Wellcon
Responsible Correctional Healthcare

February 4, 2022

Todd Hathaway
Wadleigh, Starr & Peters, PLLC
95 Market Street
Manchester, NH 03101

Re: Sacco v AIMG et al.

Dear Mr. Hathaway

In accordance with your request, I have examined materials provided by your office related to the care of Mr. Nicholas Sacco. Please accept this letter report as a summary of my opinions to date in the above referenced matters.

Qualifications

My opinion is based on my 26 years of experience in the design, administration, and delivery of correctional healthcare in various environments as well as the national standards that govern the field. I actively practice in correctional healthcare as the Medical Director of the Salt Lake County Jail System, and I am frequently called upon around the country as a consultant to assist facilities in improving their delivery of care. I have achieved both of the advanced levels of certification in correctional healthcare (CCHP-A and CCHP-P) from the National Commission on Correctional Health Care. Additionally, I have served as the President of the American College of Correctional Physicians and I am a Fellow of that organization.

Materials Reviewed

In providing this report, I have reviewed the following materials, provided by your office:

a. RFP—Contract
b. Memo of Law regarding Motion for Summary Judgment
c. Autopsy Report

4760 South Highland Drive #105 Salt Lake City, UT 84117
385-743-1744 trwilcox@wellcon.net

d. Sacco Inmate File
e. Tox findings / hospital records
f. AMR records
g. HCDOC Expert Disclosure
h. Medical records
i. PA Wells Disclosure
j. Expert report from Toxicology Physician Partners
k. Jail medical records
l. Transthoracic Echocardiogram Report
m. VSJ Assessments

General Timeline

Date	Events
May 16, 2019	Mr. Sacco was booked into the Valley Street Jail (VSJ) and an intake screening was performed by Nurse Bryanna Gue. He denied drug and alcohol use on this screening.
May 18, 2019 at approximately 1700	Mr. Sacco reported to Nurse Nicole Masci that he was feeling dizzy. He indicated that he was withdrawing from heroin and that he had last used 2 days prior. Mr. Sacco was placed on withdrawal watch by Nurse Masci. His initial symptoms were recorded as nausea and vomiting and his initial vital signs were BP 128/84, P 112, and R 18. The nurse recorded that Mr. Sacco was taking fluids and meals.
May 18, 2019 at approximately 2030	Mr. Sacco requested to see the nurse for asthma and was evaluated by Nurse Erica Gustafson. Mr. Sacco stated that he was withdrawing. Nurse Gustafson performed an assessment for asthma that showed vital signs of R 18, SaO2 = 98% on room air, and P 124.
May 18, 2019 at approximately 2345	Nurse Gustafson returned to assess Mr. Sacco. She noted that he was taking fluids and meals. Withdrawal vital signs included orthostatics which were negative for signs of hypovolemia—Sitting/standing BP were 104/72 and 112/74. Sitting/standing pulse were 114/128. Nurse Gustafson indicated that Mr. Sacco was able to walk independently and was alert and oriented during the assessment.
May 19, 2019 at approximately 0100	Nurse Gustafson returned to see Mr. Sacco again. Mr. Sacco indicated that he was also withdrawing from benzodiazepines which he had not previously disclosed. Nurse Gustafson obtained a urine specimen and she performed a drug toxicology screen on the urine which showed fentanyl but was negative for benzodiazepines and other substances.
May 19, 2019 at approximately 0300	Nurse Gustafson returned to assess Mr. Sacco again because of a complaint of leg cramps. Although Mr. Sacco requested to go to the hospital, Nurse Gustafson advised him that he was having typical

	symptoms of withdrawal and her assessments did not indicate that he needed to be sent to the hospital.
May 19, 2019 at approximately 0845	Nurse Laura Morrison performed the morning withdrawal check on Mr. Sacco. He was asymptomatic at the time. His sitting/standing vital signs showed BP 112/70 and 106/70; P 120 and 122. His orthostatic vital signs were negative for signs of hypovolemia at this time.
May 19, 2019 at approximately 1700	Nurse Dorothea Malo performed a withdrawal check on Mr. Sacco and his subjective complaints were restlessness, agitation, nausea/vomiting. He also complained of lightheadedness and low energy. His orthostatic vital signs showed sitting/standing vital signs of: BP 118/78 and 114/76 and P 125 and 125. His orthostatics were negative for signs of acute hypovolemia.
May 20, 2019 at approximately 0015	Nurse Gustafson performed a withdrawal check on Mr. Sacco. He had subjective complaints of weakness, restlessness/agitation, sweating, and nausea/vomiting. His orthostatic vital signs were negative for signs of hypovolemia: sitting/standing BP were 118/64 and 116/70 and P 114 and 111.
May 20, 2019 at approximately 0800	Nurse Katelyn Hrubiec performed a withdrawal check on Mr. Sacco. His subjective complaints were restlessness/agitation and nausea. His sitting/standing blood pressures were 118/72 and 112/64 and pulses were 106 and 114. Again his orthostatics were negative for signs of acute hypovolemia.
May 20, 2019 at approximately 1255	Nurse Hrubiec completed the Medical History and Screening form for Mr. Sacco. Mr. Sacco admitted to using 5 grams of heroin per day with last use on May 16, 2019. It also noted that he used albuterol as needed for asthma.
May 20, 2019 at approximately 1615	Nurse Kate Coulombe performed a withdrawal check on Mr. Sacco. His only complaint was nausea. His orthostatic vital signs showed sitting/standing values for BP 110/68 and 112/64 and pulses 102 and 98. Nurse Coulombe indicated that Mr. Sacco was taking food and drink per mouth.
May 21, 2019 at approximately 0032	Nurse Bancroft performed a withdrawal check on Mr. Sacco. His subjective complaints included restlessness/agitation, sweating, nausea/vomiting. His orthostatics remained negative for signs of acute hypovolemia with sitting/standing BP of 100/50 and 110/60 and pulses of 100 and 101.
May 21, 2019 at approximately 0815	Officer Justin Goulding was conducting medication pass with Nurse Nicole Masci and they were informed by Mr. Sacco's cellmate that Mr. Sacco was in "rough shape." Nurse Masci noted that he appeared lethargic and that he vomited green bile. Based on that change in his presentation, Nurse Masci requested additional medical help and activated 911. Mr. Sacco became unresponsive and CPR was initiated and he was transported to Elliott Hospital by EMS.

