



● Investigation Report ●

Death of Annette Douglas on January 9, 2015 While in the
Custody of the Vermont Department of Corrections

Date of Report: September 9, 2015

Disability Rights Vermont
141 Main Street Suite 7
Montpelier, Vermont 05602
802-229-1355

DRVT is the Protection & Advocacy System for Vermont and our state's Mental Health Care Ombudsman

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INTRODUCTION

This report presents the results of an investigation conducted by Disability Rights Vermont (DRVT) into the death of Ms. Annette Douglas on January 9, 2015 while in the custody of the Vermont Department of Corrections. Ms. Douglas, a person living with disabilities, had been incarcerated for approximately 17 days at the time of her death.

DRVT provides this investigative report in furtherance of our federal mandate to protect and advance the rights of individuals with disabilities. DRVT wishes to acknowledge the cooperation received from Ms. Douglas' family, the Prisoners' Rights Office, and the Vermont Department of Corrections during the course of our investigation.

BACKGROUND

A. Annette Douglas

At the time of her death, Annette Douglas was a 43-year old female, unmarried with no children, living in Williston, Vermont. She had diagnoses of substance abuse (heroin), depression, Type 1 Diabetes (insulin dependent), asthma with acute exacerbation, generalized anxiety disorder, and hypercholesteremia. On December 29, 2014 she was lodged at the Chittenden Regional Correctional Facility with 17 days to serve for failure to report to Work Crew Orientation in October 2014 and again in November 2014. On January 7, 2015 at approximately 8:12 a.m. Ms. Douglas was found unresponsive in her cell in the Alpha Unit (segregation – camera cell), where she was placed on Administrative Segregation status. Correctional and medical staff stated that within a few minutes of finding her, she stopped breathing and CPR was initiated. EMS was called and Ms. Douglas was transported to the UVM Medical Center where she was placed on life support. Ms. Douglas died on Friday, January 9, 2015.

B. Disability Rights Vermont

Disability Rights Vermont (formerly Vermont Protection & Advocacy, Inc.) is an independent, private, non-profit agency mandated by federal law to protect and advance the rights of individuals with disabilities. See Protection and Advocacy for Individuals with Mental Illness Act, 42 U.S.C. § 10801 et seq; 42 C.F.R. Part 51 et seq; Protection and Advocacy of Individual Rights, 29 U.S.C. § 794(e) et seq, 34 C.F.R. Part 381 et seq. DRVT has the authority to investigate allegations of abuse and/or neglect involving individuals with disabilities if the incident is reported to DRVT or if DRVT believes there is probable cause that an incident of abuse and/or neglect occurred. Id. DRVT is the State of Vermont's designated protection and advocacy system and is a member of the National Disability Rights Network (NDRN). Additionally, DRVT is the State's Mental Health Care Ombudsman pursuant to 18 V.S.A. §7529.

DISABILITY RIGHTS VERMONT INVESTIGATION

Pursuant to our federal mandates DRVT initiated an investigation into the death of Ms. Douglas which included the following:

- Review of Ms. Douglas' Vermont Department of Corrections Case Notes to include case work and probation/parole (P&P) documentation;
- Review of Ms. Douglas' Vermont Department of Corrections medical and mental health records;
- Review of Vermont Department of Corrections Chittenden Regional Correctional Facility unit logs, incident reports, unit and handheld videos;
- Review of relevant Vermont Department of Corrections Directives, Policies and Procedures;
- Review of relevant Correct Care Solutions Policies and Procedures;
- Review of Ms. Douglas' UVMC Emergency Department records;
- Review of the Vermont Chief Medical Examiner's Final Report of Autopsy;
- Review of DOC Administrative Review of Ms. Douglas' death (redacted from this report);
- Review of the Preliminary Report by the Prisoners' Rights Office (redacted from this report);
- Review of the Contract for Services between the AHS/DOC and CCS.

SUMMARY OF RECORDS REVIEWED

The following are excerpts from Ms. Douglas' records depicting relevant events leading up to her death to consider when determining cause and identifying areas for improvement in the future.

December 29, 2014 @ 10:50 p.m.

SINPO Nurse to Provider Communication Tool form completed. "...uses heroin (5-6 bags daily) and pt is diabetic, reading hi on glucometer...Initiate COWS protocol...Orders placed in pt chart. Attempted to administer insulin, Pt refused."

December 30, 2014

Receiving Screening form completed. "Do you use drugs not prescribed by a physician? – Answered yes, heroin 4-5 bags every day, last used 12-28-14. Has previous suicide attempt? Answered yes."

December 30, 2014

Staff Referral Form – Mental Health “Routine – answered yes to suicide screening questions.”

December 30, 2014 @ 2:00 a.m.

Nursing Progress Notes “0200 Patient seen in Alpha for elevated blood sugar, glucometer reading ‘Hi’ as it was when she arrived at CRCF during the previous shift...Blood sugar at 0445 – patient refusing all diabetic care this shift. Re-attempted diabetic care three times. Refusal of treatment completed and signed by this writer and Alpha unit officer.”

December 30, 2014 @ 5:00 a.m.

SINPO Nurse to Provider Communication Tool form “...Patient seen in Alpha for elevated blood sugar, glucometer reading ‘hi’, as it was when she arrived to CRCF during the previous shift. Patient received Novolog 10 units at approximately 0030 when she finally agreed to come out of cell for diabetic care. Patient’s blood sugar re-assessed at 0130, continues to read ‘Hi.’ Patient reports that she is voiding excessively...Telephone orders obtained from [physician] to administer 2 more units of Novolog...Stable at this time. Patient was alert and oriented x3 and ambulatory at time of assessment. No alteration in mental status noted. No diaphoresis noted, skin appears to be baseline for patient.”

December 30, 2014 @ 11:21 a.m.

