Unexpected Fatality Review Committee Report

Unexpected Fatality UFR-24-002

Report to the Legislature

As required by RCW 72.09.770

May 16, 2024

Unexpected Fatality Review Committee Report, Publication Number 600-SR001

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Legislative Directive and Governance

RCW 72.09.770 requires the Department of Corrections (DOC) to convene an unexpected fatality review (UFR) committee to review any case in which the death of an incarcerated individual was unexpected, or in any case identified by the Office of the Corrections Ombuds (OCO) for review.

The purpose of the unexpected fatality review is to develop recommendations for DOC and the legislature regarding changes in practices or policies to prevent fatalities and strengthen safety and health protections for incarcerated individuals in DOC's custody.

This report describes the results of one such review and presents recommendations. Within ten days of the publication of this report, DOC must publish an associated corrective action plan. DOC will then have 120 days to implement that plan.

Disclosure of Protected Health Information

RCW 72.09.770 requires DOC to disclose protected health information - including mental health and sexually transmitted disease records - to UFR committee members. Federal law, 42 CFR 2.53 subsection (g) authorizes the sharing of patient identifying substance use information to state, federal, or local agencies in the course of conducting audits or evaluations mandated by statute or regulation.

UFR Committee Members

The following members attended the UFR Committee meeting held virtually on April 18, 2024:

DOC Health Services

- Dr. MaryAnn Curl, Chief Medical Officer
- Dr. Zainab Ghazal, Administrator
- Dr. Rae Simpson, Director - Quality Systems
- Patty Paterson, MSN, Director of Nursing
- Deborah Roberts, Sentinel Event Program Manager
- Mary Beth Flygare, Health Services Project Manager

DOC Prisons Division

- James Key, Deputy Assistant Secretary
- Charles Anderson, Deputy Assistant Secretary
- Lorne Spooner, Director - Correctional Services
- Page Perkinson, Program Manager - Correctional Operations
- Rochelle Stephens, Project Manager - Men's Prisons

DOC Risk Mitigation

- Mick Pettersen, Director

Office of the Corrections Ombuds (OCO)

- Dr. Caitlin Robertson, Director
- Elisabeth Kingsbury, Deputy Director

Department of Health (DOH)

- Ellie Navidson, MSN, Nursing Consultant, Healthy and Safe Communities

Health Care Authority (HCA)

- Dr. Heather Schultz, Associate Medical Director

This report includes a summary of the unexpected fatality, committee discussion, findings, and recommendations.

Fatality Summary

Year of Birth: 1978 (45-years-old)

Date of Incarceration: July 2023

Date of Death: January 2024

At the time of his death, this incarcerated individual was housed in a prison facility.

His cause of death was respiratory failure secondary to complications of an Influenza B infection and cardiopulmonary arrest. His manner of his death was natural.

A brief timeline of events prior to the incarcerated individual's death.

Days Prior to Death	Event
7 days prior	• The incarcerated individual declared a medical emergency reporting he had flu-like symptoms for the previous six (6) days. • He was evaluated by a physician and diagnostic testing was performed. • He was transported by ambulance to the hospital when his condition worsened. • He was evaluated in the emergency room and diagnosed with sepsis secondary to community-acquired pneumonia and Influenza B. • He was started on appropriate treatment and admitted to the hospital.
6 days prior	• His condition continued to deteriorate. • He developed septic shock and acute respiratory distress syndrome (ARDS). • He was transferred to the intensive care unit (ICU) and required mechanical ventilation to maintain his oxygen levels. • A seriously ill notification was initiated, and family visitation arranged.
5 days prior - 4 days prior	• He continued to require ventilator support and his oxygen levels temporarily improved. • His oxygen levels worsened again.
3 days prior	• Diagnostic procedure showed extensive airway inflammation, ulcerations, and lung tissue death. • Hospital staff had a care discussion with his family. • Family requested resuscitation (full code status) be provided in the event his heart stopped.
1 day prior	• His condition deteriorated further. • ICU staff were unable to maintain his oxygen levels and blood pressure.

Day 0	• Hospital staff had additional discussions with his family. • The family chose to keep his full code status. • That evening his heart stopped. • Hospital staff successfully regained a heartbeat and determined further resuscitation efforts were futile due to his worsening status. • His blood pressure rapidly dropped, and his heart stopped again. • He was declared deceased by hospital staff.

