

Unexpected Fatality Review DOC Corrective Action Plan

Unexpected Fatality UFR-22-007

Report to the Legislature

As required by RCW 72.09.770

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DOC Corrective Action, Publication Number 600-PL001

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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 22-007 on April 29, 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 Outcomes
Provide aspirin as a prescription medication for medically necessary treatment.	Aspirin is currently listed as Restricted in the DOC formulary — Approved for acute pain (up to 14 days after the initial injury), cardiac prophylaxis, high fever (≥101°F), niacin therapy, or TIA prevention. Ensure the DOC Pharmacy and Therapeutics Committee re-evaluate the formulary criteria at the next scheduled meeting to ensure understanding that aspirin is a DOC formulary option for medically necessary treatment. Issue a communication to clinical staff when the DOC formulary is updated. If no changes are made to the formulary, the Director of Pharmacy will issue a communication reminding all clinical staff aspirin can be prescribed when medically indicated.	Aspirin is available via prescription when medically indicated and through the DOC commissary for general personal use.
 Establish a process for tracking incarcerated individuals with a cancer diagnosis for necessary surveillance after treatment is completed. 	Develop a process for tracking incarcerated individuals who have a current diagnosis or history of cancer.	Improved health outcomes for incarcerated individuals through timely scheduling of follow-up care appointments.
Reinforce the policy expectations for custody staff to immediately initiate life-savings measures when	Assistant Secretaries for Men's and Women's Prison Divisions will issue guidance to superintendents to reinforce	All DOC employees are reminded of the policy requirements and expectations to

Committee Recommendation	DOC Corrective Action	Expected Outcomes
necessary training.	with all facility staff the policy requirements and employees' responsibility to initiate lifesaving	immediately initiate lifesaving measures when responding to a medical emergency.
4. Modify the medical emergency response vehicle to carry emergency medical equipment.	Superintendents will ensure vehicles assigned for medical response are appropriately designed, equipped, and/or modified as necessary to transport emergency medical equipment.	Emergency medical equipment is available to be transported to the incident site without delay.
expertise in assessing incarcerated individuals when they decline care, to ensure they have capacity to make an informed decision about	Develop a standardized process to incorporate mental health or psychiatric consultation, when needed, in determining capacity for decision making when treatment for life-threatening conditions is declined by incarcerated individuals.	Ensures that incarcerated individuals have capacity to understand the possible health impacts of declining recommended health care.

Consultative remarks that do not directly correlate to causes of death, but should be considered for review by DOC:

Remission care in coordination of follow-up care after treatment of oral cancers.