Provider Progress Notes [ARNP] “Called for H+P/CIC. Refused H+P due to extreme arm pain. Just received Novolog after first refusing despite BS>400. Reports arm pain due to ‘blown IV’ when hosp at FAHC then fell on shoulder as leaving hosp. Eval. Incl xrays done in ER, ‘bruised.’ Was hosp for BS ‘over 1100,’ missed 2 days of insulin due to split w partner. Admits also doing crack though heroin is usual drug of choice. Wimpering (sic) and splinting L arm...”

December 31, 2014 @ 12:37 a.m.

Nursing Progress Notes “2300 Annette Douglas – 10-25 Foxtrot patient found on floor patient reported that she fell off the bottom bunk with roommate witness. Patient reports continued stiff neck from reported fall at the hospital prior to incarceration. Patient reported pain 10/10. Patient reported that her arm hurt when she moved them. Patient reported that could not move without hurting. Patient reported that she hit her head when she fell. VS obtained 126/82, O2 98%,

P 86, R 18, T 99.1, BS 284. Weak hand grasps. Eyes reactive and equal. Patient continues on detox protocol and has been noncompliant with diabetic medication. Patient has alteration in comfort due to reports of fall on the outside and fall this evening. Patient at risk for alteration in comfort. Patient assisted to wheel chair and rolled to the infirmary for 24 hr observation. Patient currently has her head at about 45 degrees, warm pack to the neck area. Patient goes back and forth with swearing at staff to crying. On call provider called Ibuprofen 600 Qid PRN x 3 days. Per chart review patient refused H&P on 12/30/14, x ray at UNMC was negative for abnormalities. Patient typically is cooperative but is often swearing at this writer then apologizing. Patient is currently stable laying in the infirmary bed 5. Bed in lowest possible position and call bell is within reach.”

December 31, 2014 @ 11:33 a.m.

Nursing Progress Notes “Neck pain. Patient seen in alpha for lunch time diabetic care. Patient reports that she is in ‘a lot of pain. I think the provider ordered me some pain meds or something.’ This writer informed patient she was already on Tylenol and is non-compliant with taking it, no orders were given when patient saw the provider. When patient was in the health center the previous day, she was complaining of pain on her left side and holding her left arm tucked into her ribs, bent at 90 degrees at the elbow. Patient requesting a heat pack today in alpha. This writer brought a heat pack over to patient, patient then took the heat pack and put it on the right side of her neck and was holding her right arm tucked into body. This writer advised patient to take medications that were prescribed and importance of being compliant with her insulin. Patient verbalized understanding. FSBS 358, received lunch time dose of novolog. Diabetic care, given a heat back (sic) for neck pain. Continue to offer medications as ordered.”

January 1, 2015 @ 10:33 a.m.

Nursing Progress Notes “1-1-15 @ 0630 Pt reports 10/10 sharp pain in her neck, at the back, from a fall sustained in Alpha late 12/31 during an episode of dizziness. Denies losing consciousness. Has not slept in the infirmary because of severe discomfort. Reports tingling and numbness in both arms, beginning this AM. Reports being unable to ambulate or reposition without assistance. Reports that ice application has helped more than heat. Received pain medication at 0630. Pt seen in infirmary for rounds. VS obtained at this time: 110/66, 86, 12, 98%, 98.1. A&Ox3, irritable, uncooperative. Pt appears as a 6 on the Baker-Wong Faces scale. Healing purple-to brown ecchymosis noted on R forearm, 6cm x 3cm.

Pt has 2x2cm lump on the dorsal side of L hand, intact and slightly erythematous without abnormal temperature. No bruising, swelling or erythema noted on neck. Breathing is regular and even. Eye contact is appropriate. Behavior appears incongruent with nature of injury. Pt appears in no acute distress, medically stable at this time. Alteration in comfort r/t acute injury. Repositioned in bunk with pillows and blankets. Ice pack in place on c-spine. Continue to monitor for change in LOC, response to pain medication. Encouraged mobility of extremities and neck as possible. Encouraged hydration and rest. Bunk in lowest position, call light within reach.”

January 1, 2015

Emergency Response Worksheet “Chief Complaint: fall...”

January 1, 2015

SINPO Nurse to Provider Communication Tool form “Patient reports fall from bottom bunk with shoulder and neck pain. Patient has been noncompliant with diabetic medication and refused H&P with provider 12/30/14. Patient currently on COWS detox protocol. Patient is reporting 10/10 pain...Patient currently in the infirmary under observation. Patient can be moved to Alpha per camera cell in 24 hrs if she continues. Patient reported to roommates that she was going to get in the infirmary somehow. This was reported after patient was in the infirmary. Patient was given Ibuprofen and neuros checks. Weakness with hand grasps. Patient is currently resting comfortably.”

January 1, 2015 @ 2:10 p.m.

Incident Report completed by [correctional officer]. “On 01/01/2015 at approx. 1410 hours, Inmate... banged on the door and said that her roommate I/Douglas threatened to punch her in the face. I then asked I/Douglas is this true that you threaten to punch your roommate...in the face and Inmate Douglas replied yes. I then had inmate...sit in the hallway while I called [correctional officer] and briefed him on the situation. Inmate...did ask me to get her glasses in back of her bed because she thought inmate Douglas may break them. I got the glasses and no issues with I/Douglas. At 1439 hours, Inmate Douglas was removed from the unit and brought to Delta. Major B#10 written for threatening harm.”

January 1, 2015 @ 11:30 p.m.

Nursing Progress Note "Patient was seen in Alpha. Reported throwing up. Feeling badly in general. Denied thoughts of self-harm but stated 'I wish I was dead.'...Pt appeared disheveled. Requested & received 2 heat packs..."

January 2, 2015 @ 9:30 a.m.

Self Harm Watch/MH Observation Discharge Summary, discharge from: MH obs. Reason for admission: Per INS the patient had a suicide attempt 1.5 years ago. Progress Noted on Admitting Issues: No current suicidal ideation. The patient is irritable. She has not cooperated with medical in her Diabetic Care. Discontinue mental health checks."

January 3, 2015 @ 7:12 a.m.

