.

Mr. Erazo said that CHS monitors a complicated and difficult system. He said that in 1994, DOC took an inmate to Kings County Hospital (KCH), where he grabbed a gun from an officer and shot someone. This continues to have negative consequences for cooperation with KCH. He invited Commissioner Kerik to discuss a program DOC is developing.

Commissioner Kerik said he is setting up a series of performance indicators to track DOC's performance of medical-related functions, such as producing inmates from housing areas to clinics. He said that the system DOC is developing will enable it to know if inmates are waiting for lengthy periods to get access to medical care in clinics.

Mr. Erazo said that definitions are important. He said he learned that if a clinic was canceled, the inmates were sometimes recorded as "no shows", which created a mis-impression that the inmate was not interested in receiving medical services. He said that attempted suicides created definitional problems as well, and may result in data that does not accurately reflect what is occurring in the jails.

Dr. Bernard asked if CHS had a mental health staff component. Mr. Lynch said that the

Department of Mental Health recently completed an annual audit of six facilities, and that all passed.

Acting Chair Horan asked Mr. Erazo whether he felt CHS had responded enough to BOC's questions from its last meeting. Mr. Erazo said he met with Mr. Wolf yesterday. Mr. Wolf added that he had been given a response to David Lenefsky's longstanding request for clinic staffing information, which has not been reviewed. He added that CHS representatives had told him that CHS had undertaken a labor-intensive verification analysis of St. Barnabas staffing.

Mr. Schulte asked what happens when CHS staff come upon a health care problem in a jail. Mr. Erazo said that clinical problems are handled with clinical staff; other problems had been brought directly to Mr. Erazo. He said that a new procedure now routes problems to someone in central office who will respond to Board inquiries. Mr. Erazo said that the issues the Board had raised before the September meeting were being worked on. He acknowledged that CHS had lost one request.

Acting Chair Horan asked if CHS had a new medical director. Mr. Erazo said no, but added that Dr. Van Dunn, HHC's Medical Director, is serving as Acting Medical Director for CHS. He said CHS will advertise for a medical director.

Mr. Erazo said that CHS is reviewing the performance indicators in the St. Barnabas contract. He said it is CHS's goal to be able to measure performance and to report it objectively.

Acting Chair Horan next asked for staff reports.

Ms. Potler began by discussing optometry and ophthalmology issues pending from the September meeting. She explained that optometrists are not physicians and cannot treat illnesses or dispense medications. They are trained to conduct eye examinations for refractive error and to do screening for eye illness such as those suffered by diabetics and people with hypertension. She said that ophthalmologists are physicians, and that abnormalities found by optometrists must be referred to ophthalmologists. Ms. Potler said that, contrary to statements made at the September BOC meeting, since January 1st when St. Barnabas took over the Rikers contract, there never has been an ophthalmologist providing direct patient care on the Island. Ophthalmology services are only available at outside HHC hospitals. The only way an inmate gets to such services is after first being seen by a referring optometrist. The only exceptions are for emergencies or if HIV inmates require screening for CMV Retinitis. Ms. Potler described the basic process: if a jail clinician sees an inmate at sick call who has an eye problem that cannot be handled at the clinic, the inmate must first go, via consult, to the on-Island optometrist who determines whether to refer the inmate to the off-Island ophthalmologist. If the optometrist believes a referral is warranted, the optometrist prepares an ophthalmology consult form which is submitted to Dr. Matusow, an ophthalmologist who works at St. Barnabas Hospital in the Bronx. Dr. Matusow reviews the consult forms and decides which inmates will go to the off-Island ophthalmologist. She said that not all inmates for whom ophthalmology consults are written are

sent to the ophthalmologist. Mr. Erazo asked which referrals Ms. Potler was referring to. She said she meant all consult requests written by the optometrists.

