



Unexpected Fatality Review DOC Corrective Action Plan

Unexpected Fatality UFR-22-029 Report to the Legislature

As required by RCW 72.09.770

December 23, 2022

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 22-029 on December 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

CAP ID Number:	UFR-22-029-1
Finding:	The individual had poorly controlled diabetes with continued high blood sugar levels.
Root Cause:	There is a lack of standardized care management for individuals with poorly controlled diabetes.
Recommendation:	The DOC diabetes workgroup should create a "Diabetes Care Pathway" that identifies when a specialist should be consulted, including a presentation of the case to Rubicon MD requesting treatment recommendations when an individual presents with poorly controlled blood sugar. If the virtual consult recommendations are not effective consider an in-person appointment with an Endocrinologist.
Corrective Action:	Develop and implement guidance to standardize care pathways for diabetes treatment and management.
Expected Outcome:	Improved diabetes control and health outcomes for individuals with diabetes.

CAP ID Number:	UFR-22-029-2
Finding:	The individual was at elevated risk for heart disease and did not have a documented risk reduction plan.
Root Cause:	There is a lack of standardized care management for heart disease risk factors.
Recommendation:	DOC should educate Health Services clinical staff on accepted care pathways for the prevention and treatment of heart disorders to ensure that incarcerated individuals receive care according to the best practices of evidence-based medicine.
Corrective Action:	Develop and implement guidance to standardize care pathways for prevention and treatment of heart conditions.
Expected Outcome:	Improved health outcomes for incarcerated individuals who have an increased risk or known heart disease.

CAP ID Number:	UFR-22-029-3
Finding:	The individual was not prescribed daily aspirin.
Root Cause:	Aspirin is currently listed as "Restricted" in the DOC formulary and practitioners do not always prescribe it when it is medically indicated.
Recommendation:	DOC practitioners should issue a prescription for aspirin when it is medically indicated.
Corrective Action:	The DOC Director of Pharmacy will issue a communication reminding all clinical staff that aspirin can be prescribed when medically indicated.

Expected Outcome:	Aspirin will be available via prescription when medically indicated and through the DOC commissary for general purpose use.
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