

## ***Rolland v. Patrick***

### **Follow Up Review for Class Member:**

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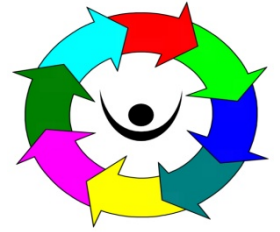
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# ROLLAND V. PATRICK FOLLOW-UP PROTOCOL DOCUMENT

Based on the Settlement Agreement Ordered June 16, 2008

## BACKGROUND INFORMATION

Class Member Identifier:	SS #	Date of Birth:	Age:	Gender:
NF where Class Member Resides:		Address of NF:		
NF Contact for Questions:		Telephone:	E-Mail:	
Day Services/SS Service Provider:		Telephone:	E-mail:	
DS/SS Contact Person for questions:		Telephone:	E-Mail:	
Service Coordinator/Case Manager:		Telephone:	E-Mail:	
Family/Guardian:		Telephone:	Relationship: <i>Select</i>	

## DOCUMENT LIST

The following is a numbered list of documents gathered during the review. The initial list, provided in advance of the review, will be provided by DDS, listed on the accompanying Table of Contents by the Office of the Court Monitor. If you receive additional documents while you are conducting the review, you must list them below under the heading "Documents not listed . . ." and include: name of document, date of document, and, a very brief summary of substance.

X	Date of Document	Documents Obtained on Site	Description

## PEOPLE INTERVIEWED

The following list identifies those individuals interviewed as a part of this review process. Individuals who may be interviewed include:

- Service Coordinator/Case Manager
- Family or Guardian
- Nursing Facility Staff (nurse, social worker, etc.)
- Therapists
- Day Habilitation Staff

**Note:** There are no required interviews. Interview those persons with direct knowledge of an issue that you wish to explore as part of the process. Determine the questions that you have for each person and list them in the interview sections below. You may wish to ask the same question of different people to ensure consistency of responses.

#	Date of Interview	Name of Person Interviewed	Title	Contact Information Phone & E-Mail	Type of Interview (phone, face to face)
1.					
2.					
3.					
4.					

## INTERVIEW 1:

Name: \_\_\_\_\_

Title: Title

Date of Interview : \_\_\_\_\_

		Question	
1.	Q		
	A		
2.	Q		
	A		
3.	Q		
	A		

**INTERVIEW 2:**

Name: \_\_\_\_\_

Title: Title

Date of Interview : \_\_\_\_\_

Question			
1.	Q		
	A		
2.	Q		
	A		
3.	Q		
	A		

### INTERVIEW 3:

Name: \_\_\_\_\_

Title: Title

Date of Interview : \_\_\_\_\_

		Question	
1.	Q		
	A		
2.	Q		
	A		
3.	Q		
	A		

## INTERVIEW 4:

Name: \_\_\_\_\_

Title: Title

Date of Interview : \_\_\_\_\_

		Question	
1.	Q		
	A		
2.	Q		
	A		
3.	Q		
	A		

## OBSERVATIONS

Observation 1

Start Time:                      Location:                      Number of Staff present:                      Number of Consumers:                      Stop Time:

Notes:  
Type Here

Observation 2

Start Time:                      Location:                      Number of Staff present:                      Number of Consumers:                      Stop Time:

Notes:  
Type Here

Observation 3

Start Time:                      Location:                      Number of Staff present:                      Number of Consumers:                      Stop Time:

Notes:  
Type Here



Notes from discussions with additional staff:

## CHANGE IN PERSONAL CIRCUMSTANCE

Has had any hospitalizations, ER visits or major illness since the last review?

- Yes  
 No

*If Yes, please describe in detail:*

- *Include the sources of your information (files, interviews, other).*
- *Describe the circumstances leading up to the hospitalization,*
- *The course of treatment and*
- *Recommendations made in the discharge summary, or by physicians involved.*
- *Detail the status of those recommendations, including whether or not the team agrees and if they do not agree, how they plan to address the recommendation.*

*Description:* Type Here

Has had any other major changes since the last review? (eg. change in functional abilities, change in residence, change in nursing home management?)

- Yes  
 No

*If Yes, please describe in detail:*

- *Include the sources of your information (files, interviews, other).*
- *Describe the change in detail including specific facts such as dates, persons involved, assessments, etc.*
- *The impact the change has had on .*
- *Recommendations made by the team, professionals or others.*
- *Detail the status of those recommendations, including whether or not the team agrees and if they do not agree, how they plan to address the recommendation.*

*Description:* Type Here

*Do you recommend other areas for further review? If yes, please list areas to be reviewed that are not identified in the latest Findings and Recommendations.*

- Yes  
 No

## SCORING

**NOTE: THERE ARE TWO TABLES IN EACH AREA, ONE FOR CITATIONS AND ONE FOR COMPLIMENTS.**

1. Column one (Source) should indicate where the issue is identified:
  - a. Findings and Recommendations (include the # of the Finding.
  - b. Protocol (include the question number
  - c. Summary of the person
  - d. Responses from the team.
  - e. Observation (indicate date) (This could be a past observation or one you complete as part of the review.)
  - f. Interview (indicate date of the interview and with whom, including title.
2. Column Two is a brief description of the issue as identified in or by the source. You may cut and paste from a source document, but the issue must be clearly identified.
3. Column Three is for the status of the Issue. **RESOLVED and UNRESOLVED are your only choices for issues that have been cited. ONGOING and SHORT-TERM are your only choices for Compliments. DELETE ALL BUT THE CORRECT ANSWER.**
4. Column Four is for your justification of the status. Please use (+) and (-), as we have always done.
5. It helps to keep different sources of the same issue close together. Additional rows can be added by tabbing in the last cell. If you need to add a row between two other rows, place your cursor at the far right side, outside the table and at the end of the row above the space where you want to add another row.

## ASSESSMENTS

### CITATIONS

Source	Description	Resolved	Unresolved	Justification

COMPLIMENTS

Source	Description	Ongoing	Short-term	Justification

## TEAM COMPOSITION

### CITATIONS

Source	Description	Resolved	Unresolved	Justification

### COMPLIMENTS

Source	Description	Ongoing	Short-term	Justification

## PLANNING

### CITATIONS

Source	Description	Resolved	Unresolved	Justification

### COMPLIMENTS

Source	Description	Ongoing	Short-term	Justification

## STAFF/TRAINING

### CITATIONS

	Description	Resolved	Unresolved	Justification

### COMPLIMENTS

Source	Description	Ongoing	Short-term	Justification

## IMPLEMENTATION OF ACTIVE TREATMENT

### CITATIONS

Source	Description	Resolved	Unresolved	Justification

### COMPLIMENTS

Source	Description	Ongoing	Short-term	Justification

## MONITORING/FOLLOWUP

### CITATIONS

	Description	Resolved	Unresolved	Justification

### COMPLIMENTS

Source	Description	Ongoing	Short-term	Justification



OTHER

CITATIONS

Source	Description	Resolved	Unresolved	Justification

COMPLIMENTS

Source	Description	Ongoing	Short-term	Justification