UFR Committee Discussion

The UFR committee met to discuss the findings and recommendations from the DOC Mortality Review Committee. The UFR committee considered the information from the review in formulating recommendations for corrective action.

A. The DOC Mortality Review Committee (MRC) reviewed the medical record, the care delivered, and provided the following findings.
    1. The MRC committee found:
        a. A seasonal influenza vaccination may have prevented the incarcerated individual from developing more severe disease and complications.
        b. Routine immunizations are not emphasized during DOC primary care visits.
        c. Incarcerated individuals may not be aware of the importance of routine immunizations nor how they can request vaccinations.
    2. The MRC committee recommended:
        a. Promoting routine vaccinations to educate staff and incarcerated individuals, and
        b. Including immunizations as part of the Patient Centered Medical Home focus in 2024.

B. The UFR committee reviewed the unexpected fatality and discussed the following topics.
    1. Care synopsis:

        This incarcerated individual had not received an influenza vaccine this season. He was relatively young, otherwise healthy, and was not identified as high risk for complications of influenza. He did not immediately request medical care when he became ill and there is not documentation that shows why he chose not to receive a vaccination. He had not documented his end-of-life care wishes. His family members participated in care planning with hospital team.

        Clinicians on the committee discussed that he received appropriate medical treatment from the time of his care request through his death. They agreed that no clinician would expect this outcome. Influenza B infection has a five times higher death rate than Influenza A in those that are unvaccinated. The only variable that may have changed this outcome was receiving a flu vaccination. Members acknowledged that even so, flu vaccines are not 100% effective but have been shown to lessen the severity of the disease.

2. Vaccinations in prison facilities:

   Overall vaccine rates in prison are similar to the general population. Influenza vaccines are offered to all incarcerated individuals through vaccine clinics and for individuals identified as high risk, in-person appointments are offered with facility infection prevention nurse. Flu vaccine clinics are promoted through communication sent to incarcerated individuals and flyers are posted throughout the facility including their living units. The committee agrees prioritizing a routine vaccination program for incarcerated individuals will increase acceptance rates and reduce the spread of infectious disease within prison facilities.

   Members discussed the historical distrust of medical care offered in prisons and that incarcerated individuals are less likely to report a contagious illness when isolation is required. DOC Health Services wants to have more discussion around decreasing vaccine hesitancy including how to promote preventative vaccinations as routine part of any care visit. Part of the strategy is building relationships and credibility with the incarcerated individuals.

   The way vaccines are presented is impactful especially with younger otherwise healthy individuals. Members advocated using a multi-pronged, creative approach to positively impact vaccination rates. This may include a peer-to-peer education model, tailoring education materials from DOH and HCA for the incarcerated population and utilizing electronic media opportunities to share the message. The OCO representative offered to assist with messaging and acknowledges that years of Covid mitigation strategies may have hindered vaccination discussions in the prison facilities.

3. DOC end-of-life processes:

   The committee reviewed the DOC process that occurs when an incarcerated individual becomes seriously ill. A DOC Health Services clinical staff member reviews the individual's advanced care planning wishes and notifies custody of the individual's health status. This notification triggers a series of actions including:

   - Notifying next of kin or emergency contacts identified by the incarcerated individual,
   - Notifying the facility chaplain, classification counselor, etc.,
   - Providing permission for the community hospital to communicate with next of kin/emergency contact, and
   - Arranging special communication or visitation.

   Members requested the seriously ill notification happen earlier in the disease process when the incarcerated individual chooses to involve their next of kin in care planning. Ideally, interdisciplinary discussions happen when an incarcerated individual is diagnosed including coordinating the most appropriate support (which may be the next of kin) and working closely with custody staff to support communication and visitation.

Committee Findings

The incarcerated individual died as a result of respiratory failure secondary to complication of an Influenza B infection and cardiopulmonary arrest. The manner of his death was natural.

Committee Recommendations

The committee did not offer any recommendations for corrective action to prevent a similar fatality in the future.

Consultative remarks that do not directly correlate to cause of death, but should be considered for review by the Department of Corrections:

1. DOC should explore using a multi-pronged, creative approach to positively impact vaccination rates.
2. DOC should start advanced care planning conversations during intake for incarcerated individuals at intake and revisit annually regardless of age.