SINPO Nurse to Provider Communication Tool form completed. "Patient's FSBS was 509 approximately an hour ago, received Novalog (sic) 14 units. Re-checked now and is registering 'hi.' Patient is noncompliant with most diabetic care, does not usually take HS lantus dose...Orders Novalog (sic) 6 units now. Re-check in two hours."

January 3, 2015 @ 7:10 p.m.

SINPO Nurse to Provider Communication Tool form completed. "...calling in regards to Annette Douglas FS. Her FS was 545 at 16:30 she was given her evening dose of novolog of 14 units and we have just rechecked her and the glucometer is reading HIGH. What would you like to do?...Does she get any insulin at night? (Yes 32 units of lantus). Ok let's give her that now and 10 units of novolog and recheck her FS in an hr and half..."

January 3, 2015 @ 7:15 p.m.

Incident Report completed by [correctional officer] "...Nurse...notified me that Douglas, Annette...stated she felt like killing herself. Nurse...stated she was giving Douglas medication at the time. COI...was with nurse...and heard Douglas make this statement. Douglas is already on 15's for Mental Health in AB05 (camera cell). Nurse...advised Mental Health and continued 15's for Suicide Checks. MH referral was completed..."

January 3, 2015 @ 9:14 p.m.

Nursing Progress Notes "Pt seen in Alpha. Pt stated: 'I don't want to live anymore, I'm sick of this, I don't even care.' Nurse saw pt to give insulin for high FS. Pt was disheveled and appeared to be annoyed. Pt at risk for suicidal thoughts r/t recent statements. Pt placed on 15MH staggered checks."

January 3, 2015 @ 9:30 p.m.

SINPO Nurse to Provider Communication Tool "...Recheck of her finger stick was 508 what would you like to do?...How many units was she given earlier? (10 units of novolog and 32 units of lantus) ok give 5 units of novolog now and then she should be good."

January 3, 2015

Authorization of Special Observation completed by Correctional Officer "Self Harm statement, felt like killing herself." Close observation.

January 4, 2015 @ 5:36 a.m.

SINPO Nurse to Provider Communication Tool "...FS this AM was 453 and has received 14 units of Novolog. Is there anything you would like me to do?...(Doctor) I think we need to change her to NPH and regular. I don't feel comfortable changing it without the provider there. Have either [physician] or [provider] call me to discuss this."

January 4, 2015 @ 8:14 a.m.

Cell Video – Ms. Douglas seen getting up and walking out of cell – soiled clothes – correctional staff cleaned her mattress and floor – she returned in clean uniform and carrying 2 drinks and laid down.

January 4, 2015 @ 1:54 p.m.

Provider Progress Notes [ARNP] "Called for OV for elevated blood sugars. Pt refused to come to be seen."

January 4, 2015 @ 6:32 p.m.

Nursing Progress Notes "Pt seen in Alpha during evening med pass. When asked to come out of cell for meal-time insulin and finger stick, pt refused, stating: 'I know I need it, but I don't want to get up. My hip hurts and every time I get up it feels worse.' When asked to sign a refusal of treatment form, pt stated: 'I'm not

doing anything.’ When asked to alert officer of symptoms of high blood sugar, pt stated: ‘I’m already having symptoms, but I’m not getting up.’ Pt lying in bottom bunk with covers pulled up. Pt AAOx3, with irritable mood. Pt spoke clearly. No current signs of physical distress. Pt at risk for metabolic imbalance r/t refusal to comply with diabetic care. Continue to monitor pt Q shift. Continue to offer diabetic care to patient. On-call provider made aware of pt’s refusal. Alpha officer aware of pt’s condition.”

January 4, 2015 @ 6:19 p.m.

Cell Video - Ms. Douglas seen in bunk – Female correctional officer brings her a drink and clean clothes, helps her change, she is very unsteady on her feet. She is then taken out of her cell by a correctional officer and the cell is cleaned, then she returns and is seen eating an apple on the video, in her bunk.

January 4, 2015 @ 8:29 p.m.

SINPO Nurse to Provider Communication Tool “...she was 53 at 18:40 and she was given a snack. I just rechecked her and was HIGH again. I did give her night time lantus and her novolog. Is there anything else you would like done?...Recheck finger stick in one hour. Pt reports being very thirsty and is unable to get up due to pain at this time. Will continue to monitor.”

January 5, 2015 @ 2:09 a.m.

Nursing Progress Notes “The patient was seen in Alpha during detox rounds at 0030 on 1/5/15. The patient reported feeling ‘fine’ and denied thoughts of self-harm. The patient denied symptoms of hypo-/hyperglycemia and stated that she was feeling tired and would like to go to sleep. VS not assessed. AAO x3. The patient refused to get out of bed to get water for herself and have her vital signs assessed. The patient was responsive to this writer’s questions and roused from sleep at the sound of this writer’s voice. The patient denied being able to ambulate due to pain in her knees. No s/sx of acute medical distress noted at the time of assessment. Pt at risk for metabolic imbalance r/t refusal to comply with diabetic care. Continue to monitor pt Q shift. Continue to offer diabetic care to patient. On-call provider made aware of pt’s refusal. Alpha officer aware of pt’s condition.”

January 5, 2015 @ 11:50 a.m.

Nursing Progress Notes "Pt seen in Alpha. Pt had refused insulin and finger stick at morning med pass. Pt asked why didn't you take your insulin this morning? 'I don't know.' Pt asked if it was because of her pain? Pt stated no, that's better.' Pt lying on bunk covered with blanket, head exposed when she addressed this nurse. Strong odor of urine present. Pt at risk for high glucose r/t noncompliance. Continue 15 min checks. Medicate per MD orders. Encourage pt to receive insulin and have FS done."

January 5, 2015 @ 11:56 a.m.

Self Harm Watch/MH Obs Admission Assessment "Type of watch: MH observation. Frequency: 15 min. Reason for watch: ideation. Pt stated she 'did not want to live anymore. I'm sick of this.' Behavior: slow. Mood: depressed, anxious. Thought process: disorganized. Pt's thoughts are scattered. She stated she would 'work with medical about my diabetes.' She then refuses to meet with medical 'because it is too painful to sit up.' Appearance: self-neglect. Plan: follow up daily while on watch."

