# Unexpected Fatality Review
# DOC Corrective Action Plan

## Unexpected Fatality UFR-21-003

## Report to the Legislature

*As required by* RCW 72.09.770

February 28, 2022

DOC Corrective Action, Publication Number 600-PL001

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Note: Information request can be sent to the Risk Mitigation Director

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## Legislative Directive

Engrossed Substitute Senate Bill 5119 (2021)

## Unexpected Fatality Review Governance

RCW 72.09.770 requires the Department of Corrections (DOC) to convene an Unexpected Fatality Review (UFR) committee and meeting in any case "in which the death of an incarcerated individual is unexpected, or any case identified by the Office of the Corrections Ombuds." The department is also required to issue a report on the results of the review within 120 days of the fatality and, within 10 days of completion of the review, develop an associated corrective action plan to implement any recommendations made by the review team. The statute took effect July 25, 2021.

The "primary purpose of the unexpected fatality review shall be the development of recommendations to the department and legislature regarding changes in practices or policies to prevent fatalities and strengthen safety and health protections for prisoners in the custody of the department."

"'Unexpected fatality review' means a review of any death that was not the result of a diagnosed or documented terminal illness or other debilitating or deteriorating illness or condition where the death was anticipated and includes the death of any person under the jurisdiction of the department, regardless of where the death actually occurred. A review must include an analysis of the root cause or causes of the unexpected fatality, and an associated corrective action plan for the department to address identified root causes and recommendations made by the unexpected fatality review team under this section."

## Unexpected Fatality Review Committee Report

The department issued the UFR committee report 21-003 on February 15, 2022 (DOC publication 600-SR001). This document includes the required corrective action plan. The department is required to implement the corrective actions within 120 days of the publication of the committee report.

## Corrective Action Plan

| Committee Recommendation | DOC Corrective Action | Expected Impacts |
|---|---|---|
| Improve capacity for scheduled psychiatric care visits at the facility under discussion (to match demand for appointments) so that follow up appointments are not missed, and backlogs are rectified. | Determine staffing and equipment needs that are needed to increase appointment capacity for psychiatric care at this site. Part of identifying the staffing and equipment needs will include preparing a funding request. | Increased access to psychiatric medication management appointments. |
| Develop a scheduling process which allows for same-day or soon-day scheduling when an appointment is needed. | Add a component to the Patient Centered Health Home project to address scheduling needs.<br><br>Deliver a statewide webinar on the use of same-day and soon-day scheduling. | Improved access to same-day or soon-day care visits |
| Clarify Post Orders for Units as purposes change for multi-purpose tiers. | Revise post orders. Post orders should establish tier check frequency, as well as identify patients who need more frequent cell checks. | Clear expectations and standardization for tier check frequency. |

| Committee Recommendation | DOC Corrective Action | Expected Impacts |
|---|---|---|
| Develop a notification process to Healthcare Services when a transfer is in process to prompt review of medical needs. | Healthcare staff shall review the codes in place for the patient file and evaluate care to provide appropriate feedback prior to transfer. | Reduction in erroneous housing placements or holds due to medical needs. |
| Establish a clear policy to ensure there is follow up with the patient to be sure they understand the treatment being prescribed and the risks, as well as to discuss alternatives. | Review the policy and process related to health services staff notification for missed medication doses. Review existing practices to consider how and under what circumstances failure to comply with medications may result in risk to the individual refusing. This includes a method for identifying alternatives. | The department will review and if needed, align its practices with community medical practice standards. |
| Develop and consistently implement structured, codified communication practices with the goal of sharing patient information and collaborating on plan of care. | Assign a Quality Improvement staff member to design and pilot a Studder huddle model program. | Improve information-sharing within care teams. |
| Enhance suicide prevention training for corrections officers and correctional facility staff members by providing ongoing dedicated gatekeeper training. | Supplement existing DOC suicide prevention training curriculum with relevant gatekeeper training materials provided by the Department of Health. | Improved suicide prevention training curriculum. |

| Committee Recommendation | DOC Corrective Action | Expected Impacts |
|---|---|---|
| Seek an electronic health record. | Continue progress towards acquiring an Electronic Health Record. This project is in business requirements creation phase. | Improve information-sharing regarding care plans and patient status. |