Ms. Potler reported that she had spoken with the two optometrists - one who works on Rikers Island, and one who recently resigned. One said he had met with Dr. Matusow three times since January 1st; the other had met twice with Dr. Matusow. Neither had ever been contacted to discuss whether a referral was appropriate. Ms. Potler said that at Dr. Bernard's request, RMSC's clinic provided data on the status of optometry and ophthalmology consults. She said Dr. Bernard had asked for the data because the optometrist who resigned had covered RMSC. As of October 13th, 67 women were waiting to see the optometrist. Two had been waiting since December, 1997; nine had been waiting since July and August, 1998. 47 women were waiting to see the ophthalmologist; some were waiting since June and July. In addition, 22 women were discharged without ever seeing the ophthalmologist, some having waited two months since the ophthalmology consult had been prepared. Ms. Potler said that in a letter received by the Board yesterday from Dr. Gade, Dr. Matusow attributed some of the delays to the inability of DOC to produce inmates.

Mr. Erazo announced that Dr. Matusow was present, and asked him to respond. Dr. Matusow said that Ms. Potler's explanation of what optometrists can do is no longer accurate, as licensing standards were changed in 1995. They are licensed not only to diagnose, but to treat many conditions, including glaucoma and conjunctivitis. Dr. Matusow said that the level of training and competence of today's optometrists is much higher than it was several years ago. He said he has been working with the Rikers Island program for a relatively short time and there was no institutional memory. Dr. Matusow said he quickly learned that most ophthalmology referrals had been coming directly from medical intake. He said that many consults sought ophthalmological care for cases that clearly did not require it, and that the volume of requests was so large that it would not be possible to provide "enough ophthalmology to cover it". Dr. Matusow said that he set up a system of optometry screening for all cases except for HIV positive inmates with CMV Retinitis, emergencies, and any case where the referring clinician said it was "urgent". He said that this system would assure that the consults he received would contain the appropriate information, because consults would be sent by optometrists. He added that he reviews consults on almost a daily basis, and usually takes action within hours; virtually all are processed within 24 hours. Dr. Matusow asserted that St. Barnabas is not "holding back" any patients from ophthalmology services. He added that no one had ever told him that a patient had suffered negative consequences because the patient failed to receive ophthalmological services. As to Ms. Potler's assertion that 47 inmates at RMSC were awaiting ophthalmology, Dr. Matusow said that the managers at RMSC yesterday told him that the 47 women were awaiting the optometrist, not ophthalmology. He acknowledged that delays in optometric evaluations need to be addressed. He said that the optometrists told him that they saw four or six patients in a morning, due to "lockdowns", "visitations", "lawyers", and "courts". He said the optometrists told him that they had lists of patients, but that many were "no shows". He said security issues were one factor, but that if additional personnel were required, they would be added. However, he cautioned that it was difficult to recruit optometrists and ophthalmologists

to work on Rikers Island. He said that recruitment efforts were ongoing.

Commissioner Kerik expressed his annoyance, saying that if a problem emerges with DOC staff not doing what it should to assist the providers, he should be informed without delay. He noted that this was the first he had heard of St. Barnabas's complaints about security interfering with health care.

Dr. Bernard asked for information about the scope of optometrists' current training. Mr. Erazo said he would provide it. Ms. Potler noted that the two Rikers Island optometrists had been working there for many years and did not benefit from the increased training about which Dr. Matusow spoke. She asked Dr. Matusow whether he had invited the Montefiore ophthalmologist who had been working on Rikers Island to continue under St. Barnabas, as Dr. Matusow had done with the optometrists. Ms. Potler noted that ophthalmological consults written by clinic doctors and physicians' assistants could be reviewed by the clinic's highly-trained senior physician, who would have the patient's medical chart readily available. She noted that her presentation of the criteria for sending patients directly to ophthalmology was based upon Dr. Matusow's written memorandum, which did not mention "urgent" cases. Finally, Ms. Potler said that BOC staff had referred to CHS several cases in which ophthalmological care was delayed for weeks. She noted that in one case, a patient was finally determined to have had a mass on her brain which was contributing to blurred vision in both eyes. Mr. Erazo suggested that a task force be established, consisting of Ms. Potler, Dr. Matusow and Linda Calzaretta. He requested that Dr. Gade provide some technical assistance from St. Barnabas. Mr. Erazo said that the task force should draft a programmatic response to BOC's concerns within 30 days.