January 5, 2015 @ 11:45 p.m.

Nursing Progress Note "Pt reports that she needs water but 'nobody will bring it to me' because she cannot ambulate well to the door. Pt reports that 'sometimes I have thoughts of hurting myself, but not today.' Pt reports breakfast and lunch today, but 'didn't have the energy' to eat dinner because she couldn't come to the cell door. Pt reports not being able to shower today and urinating on herself several times. Pt seen in Alpha, lying under blankets on the bottom bunk with her feet facing the door. Pt appears A & O x3, mostly cooperative, irritable. Hygiene and grooming are poor. Cell has a strong urine odor. Eye contact is appropriate. Speech is slightly difficult to understand, volume is normal. Pt appears medically stable, in some discomfort. Breath is unlabored and steady. Received HS meds without difficulty. Risk of infection r/t to poor personal hygiene secondary to malingering. Encouraged officers to work with pt to keep her hydrated. Encouraged pt to remain mobile as much as possible. Encouraged hygiene, meals. Continue to monitor Q shift."

January 5, 2015 @ 1:35 p.m.

Nursing Progress Notes "Late entry. Patient seen in Alpha. Per unit officer patient has facial drooping and is incontinent of urine. Patient was noted by writer to be

lying on bottom bunk with urine dripping from mattress. No facial drooping noted at this time, hand grasp equal, no garbled speech noted. Patient states that seh (sic) is in pain and does not want to get up. Patient encouraged by writyer (sic) to sit up and take a shower. Patient allowed writer to help assist her in sitting up. Patient allowed diabetic care at this time which read 478. MD in house...notified and was ordered 20 units of novolog to be given. Insulin administered. Patient was then assissted (sic) to a standing position and wasd (sic) able to ambulate to the showers where she asked if writer could assisst (sic) with her shampooing of her hair. Patient was able to assist with bathing by washing her face and upper and lower body parts. Patient did complain of neck pain while writer was shampooing hair. Patient was able to dry self off and get dress on own no discomfort noted by writer with ROM. Will continue to monitor patient as needed."

January 6, 2015 @ 1:45 a.m.

Cell Video shows Ms. Douglas getting up slowly, struggles to pick up cup from floor, hard time getting up from bunk – takes her several minutes to stand up – unsteady on her feet, clothes appear wet, walks to sink, fills two cups with water and brings them back to her bunk, returns to sink to fill a third cup with water and returns to her bunk, lies down.

January 6, 2015 @ 3:02 a.m.

Cell Video shows Ms. Douglas sitting up, struggling to do so, drinks water, walks to sink – unsteady gait – fills up cups again, returns to bunk. Drinks water around 3:58 a.m.

January 6, 2015 @ 3:46 a.m.

Special Observation Form noted at this time Ms. Douglas was "yelling."

January 6, 2015 @ 5:16 a.m.

Cell Video shows Ms. Douglas getting up from bunk, unsteady, walks to cell door, gets food tray through door food shute, brings tray back to bunk, eats one item and puts tray on floor and lies down.

January 6, 2015 @ 7:08 a.m.

Cell Video shows Ms. Douglas laying in bed moves her legs off bed, shows correctional officer entering cell and taking food tray and leaving.

January 6, 2015 @ 7:43 a.m.

Cell Video shows Ms. Douglas getting up from bunk, very unsteady, walks to cell door, clothes appear wet, she stands at the door (which remains unopened) for a few minutes, turns around – uses wall to walk back to steady herself, lays back down.

January 6, 2015 @ 7:46 a.m.

Special Observation Form documents that Ms. Douglas “spoke, unsteady.”

January 6, 2015 @ 8:03 a.m.

Cell Video shows Ms. Douglas lying on bunk, 2 correctional officers mopping floor. They leave the room and she is seen struggling to sit up on her own, her clothes appear wet where she was lying down. Correctional officers return, place her in a wheelchair and taken out of the cell. A correctional officer returns to room and strips bed and washes mattress.

January 6, 2015 @ 9:49 a.m. [documentation time]

Provider Progress Notes [ARNP]. “Neck pain per pt since fell at FAHC, seen in ER. Per pt, too weak to walk or lift head due to severe pain...Slumped in w/c; alternatively non responsive and complaining of lack of pain/DM relief, neuro exam incomplete due to lack of cooperation. Pt complains of severe pain w light touch on upper paraspinal but later ask for, and receives, neck massage from examiner...I offered and pt accepted to give rx for acet for neck pain and pt agreed to accept DM testing and tx as ordered. MH represented at time of OV. [Mental Health] will consult w case worker to determine FU plans for pt.”

January 6, 2015 @ 1:21 p.m. [documentation time, seen at 9:00 a.m.]

Self Harm Watch/MH Observation Follow Up Note “Behavior: slowed. Mood: depressed. Pt seen in the health center with APRN...due to her diabetic sugar levels. She was also complaining of neck pain due to a fall at the hospital. Pt was minimally verbally engaged. Pt agreed to having an insulin shot and she would get something (advil?) for her neck pain. Appearance: self-neglected. Speech: pressured. Memory: impaired. Cognitive Estimate: low. Pt stated she was ‘tired of this shit’ and did not want to ‘deal with it any more.’ Pt was minimally engaged. She has been urinating on self since arrival at CRCF. Her cooperation has been minimal and she has consistently been requesting medication for her neck pain. Pt requested that [provider] give her a neck rub due to the pain. There is an

indication that if she could tolerate the neck rub, her neck pain would not be as critical as she is indicating. Plan: continue watch – daily follow-up.”

January 6, 2015 @ 2:28 p.m. [documentation time, seen at 9:00 a.m.]

Nursing Progress Note “Behavior note. Patient was seen in health center for appointment with provider. Patient was sitting in wheel chair with head down. Patient appears unkempt, hair not combed, smell of urine coming emitting (sic) from body. Respirations even and unlabored at 16 per minute. Patient’s mucous membranes moist, appears well nourished and hydrated. Patient seen in health center. Continue to monitor each shift, offer medications and diabetic care as ordered.”

