Unexpected Fatality Review
DOC Corrective Action Plan

Unexpected Fatality UFR-22-006

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 on April 26, 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
1. Clarify protocol for medical staff members to educate, monitor and provide feedback to patients regarding dosing and documentation of self-administered medications.	The Chief Medical Officer and Chief Nursing Officer will create a protocol to guide how health service provider and nursing staff oversee and provide support to patients who self-administer insulin.	Patients who self-manage insulin doses have support from their clinic team.
2. Improve coordination of care through a team-based model of care delivery. Improve communication between clinical and administrative staff when responding to patient inquiries (i.e., kites and resolution requests).	Continue progress on care delivery redesign and implementation of a Patient Centered Medical Home model of care.	DOC clinic teams use a proven model of care delivery to operate efficiently and effectively.

Committee Recommendation	DOC Corrective Action	Expected Outcomes
3. Advance education, protocols, and guidance to support excellence in diabetes care within the DOC. This should include: a. having access to prescribed equipment, medical supplies, medications, and clinical support necessary to manage their blood sugar level, b. developing a care pathway that identifies when a specialist should be consulted for treatment recommendations.	Continue the development of excellence in diabetes care for patients within the DOC. a. Add language regarding necessity of insulin pumps, glucose monitors, and necessary supplies to the Health Plan, b. The diabetes work group will create a DOC diabetes care pathway that identifies when a specialist should be consulted for treatment recommendations.	Incarcerated patients with diabetes have access to up-to-date care to support them in managing their condition.
4. Ensure a responsible doctor or advanced practitioner is assigned to each patient through a team-based model of care delivery.	Continue progress on care delivery redesign and implementation of a Patient Centered Medical Home model of care.	DOC clinic teams use a proven model of care delivery to operate efficiently and effectively.

Committee Recommendation	DOC Corrective Action	Expected Outcomes
5. Establish a quality assurance process to ensure red medical response bags are stocked, inventoried, and items are in working order per established protocols.	Review and standardize the expected contents and process of emergency equipment checks of red medical response bags at all WA DOC prisons.	Emergency medical supplies and equipment are accessible and in working order when needed.
6. Establish consistent onboarding and new employee orientation for medical staff including contractors for basic life support response and red bag use to ensure all personnel are prepared to respond effectively in the event of a medical emergency.	Implement a standard checklist statewide for medical employees and contractors to complete prior to clinical duty for orientation to medical emergency response process and equipment.	Medical staff members are prepared to respond to emergencies by the time of their first shift of duty.

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

While non-contributory to this death, it was noted that members of the DOC staff who responded to the emergency had lapsed Basic Life Support Certification cards. It is inherent on all supervisors to assure 100% compliance with this policy standard.