Ms. Potler reported that Board Members Dr. Bernard and Louis Cruz visited the North Infirmary Command (NIC) to assess St. Barnabas's physical therapy program. They spoke with St. Barnabas staff and reviewed physical therapy consult requests. They learned that physical therapy services did not begin until late May, 1998, and only became available on a regular basis in late June or early July. In Dorm 2, where most inmates who are wheelchair-bound and those without limbs are housed, the Members spoke with inmates who claimed they are not receiving appropriate physical therapy and prosthetic devices. The St. Barnabas physical therapist told BOC staff that she was doing her job, but that without prosthetic devices, she could not provide all the therapy that was needed. Some inmates showed BOC staff the business card of the company that makes the prosthetic devices. Company representatives told Board staff that company staff have come to Rikers Island to measure inmates for devices, and currently are prepared to make devices for fourteen inmates, but approval must first be given by St. Barnabas which has not done so. Six of the inmates have been waiting for two months. Mr. Erazo said he would give Dr. Gade 30 days to respond, and that CHS will take appropriate action.

Mr. Wolf said he would present the case, mentioned by Dr. Bernard and responded to by Mr. Erazo, in partial response to comments made at the September meeting that: BOC's information is "anecdotal" and that "anecdotal information is dangerous"; that BOC's

information was inaccurate; and that 95-96% of all complaints about inmate medical care were unfounded, and were a function of the inmates not understanding the care they received or refusing to accept care. Mr. Wolf said that Board staff continue to receive complaints every day from inmates who say they are not getting access to care. He added that BOC has only one person assigned to each jail on Rikers Island, most of which are very large. He noted that the Board's field staff are often the "unsung heroes" of individual cases who help to arrange for medical care, while attempting to promote compliance with the Board's three sets of Minimum Standards. He said that BOC field representatives attempt to solve problems at the lowest level in the jail, and added that the Health and Mental Health Standards have been occupying more and more of BOC staff's time. Mr. Wolf gave an example of a case discovered by a BOC field worker, in which an inmate who posed medical risks to other inmates was living in a dormitory area and required a bed in an infirmary. After the move was accomplished, BOC staff asked CHS to look into why it had been so difficult to arrange the needed transfer. CHS responded by sending a response from St. Barnabas which falsely accused the BOC staff person of interfering with the transfer, rather than facilitating it.

Mr. Wolf presented the recent case, as follows: An HIV-positive prisoner with a history of AIDS-related symptoms and infectious diseases indicative of a compromised immune system has been incarcerated on Rikers Island since early July. Basic HIV protocols never were followed. No tests were performed, including viral load studies, and no HIV medications were prescribed. One day, the inmate noticed a hard, pimple-like bump on the outside of the right arm. A day later, when the bump got bigger and more painful, the inmate went to the clinic. The treating PA noted an 8 cm. by 5 cm. "large, swollen, tender abscess" with inflammatory swelling. Antibiotics and warm soaks were prescribed. Over the next four days, other antibiotics were prescribed, with the inmate receiving some intravenously in the jail clinic. The infected area continued to grow rapidly, discharging "purulent drainage" with a foul odor. A notation read "rule out cellulitis", and pain medication was prescribed on the fourth day. On the morning of the fifth day, with the "arm red, hot, tender, with open area 6 by 4 with center opened 3 by 4, yellow in color, odor foul", the Board's field representative spoke with the inmate. She saw and smelled the infection, and went to the infirmary physician who said that the inmate needed to go to the hospital immediately. The doctor asked our field representative to assist in arranging the transfer. The BOC representative went to the clinic, where she spoke with the clinic manager. The inmate was summoned and the field representative left the clinic. Rather than send the inmate to the hospital, an urgi-care doctor, in the clinic, cut into the infected area, noting thereafter: "...drained foul, malodorous pus. Skin appears necrotic...Valium and Demerol (were apparently administered prior to incision)...necrotic skin excised...copious discharge...necrotic and gangrenous skin...abscess deep into muscle...911 for surgical debridement." Five days later the inmate returned from the hospital, with a hole in the right outer arm - 3 inches in circumference and 1 inch deep - described as "beefy, with livery and brownish discharge".