January 6, 2015 @ 9:34 a.m.

Cell Video – Ms. Douglas is brought back to her cell by three correctional officers, she is in a wheelchair, appears almost entirely unresponsive. Correctional Officers take her out of wheelchair and place her on the cement floor, not on her bunk and exit the cell.

January 6, 2015 @ 11:49 a.m.

Cell Video Ms. Douglas is seen lying in same position that the correctional officers left her in on the floor. A correctional officer entered and appeared to converse with her, the correctional officer makes her bed and leaves, she remained on the floor and appeared to talk but no one in cell with her.

January 6, 2015 @ 1:45 p.m.

Discipline Waiver of Appearance/Hearing/Refusal to Appeal completed by correctional staff. Form checked that Ms. Douglas did not wish to appear at the Disciplinary Hearing scheduled for January 7, 2015 and hereby waived her right to do so. Handwritten note on form by signature line “Lying on floor – attempted to sign - medical issue.” Ms. Douglas did not sign the form.

January 6, 2015 @ 3:35 p.m.

Cell Video shows Ms. Douglas on cell floor, correctional staff and medical staff enter, medical checks her vitals and check glucose. After medical leaves, correctional officers are seen putting her mattress on the floor and moving her (no help or resistance from Ms. Douglas noted on video) from the floor to the mattress.

January 6, 2015 @ 4:00 p.m.

SINPO Nurse to Provider Communication Tool form "...10-25 was called for her not responding the unit officer. Her initial blood sugar just read as HI. She has been refusing her diabetic care because she 'is in to (sic) much pain to move.' ...Give her 7 units of novolog now then recheck and follow up in 30 minutes. (follow up) finger stick of 475. Give another 7 units then recheck in 2 hours. Hold her regular 14 units..."

January 6, 2015 @ 4:30 p.m.

Emergency Response Worksheet completed "Chief Complaint: 10-25 called to Alpha for the patient laying on the floor not responding to officers...Last Meal: patient stated 'I can't move so I can't eat or drink.' Last medication: 7 units of novolog – time taken 1700...The patient was seen in Alpha. The patient stated 'I can't move so I haven't been able to eat or drink. I need to just be in the infirmary.' VS 120/70, HR 72, RR 16. Finger stick was 475. The patient was laying on the ground. She did not make eye contact when speaking. The patient's skin was pale and cold to the touch. Her clothing and hair are unkempt. Her clothing had a strong smell of urine. Mucous membrane were moist and pink. The patient uncooperative for assessment. The patient refused to make any movement. Her radial pulses were equal and strong. Her lungs were CTA bilaterally. She has even unlabored breathing. Risk for injury related to uncontrolled DM. Provider was called about Finger Stick. The provider ordered 7 units of novolog then recheck in 2 hours. The patient was encouraged to eat and drink. She was encouraged to participate in her DM care."

January 6, 2015 @ 4:25 p.m.

Special Observation Form documents that Ms. Douglas was "served chow."

January 6, 2015 @ 4:34 p.m.

Cell Video shows medical in checking glucose via finger stick.

January 6, 2015 @ 4:46 p.m.

Alpha Hall Video shows correctional officer collecting food trays from all the cells except for Ms. Douglas' cell.

January 6, 2015 @ 5:45 p.m.

Cell Video shows medical giving insulin shot to Ms. Douglas and then leaving her cell.

January 6, 2015 @ 6:00 p.m.

Cell Video shows Ms. Douglas lying on mattress on floor for the next hour with no correctional or medical staff entering the cell nor does she move from the mattress.

January 6, 2015 @ 7:00 p.m.

Cell Video shows Ms. Douglas lying on mattress on floor. At about 7:42 p.m. a correctional officer opens the door, stands in the doorway for a minute or two, then leaves. Then medical comes in, checks glucose via finger stick, and leaves.

January 6, 2015 @ 8:15 p.m.

SINPO Nurse to Provider Communication Tool "...I'm calling to follow up. She received the 7 units of novolog. After two hours her blood sugar is reading HI. What would you like to do? (Doctor) There were no changes from the last 7 units? (Nurse) No not yet. Orders: give another 7 units then recheck in 30 minutes. Call back with results in 30 minutes."

January 6, 2015 @ 8:35 p.m.

Cell Video shows Ms. Douglas lying on mattress on the floor, has not moved, medical enters the cell and administers insulin shot and leaves.

January 6, 2015 @ 9:20 p.m.

Cell Video shows medical entering the cell and check glucose via finger stick.

January 6, 2015 @ 10:50 p.m.

Cell Video shows medical entering cell and giving shot to Ms. Douglas, who remained in same position lying on mattress on the floor.

January 6, 2015 @ 11:00 p.m.

Cell Video shows Ms. Douglas lying on mattress on the floor in the same position for the next two hours, no staff enter the cell during the next two hours.

January 7, 2015 @ 1:42 a.m.

Cell Video shows Ms. Douglas lying on mattress on the floor in the same position as previously seen. A correctional officer and medical staff enter the cell, after staff stand in cell for a few minutes they leave.

January 7, 2015 @ 2:02 a.m.

Nursing Progress Note "Wellness check. Pt seen in alpha unit for recheck of her finger stick per Dr. Herrington's orders. Pt is laying supine on her mattress on the floor. Pt refused to speak with this writer. CO asked pt if she wanted her finger stick and pt would not answer. This writer asked pt if I could do her finger stick and pt would not speak with this writer. CO asked pt if she was refusing medical care, pt replied 'Get out of my cell.' Pt was in proper uniform and a strong body odor lingered in her cell. Attempted to obtain finger stick. Continue to monitor pt. and report changes to the charge nurse."

January 7, 2015 @ 2:00 a.m.

Cell Video shows Ms. Douglas lying on mattress on the floor, same position, she has not moved. No staff seen entering cell during the next two hours.