May 21, 2019	Mr. Sacco was evaluated and treated at the hospital. Laboratory testing showed severe kidney abnormalities with a BUN of 109 and a creatinine of 9.15 mmol/L. He had an initial potassium of 4.2 but a substantial anion gap of 35 and a lactic acid of 15 mmol/L. Subsequent laboratory assessment showed a substantial jump in potassium to 7.7 mmol/L with global abnormalities including liver, coagulation, albumin and acid/base.
May 22, 2019 at 1851	Mr. Sacco was made DNR by his family and he was pronounced dead at 1851.
May 23, 2019	Mr. Sacco's autopsy was performed. Microscopic evaluation of the kidneys showed "large geographic areas of dilated tubules with flattened epithelium. The tubules contain granular casts and red blood cells. Areas of more preserved renal tubule exhibit scattered cases. The glomeruli appear preserved."

Statement of Opinions

1. Mr. Sacco died of a sudden cardiac arrhythmia mostly likely due to hyperkalemia (elevated potassium level).

2. Mr. Sacco had a sudden deterioration in his cardiac function on May 21, 2019 and the officers and nurses identified that in a timely manner and sent him out for a higher level of care quickly. This sequence of events meets the standard of care.

3. Prior to his sudden deterioration, the nurses were monitoring him regularly and there was no indication that he had any serious medical issues. He was evaluated by multiple nurses over the five days that he was incarcerated, and they regularly performed orthostatic vital signs on him which were negative over multiple assessments performed by multiple nurses. There was no clinical indication to send him to the hospital prior to his sudden deterioration and there was no reason that they needed to call the on-call physicians based on his ongoing stable presentation.

4. Mr. Sacco's clinical presentation prior to his sudden deterioration did not indicate any concern or findings consistent with acute hypovolemia (dehydration) that is commonly seen in opiate withdrawal. His labs upon admission to the hospital indicate that Mr. Sacco had substantially abnormal renal function readings with an elevated BUN and Creatinine. Those lab findings can be seen in acute hypovolemia cases especially if there is prolonged vomiting. However, a number of elements argue strongly against a diagnosis of acute hypovolemia:

    a. Consistently negative orthostatic vital signs over multiple readings and multiple days

b. Consistently low level tachycardia in a patient of his age. Typically in younger patients with severe dehydration the heart rate will elevate significantly to compensate with frequent and sustained readings above 130.
c. The markedly elevated BUN, Creatinine, phosphorus, and magnesium are consistent with chronic renal disease.
d. Microscopic findings on autopsy of damaged renal parenchyma consistent with chronic renal injury.

5. Mr. Sacco's care at the jail met the standard of care for opiate withdrawal and for emergency treatment. In fact, the nursing care exceeded what you typically in jail monitoring because of the ongoing orthostatic vital sign assessments. These take extra time to complete and most jails do not do them routinely unless the patient is really struggling and there are clinical concerns about acute dehydration.

6. The contract between American Institutional Medical Group LLC and Hillsborough County Department of Corrections is limited to several specific tasks:

   a. Direct delivery of care to prisoners for a minimum of 12 hours per week on site
   b. Emergency consultations and/or emergency coverage 24 hours per day/7 days per week
   c. Providing guidance to the Facility/Health Services Administrator for the general operations of the health services in the facility including reviewing policies, procedures, protocols, annual disaster plan, formulary development, quality assurance program standards and audit criteria.

   This type of contact is commonly seen in correctional health facilities. It is clear that the Facility did not intend for the provider group to provide daily operational oversight of nursing and Facility operations. As such, there was no expectation in the contract for the providers employed by the American Institutional Medical Group LLC to monitor daily nursing care or to be knowledgeable about patients who were not specifically referred to them or called to their attention by the nursing staff.

The opinions in this report, based upon the materials reviewed, and the education, experience, and knowledge of the author, are presented with a reasonable degree of scientific and medical certainty. These opinions are based on the assessment of work accomplished to date, and I reserve the right to change any opinions expressed upon production of additional materials.

Respectfully submitted,

DocuSigned by:

ADBFA394571448F...

Todd R. Wilcox, MD, MBA, FACCP
Medical Director
Wellcon, Inc.