Mr. Wolf said that medical consultants have said that the case presents two major problems: first, that an HIV patient with a spreading infection requires prompt surgical intervention to aggressively contain the infection and second, that three months without basic

HIV protocols does not comply with St. Barnabas's or CHS's protocols, and does not meet basic standards of care. Mr. Wolf reminded CHS representatives that a chart entry was supposed to be made to reflect whenever a BOC staff person was involved in a medical matter. No such entry appears in this chart.

Mr. Erazo said he was willing to assign a nurse to work with BOC field staff to allow for prompt resolution of problems. Mr. Wolf said that the instant case was just discovered, and the chart was reviewed yesterday. Acting Chair Horan said that Mr. Erazo's suggestion was a good one. Mr. Lynch said that CHS has nurses on call who would be available to assist whenever needed. Mr. Schulte asked what the nurse would do. Mr. Erazo responded that the nurse would follow-up with a physician immediately.

Board Member Louis Cruz proposed that until St. Barnabas "gets these things under control under the supervision of CHS" that a working group be established to address systemic issues, especially at RMSC. Mr. Cruz said that, after listening to Dr. Bernard, he was convinced that an OBGYN was needed to randomly review medical records. He suggested random chart reviews for quality control at all jails by neurologists, orthopedists, perhaps an HIV specialist, a psychiatrist, and others as needed. Mr. Cruz said he was not making a motion, but was suggesting concrete ideas for consideration by a working group. He added that a part-time registered nurse could review records and refer issues to specialists. Mr. Cruz said that unusual deaths in custody should result in autopsies, with the consent of the family. Mr. Wolf said that this is already required by law. Ms. Potler noted that BOC receives and reviews copies of all autopsy reports. Mr. Cruz said he did not see patient notices, including the "Patient's Bill of Rights", posted in the clinics he visited. He added that Dr. Bernard should chair the working group. Mr. Cruz said that funding should be supplied by St. Barnabas. Mr. Erazo said that St. Barnabas already had agreed to pay "a substantial part of the costs" associated with chart reviews. Ms. Potler asked if IPRO doctors would perform the chart reviews. Mr. Erazo said that IPRO doctors would be used. He then said CHS was "actively considering" using IPRO doctors for chart reviews. Finally, Mr. Cruz said that the lack of institutional memory mentioned by Dr. Matusow suggests untoward behavior by the prior provider. Dr. Matusow said he was referring to mechanisms that had been in place. Mr. Wolf said that BOC had copies of all of Montefiore's Policies and Procedures. Ms. Potler said that she assumed CHS had copies as well. Mr. Erazo said Montefiore's Policies and Procedures would be irrelevant unless they were approved by CHS's medical staff. Ms. Potler said that they had been approved by CHS. Mr. Lynch said that the issue was that during the transition, the operating manuals were shredded and were unavailable to CHS, which had to create new copies for all facilities. He said that "computers were crashed"; there was a lot of "destruction". He added that although he could not "put it at Montefiore's door", some of the practitioners "acted out in destructive ways". Mr. Wolf asked if an investigation was conducted. Mr. Lynch said that Gregory Kaladjian, former Executive Director of CHS, began an investigation, but that he did not know the results.

Acting Chair Horan returned the discussion to Mr. Cruz's proposal. Mr. Cruz said that he reviews medical malpractice cases for attorneys and deals with doctors, nurses, and other

providers. He said that most of the cases he reviewed - more than 90% - should never have been commenced, because there is no liability or because damages are minimal because the patient was dying anyway or the injury is not serious. He expressed satisfaction that St. Barnabas has agreed to defray some expenses.

Acting Chair Horan then adjourned the meeting at 2:40 p.m..