January 7, 2015 @ 5:10 a.m.

Special Observation Form documents "chow refused" at this time.

January 7, 2015 @ 5:30 a.m.

Nursing Progress Note at 12:12 PM. "Late entry for 0530. At 0530 this writer went into alpha unit to do morning Diabetic care on pt. CO...and CO...were present with this writer and accompanied this writer into pts. Cell. Pt was laying supine on the floor on her mat in her proper uniform. This writer addressed pt by her name and asked if she wanted her diabetic care. Pt laid there and would not answer this writer. It was visible that the pt was breathing deep as this writer could see her stomach raising up and down. CO...went up to the head of the mattress and yelled pts name asking for this writer to do her diabetic care, again pt would not answer the CO. At this time CO...shook her foot to wake the pt up. The pt started to moan and awoke, when asked again by this writer if she wanted her diabetic care pt moaned 'NO.' CO...asked pt again and at that time pt started swing (sic) her fist and said no again. At that time this writer and the two CO's left her cell. This writer came back to the health center and filled out a refusal of treatment form."

January 7, 2015 @ 5:48 a.m.

Cell Video shows Ms. Douglas lying on mattress on the floor, same position as previously seen. Correctional officers enter the cell, one kicked the mattress, another one shook her foot several times. Ms. Douglas moved her arm. Nurse seen standing in doorway. Correctional officers exit the cell.

January 7, 2015 @ 6:00 a.m.

Cell video shows Ms. Douglas lying on mattress on the floor in the same position as previously seen, no staff are seen entering the cell for the next two hours. Last movement on video by Ms. Douglas seen at approximately 7:12 AM when she moved her left arm.

January 7, 2015

Segregation Confinement Log Sheet documents that Ms. Douglas refused her morning medications and meal.

January 7, 2015 @ 8:00 a.m.

Cell Video Ms. Douglas is seen lying on mattress on the floor in the same position as previously seen. A correctional officer entered the cell and Ms. Douglas does not respond, no movement seen on video. Correctional officer shook her shoulder, seen checking for a pulse on her neck – no apparent response on camera.

January 7, 2015

Incident Report [correctional staff] "...I responded to a 10-25 medical in AA05. As I entered AA05 COI...was standing at the head of Douglas, Annette...I asked what was wrong. COI...stated Douglas wouldn't respond to him so he entered and started checking Douglas and she appeared to be breathing and moved her head to the left towards me. Douglas was lying on a mattress on her back on the floor. Medical entered and I moved so the nurses could provide care. I removed several sets of gloves and handed them to Medical. Nurse...started assessment and COI...entered with hand held camera. I assisted to turn the camera on and Nurse...stated that Douglas stopped breathing. I pulled out a CPR mask and Medical started CPR. AED was used by medical and no shock was advised and instructed to continue CPR. COI...radioed 10-9 on my call and I immediately called back to 821 to call 911 that we had one female not responding. Medical continued CPR, I had COI...go get the Hospital bag and vehicle. COI...to follow in

the transport van with COI...riding in ambulance. COI...took over checks of Alpha unit. COI...was told to exit Alpha and start report...Rescue arrived approximately 0820 and took over CPR...transported out of facility. VSP Officer...arrived and started checking AB05 and taking pictures...Alpha log book and check sheet on Douglas were taken..."

January 7, 2015

Provider Progress Notes [ARNP] at 10:50 a.m.

"Called from AM mtg to assist (sic) with 'emergency' in Alpha – arrived at app 8:40 AM to find pt under full resuscitative procedures with ambulance personnel and nursing staff – see full notes from nsg stff from initiation of this response. BS at HI range. Pt with large bore IV (L) ant LE – full CPR ongoing and pt intubated and being bagged. Ambulance personnel running code now – pt in asystole without CPR, no b/p or pulse. Epi administered three times without response from pt – after 20 minutes, lead responder ordered narcan dose to be given and called hospital ER for request for end of CPR - <1 min after Narcan dose pt showed sinus rythm (sic) of rate of app 100 and was transferred to ambulance and to UVMC ER. Cardiac and resp arrest with currently successful resuscitation t/u per nsg staff and communications from UVMC."

January 7, 2015

Emergency Response Worksheet completed by Nurse...at 11:05 a.m. "Chief complaint: pulseless patient...Last Meal: breakfast this AM. Last Medication: refused AM insulin 5:30...Pt seen in Alpha for medical 10-25 at 0815. Per officer, pt was not responding to officer. Pt observed to be lying supine on floor. Initially observed to have approximately thirty seconds of shallow breathing before no movement was noted in chest. Upon arrival into the cell, Nurse...attempted to obtain a radial pulse. FS read HI. Pt appeared to be ashen in color. Faint pulse reportedly noted. At that time, S1 was instructed to call rescue. This writer began to do chest compressions while Nurse...worked on rescue breaths. This writer completed four rounds of CPR. Nurse...and Nurse...each did three rounds of CPR after this writer. This writer switched to giving rescue breaths after Nurse...took over compressions. During this time AED pads were attached. Pt was asystole, no shock advised. Pt continued to have no pulse throughout CPR. Rescue arrived within approximately seven minutes of being called. At that time, rescue took over CPR. IO IV entered in left leg. Breathing tube placed in pt. At 0827 epi administered, and administered again at 0839. Narcan administered at 0840. At

that time, rescue called attending to possibly obtain order to terminate resuscitation. At that time carotid pulse obtained. Pulse was 100. Pt left the building with rescue at that time...pt sent out with rescue. Spoke with Nurse...at the ER. Pt is currently on a vent. Pt is getting a CT scan at this time. Requested that the nurse added a drug screen to pt's analysis. Nurse reported that she added it. Continue to call for updates."

January 7, 2015

Emergency Response Worksheet completed "Last Meal: unsure...Last Medication: last night 1/6/15 time taken 2030..."

