



Unexpected Fatality Review DOC Corrective Action Plan

Unexpected Fatality UFR-23-003

Report to the Legislature

As required by RCW 72.09.770

June 1, 2023

DOC Corrective Action, Publication Number 600-PL001

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Unexpected Fatality Review

DOC Corrective Action Plan

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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 23-003 on May 22, 2023 (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

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| CAP ID Number: | UFR-23-003-1 |
| Finding: | The day prior to his death, the incarcerated individual was experiencing symptoms of an acute heart attack and was not referred for a higher level of care in the community. |
| Root Cause: | Based on a normal EKG, the decision made by the nurse who was seeing the patient and the on-call provider resulted in the patient remaining on campus with urgent blood tests drawn and a plan to monitor him in his unit. |
| Recommendation: | Health Services leadership will support the clinical staff in reinforcing the need for immediate care escalation to a community emergency room or hospital in the case of suspected acute coronary syndrome. |
| Corrective Action: | The Chief Medical Officer has articulated this expectation in writing. DOC Health Services will conduct an education conference (M&M) for clinical decision making in patients with chest pain to reinforce the learning. |
| Expected Outcome: | Improved patient care and safety for incarcerated individuals. |

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| CAP ID Number: | UFR-23-003-2 |
| Finding: | There was a communication breakdown between the nursing staff and the on-call provider. |
| Root Cause: | There is not a consistent or standard reporting format for nurses to use when contacting the on-call provider to ensure adequate and appropriate information is shared. |
| Recommendation: | DOC Health Services should consider adopting the SBAR (Situation-Background-Assessment-Recommendation) reporting template as a standard communication tool for nurse to on-call provider telephone communication. |
| Corrective Action: | Develop and implement a SBAR reporting template for nursing staff to use when communicating with on-call providers. |
| Expected Outcome: | Improved patient care and safety for incarcerated individuals. |

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| CAP ID Number: | UFR-23-003-3a |
| Finding: | The DOC Health Plan currently grants authority to any DOC "Provider" for activating a community 911 response in the event of a life-threatening emergency. |
| Root Cause: | The DOC Health Plan is not clear and DOC policy is silent on who has authority to initiate a 911 community response. |
| Recommendation: | DOC should update the health plan language and policy to reflect any DOC staff member, contractor, or volunteer can request a 911 community emergency response. |

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| Corrective Action: | A proposed revision to the DOC Health Plan will be submitted granting authority to any DOC staff member, contractor, or volunteer to request a 911 community emergency response in the event of a life-threatening emergency. |
| Expected Outcome: | Improved timeliness of emergency response and treatment. |

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| CAP ID Number: | UFR-23-003-3b |
| Finding: | The DOC Health Plan currently grants authority to any DOC “Provider” for activating a community 911 response in the event of a life-threatening emergency. |
| Root Cause: | The DOC Health Plan is not clear and DOC policy is silent on who has authority to initiate a 911 community response. |
| Recommendation: | DOC should include in Policy 890.620 Emergency Medical Treatment who has authority to request a 911 community response. |
| Corrective Action: | A proposed revision to DOC Policy 890.620 Emergency Medical Treatment will be submitted granting authority any DOC staff member, contractor, or volunteer to request a 911 community emergency response in the event of a life-threatening emergency. |
| Expected Outcome: | Improved timeliness of emergency response and treatment. |

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| CAP ID Number: | UFR-23-003-4a |
| Finding: | There were challenges with communication of information. |
| Root Cause: | There is no scheduled time set aside for interdisciplinary communication and collaboration. |
| Recommendation: | Facility Health Services leadership should conduct routine unit/department meetings. |
| Corrective Action: | Health Services leadership will establish the cadence and documentation of routine facility level unit/department meetings. |
| Expected Outcome: | Improved teamwork and communication. |

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| CAP ID Number: | UFR-23-003-4b |
| Finding: | There were challenges with communication of medical information. |
| Root Cause: | Facility Health Services leadership does not conduct routine rounding. |
| Recommendation: | Health Services leadership should conduct rounds in the facilities. |
| Corrective Action: | Health Services leadership establish the cadence and documentation of leadership rounding in the facilities. |
| Expected Outcome: | Improved communication and support for facility staff and patients. |

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| CAP ID Number: | UFR-23-003-4c |
| Finding: | There were challenges with communication of medical information. |
| Root Cause: | DOC does not have an electronic health record, and the on-call providers do not have access after-hours to paper-based patient health records. |
| Recommendation: | DOC should acquire an electronic health record. |

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| Corrective Action: | Health Services leadership continue acquiring an electronic health record as full legislative funding becomes available. |
| Expected Outcome: | Improved patient safety and communication among clinical staff. |

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| CAP ID Number: | UFR-23-003-5 |
| Finding: | On duty nursing staff and the on-call provider were unaware of the DOC chest pain protocol. |
| Root Cause: | There were gaps in operations knowledge for Health Services staff. |
| Recommendation: | Health Services should reinvigorate the onboarding, orientation, and training of staff, ensuring a complete basic understanding on the part of all clinical staff of where to locate applicable policies, protocols, and guidelines |
| Corrective Action: | Health Services leadership will post all protocols and guidelines, including those applicable to nursing staff, in one central location and ensure all clinical staff have access to and knowledge of this repository. |
| Expected Outcome: | Improved clinical assessments, communication, and patient outcomes. |