January 7, 2015

Nursing Progress Note "Spoke with Nurse...in regards to the pt @ 1230. At this time pt was 'too cold' and they were trying to increase her body temperature. They had completed a neuro exam and found that she was unresponsive to pain. They wanted to get to a normal body temp and then they would repeat the neuro exam."

January 7, 2015

Nursing Progress Note "Per Nurse...the patient's core temperature was 89.2. They are still working on increasing her body temperature to normal. At that time, they have to wait 24 hours before they can complete a neuro exam that will be accurate. Will call tonight on third shift and call tomorrow AM for more information. Pt will remain on M4 for the time being."

UVM MEDICAL CENTER RECORDS

DRVT obtained copies of Ms. Douglas' medical records related to her hospitalization in January of 2015.

According to UVMC records, Ms. Douglas' neurologic prognosis was extremely poor and after three days in the hospital, the family made the decision to provide comfort care at that point. Ms. Douglas died on January 9, 2015 at 4:48 p.m.

OFFICE OF THE CHIEF MEDICAL EXAMINER AUTOPSY REPORT

DRVT obtained a copy of the Chief Medical Examiner's Final Report of Autopsy for Ms. Douglas dated February 13, 2105.

Cause of Death: Diabetes Mellitus

Manner: Undetermined (Refused Insulin while incarcerated).

STATION/POST ORDERS AND LOGBOOK

DRVT obtained copies of the Alpha Unit Log for the week leading up to Ms. Douglas' death. DRVT is not able to expand upon the contents of these unit logs as they were obtained pursuant to our P&A federal authority to access records and our agreement with DOC.

DOC ADMINISTRATIVE REVIEW

The Department conducted an administrative review of the death of Ms. Douglas and has provided DRVT with their full report. DRVT is not able to expand upon the contents of the report as it was obtained pursuant to our P&A federal authority to access records and our agreement with DOC.

PRISONERS' RIGHTS INVESTIGATION

The Prisoners' Rights Office conducted an investigation into the circumstances surrounding the death of Ms. Douglas and has provided DRVT their preliminary investigative report. DRVT is not able to expand upon the contents of the investigative report as it was obtained pursuant to our P&A federal authority to access records and an agreement with PRO.

SUMMARY AND CONCLUSIONS

DRVT's investigation into the January 9, 2015 death of Annette Douglas highlights the following concerns around the care she received during her approximately 17 days of incarceration.

1. No individualized treatment plan for chronic disease was found in Ms. Douglas' records, a violation of Correct Care Solutions Patients with Special Health Needs Policy No. P&J-G-02 and Correct Care Solutions Chronic Disease Services Policy No. P&J-G-01.

2. On January 1, 2015, Ms. Douglas told a nurse, "I wish I was dead." It does not appear that the nurse completed a mental health referral or notified anyone of this statement which is a violation of Correct Care Solutions Suicide Prevention Program Policy No. P&J-G-05 and the Department of Corrections Protocol 361.01.02 Referral for Mental Health Services.

3. On January 3, 2015, Ms. Douglas reported to a nurse that she felt like killing herself. Ms. Douglas was already on 15-minute checks for mental health and was being housed in the camera cell in the Alpha segregation unit. No suicide risk assessment was found in her records. There is no thorough documentation by mental health providers about Ms. Douglas' suicidal ideation nor was there a treatment or safety plan to address her complex issues. This is a violation of Correct Care Solutions Suicide Prevention Program Policy No. P&J-G-0 and Department of Corrections Administrative Directive #362 Suicide Prevention and Intervention in the Facilities.

4. No unusual incident report or evidence of an investigation found regarding Ms. Douglas' refusal of medical care, as is required per Department of Corrections Health Services Policy #351. "Unusual Incident Report (Policy 291) and investigation shall be filed whenever an inmate refuses medical treatment and there is a likelihood that continued refusal could result in an adverse condition to the individual, to others, or to the orderly operations of the facility."

5. Ms. Douglas was exhibiting symptoms in the days leading up to cardiac arrest to include high blood glucose, frequent urination/incontinence, unsteady gait, fatigue, and increased thirst. These life-threatening symptoms in a person with Type I Diabetes went unrecognized or unresponded to by DOC contracted medical staff.

6. In the 24 hours leading up to her cardiac arrest on January 7, 2015 at approximately 8:00 a.m., Ms. Douglas was mostly unresponsive on her cell floor where she was placed by correctional staff upon returning from the

medical office around 9:30 a.m. on January 6, 2015. She lay in the same position for approximately 6 hours, and was physically moved from the hard concrete floor to the bunk mattress at about 3:40 p.m. which staff placed on the floor so they could slide her onto it. She was not given a blanket while she lay on the floor this entire time. Ms. Douglas did not get up again, or eat or drink, prior to going into cardiac arrest the next morning.

7. Ms. Douglas was not placed in the infirmary for closer observation even with her worsening physical condition and given the possible consequences of refusing diabetic care, coupled with her symptoms, warranted such transfer. Ms. Douglas actually requested placement in the infirmary per a nursing note on January 6th. This is a violation of Correct Care Solutions Infirmary, Observation Unit and Sheltered Housing Care Policy No. P&J-G-03.

8. Despite a doctor's note stating "I think we need to change her to NPH and regular. I don't feel comfortable changing it without the provider there. Have either [physician] or [ARNP] call me to discuss this" there was no documentation of this discussion having occurred in Ms. Douglas' medical records. This statement reflects that a physician had knowledge of, and concerns about, her condition but did not assure appropriate information was obtained and action taken to prevent deterioration.

9. Ms. Douglas was never evaluated in person by a physician while at CRCF despite the physician's knowledge about her condition, the intermittent refusal of diabetic treatment noted, and her past history in DOC records of being hospitalized in the community for diabetic care issues.

10. There are no mental health progress notes during Ms. Douglas' short stay, only three forms about admission and discharge of mental health observation. No safety plan or treatment plan were created even though she was diagnosed with depression, noted to be suicidal and intermittently refusing diabetic treatment.

11. The last time Ms. Douglas was seen eating any food on the cell video was at 5:16 a.m. on January 6, 2015. A nurse documented her last meal was the morning of January 7, 2015, just prior to her cardiac arrest, which is not supported by review of records. There were no obvious efforts by correctional

staff or medical staff to get Ms. Douglas to eat, as evidenced by the cell video and lack of documentation.

12. Prior public statements have asserted that Ms. Douglas refused diabetic care resulting in her death. In fact during her short stay, records indicate Ms. Douglas accepted diabetic care more often than she refused it. She did accept diabetic care during the day on January 6, 2015 as she lay on the cell floor.

13. Despite the note demonstrating that on January 6 at 8:15 p.m. the nurse communicated with the physician about Ms. Douglas' care and was told to "give another 7 units then recheck in 30 minutes. Call back with results in 30 minutes" there is no documentation to show that the nurse called the doctor back in 30 minutes to update him, even though the nurse continued to provide medical care to Ms. Douglas as ordered by the doctor. There are also no records to reflect that the doctor called to check on Ms. Douglas' care when he did not receive a call back from the nurse.

14. Ms. Douglas was noted to have complained about being unable to move due to pain in order to get food or water and those statements were taken as refusals to comply by staff without adequate medical assessment. On video January 6, 2015, it appears she was physically unable to go to the cell door to obtain a food tray, if one was offered.

15. According to the DOC records provided, the last insulin shot received by Ms. Douglas as provided by medical staff was on January 6, 2015 at approximately 10:50 p.m. At that time Ms. Douglas had not moved from her position on the cell floor (except for being slid from the concrete floor onto a mattress on the floor by correctional staff at 3:35 p.m.) since being placed there by correctional staff at about 9:40 a.m.

16. DRVT found no documentation in the records provided by the nurse(s) to the physician(s) about Ms. Douglas' worsening condition in the hours leading up to her cardiac arrest. At the time that Ms. Douglas went into cardiac arrest at approximately 8:00 a.m. on January 7th she had been on the floor in her cell for approximately 22 hours without eating, drinking or changing her position, with the exception of staff moving her from the concrete floor onto the mattress which was placed on the floor, and some minor arm movements. She

did not get up during those 22 hours. This information was not adequately conveyed or responded to by appropriate medical staff.

17. At approximately 1:00 a.m. on January 7, 2015, a nurse is seen entering the cell with correctional staff. Documentation reflects that staff reported Ms. Douglas was refusing diabetic care, and the nurse and officers exited the cell. No glucose reading and no insulin provided. At this time Ms. Douglas' ability to consent to refusing treatment is questionable (given the totality of reviewing the prior hours of cell video). No one is seen entering her cell again until approximately 5:48 a.m.

18. A nurse documented on January 7 at 5:30 a.m. "...The pt started to moan and awoke, when asked again by this writer if she wanted her diabetic care pt moaned 'NO.' CO...asked pt again and at that time pt started swing (sic) her fist and said no again. At that time this writer and the two CO's left her cell. This writer came back to the health center and filled out a refusal of treatment form." Cell video shows nurse standing in doorway, not even close to Ms. Douglas, and shows correctional officers, upon entry into cell, kicking the mattress and shaking her feet several times to garner a response from her. While Ms. Douglas' moves her arm on the cell video, she does not "swing" her arm as documented by the nurse.

19. January 7, 2015 at approximately 7:12 a.m. is the last obvious physical movement by Ms. Douglas on the cell video. She moved her left arm slightly. No staff entered her cell between 6:00 and 8:00 a.m.

Ms. Douglas was a person with a disability who required complex care to treat her Type I Diabetes. While she did intermittently refuse diabetic care and treatment during her incarceration, more often than not she accepted it. Given the evidence there is an open question as to what extent Ms. Douglas had the capacity to consent or refuse medical treatment in the final days and hours of her life. It appears that Ms. Douglas' refusals toward the end were most likely because she could not get up to go the cell door to obtain meal trays and medical care. The medical staff could have been much more proactive in (1) seeking outside medical care, i.e., hospitalization, (2) placement on constant observation in the infirmary, (3) demanding that a physician evaluate her on site, and (4) encouraging more mental health intervention given the suicidal statements and

condition of Ms. Douglas, yet they consistently ignored the obvious deterioration in her physical health.

The overall disregard shown by staff and lack of even basic medical care for Ms. Douglas while she was in obvious medical distress is alarming. DRVT requested that the Department urgently address these staff issues before any other prisoners suffered harm as a result of negligent medical care.

Recommendations

Disability Rights Vermont recommends that the Department of Corrections consider the following suggestions:

1. Disciplinary actions to be taken for all Correctional staff that did not follow policy and procedures which ultimately contributed to the death of Ms. Douglas.
2. Dismissal of nursing staff who, either by inadequate training or blatant disregard, did not perform to the level of their licensure in providing care to Ms. Douglas, ultimately contributing to her death.
3. Reporting to the appropriate licensing agencies on the individuals identified in #2 above.
4. Reporting to Adult Protective Services the individuals identified in #2 above.
5. Revising relevant Department of Corrections Policies, Procedures, and Administrative Directives to change how care and supervision is provided in the future for medically fragile prisoners, to include mandatory placement in the infirmary and mandatory eyes-on evaluation by a physician.
6. Routine and more in-depth training to Correctional staff, to include contracted providers, on relevant Policies, Procedures and Administrative Directives.

7. Routine and more in-depth training to contracted providers around medical documentation, to assure for complete and timely documentation in prisoner medical records.
8. Review and implement new oversight position to aggressively and diligently review medical care that is provided by the contracted providers at all the facilities to assure that Vermont prisoners are receiving level of care that is acceptable and not harmful.
9. Mandatory sensitivity and etiquette training to all Correctional staff, to include contracted providers, to promote an atmosphere of compassion and tolerance around disability related issues, to include the elimination of the term “malingering” as an easy explanation for behaviors that are sometimes exhibited related to disabilities or medical emergencies.
10. DRVT recommends that the Department of Corrections offer a written apology to the family of Ms. Douglas along with monetary compensation for their loss.