

INSTITUTIONAL RESPONSIBILITIES, FUNCTIONS, REPORTS, AND FORMS

A. RESPONSIBILITIES AND FUNCTIONS

All aspects of care and management will be reviewed; including but not limited to care provided at all Department of Corrections facilities during the current incarceration and any emergency care provided within the institution especially surrounding the final event.

The mortality review process at the institution will involve the Chief Health Officer/Institutional Medical Director, a Mortality Review Coordinator, and a Mortality Review Team. The responsibilities and functions of each are described below.

1. The CHO/Institutional Medical Director (CHO) is ultimately responsible for the Mortality Review Program at the institutional level or may appoint an Institutional Mortality Review Coordinator. Specific responsibilities of the CHO/Institutional Medical Director are to:
 - a. Review the chart and complete DC4-502, Institutional Death Summary (may be in narrative format as long as all sections of the DC4-502 are included). This function may be designated to another professional health care worker such as another physician or an ARNP.
 - b. Chair the Mortality Review Team process.

2. It is the responsibility of the Institutional Mortality Review Coordinator to ensure that the requirements of the program are met and that appropriate confidentiality of all documents is maintained. This can be met by doing the following:
 - a. Upon notification of an inmate death, the following persons/entities will be notified in writing within one (1) business day of the death, via the GH08 (OBIS) screen:
 - (1) The CHO/Institutional Medical Director;
 - (2) The Central Office Mortality Review Coordinator shall be notified electronically utilizing the established Eform death notification (see Appendix A, *Notification of Inmate Death*). The institutional Mortality Review Coordinator shall transmit the mortality review and the health care record to the Central Office Mortality Review Coordinator within fourteen (14) business days.

When the inmate dies in custody, and there have been twenty-two (22) business days or less since he/she was transferred in, the review can be sent back to the last institution where care was provided for more than twenty-two (22) business days.

When a mortality review is sent back for completion, the originating institution where death occurred will send the eform death notification to the prior institution assigned to do the mortality review and the Central Office Mortality Review Coordinator within one (1) business day of the death.

- (3) The originating institution where death occurred will complete a detailed timeline, Transfer Death Summary, of the care provided, and send that as well as the medical record to the responsible institution within five (5) business days of the death. The Central Office Mortality Review Coordinator will be notified when this has been completed. The responsible institution will then have fourteen (14) business days to complete the review after receiving the mortality documents.
- (4) When the institution of record at the time of death will not be the institution to complete the mortality review, the institution of record will assist in obtaining all needed materials.

b. Upon receiving notification of an inmate death, the health care record shall be managed appropriately and according to the following:

- (1) The health care record for the past one (1) year is obtained, including outside hospital discharge summaries if applicable. The health care record refers to medical and mental health records. This is then copied and sent to the Central Office Mortality Review Coordinator.

If additional records are needed, the Central Office Mortality Review Coordinator will contact the institution performing the review to request appropriate records.

- (2) A copy of the health care record will be made for institutional reviewers. This is to be maintained in the quality management files at the institution until the final mortality review process is completed and the closure letter is received.
- (3) If a request is received from the Regional Mental Health Director assigned to complete the psychological autopsy report (in the case of a suicide), another copy of the health care record may be made.

- (4) The original health care record will not leave the health care area. If a copy is requested by the Inspector General's office for the investigation of an inmate death, a copy of requested sections of the health care record will be made.
 - (5) The original health care record shall be sealed, secured, and upon receipt of the closure letter, forwarded to archives per HSB 15.12.03, *Health Records*.
- c. The Institutional Mortality Review Coordinator will request the autopsy from the medical examiner's office in the district where the death occurred.
- (1) A copy will be sent to the Central Office Mortality Review Coordinator
 - (2) The original will be placed in the original health care record kept on file at the institution.
- d. The Central Office Mortality Review Coordinator shall be advised of the reason for delay if for any reason the time frame detailed in this health services bulletin cannot be met.
- e. Ensure, upon completion of the team review, that:
- (1) The necessary documents and forms are complete, signed and dated where appropriate.
 - (2) **Only** pages one through five (1-5) of DC4-502, *Institutional Death Summary* (or a narrative summary including this information) may be placed in the health care record as a death summary. The assessment of care on page six (6) is a clinical confidential quality management document, and does **NOT** go in the medical record nor should any comments on page 6 be included in any of the preceding pages. **Pages 1 thru 5 are the only mortality review documents allowed in the health care record.**
 - (3) The **original** of the completed institutional mortality review shall be forwarded along with a copy of the health care record for the past year to the Central Office Mortality Review Coordinator.
 - (4) The institutional mortality review shall be sealed inside an envelope and marked Confidential. It will be directed to the Central Office Mortality Review Coordinator.
 - (5) DC4-781F, *Institutional Clinical Quality Management Mortality Log* shall be completed with all pertinent/required information.

This log may be used to document the deaths at the institution over time and will prove valuable during CMA visits.

- (6) The following documents comprise the packet of completed mortality materials to be transmitted to the Central Office Mortality Review Coordinator:
 - (a) DC4-503D, *Institutional Mortality Review Case Abstract and Analysis*,
 - (b) DC4-508, *Institutional Mortality Review Findings/Conclusion*,
 - (c) DC4-502, *Institutional Death Summary*,
 - (d) DC4-504, *Institutional Mortality Review Team Signature Log*,
 - (e) Medical record of the deceased inmate,
 - (f) Medical examiner's report (sent as soon as available),
 - (g) Documentation of all actions listed on DC4-503D (sent as soon as available),
 - (h) Documentation of letters and responses to letters sent related to the mortality review (copies sent as soon as available),
 - (i) DC4-501, *Federal Report Form*, and
 - (j) All documentation regarding recommendations outlined on DC4-508.

- f. Receive and process all follow-up/feedback documents from the Central Office Mortality Review Coordinator and ensure:
 - (1) Compliance with and documentation of any directives for corrective action, repeat review, or closure of a case. If it is determined that a CAP is needed, the institution will submit a CAP proposal that will be given to the Chief Clinical Advisor for approval. The Central Office Mortality Review Coordinator will communicate to the staff if the proposal is approved or other issues need to be addressed. The CAP will be completed in thirty (30) days unless otherwise agreed upon by the Central Office Mortality Review Coordinator.
 - (2) That all related documents are kept on file in the respective quality management confidential mortality review file.
 - (3) Proper final disposition of confidential documents.

3. The institutional Mortality Review Team
 - a. This team is an interdisciplinary team and shall generally consist of the following positions:
 - (1) CHO/Institutional Medical Director

- (2) Other institutional staff physicians
- (3) Advanced Registered Nurse Practitioner (ARNP) or Clinical Associate
- (4) Health Services Administrator
- (5) Institutional QM Coordinator (optional)
- (6) RN Supervisor or designee
- (7) Institutional Consultant Pharmacist (as indicated)
- (8) Health Information Specialist
- (9) Mental Health professional (as indicated)
- (10) Institutional Dentist (optional)
- (11) Licensed Practical Nurse or Correctional Medical Technician-Certified (optional)
- (12) Any appropriate institutional staff

b. The institutional Mortality Review Team shall:

- (1) Meet and perform a complete review of the health care record, and the health care provided to the deceased inmate within fourteen (14) business days from day of death.
- (2) Complete all mortality review forms, ensure that all documents and review findings be returned to the Institutional Mortality Review Coordinator after completion of the review, and submit to the Central Office Mortality Review Coordinator.

C. FORMS

1. Institutional Review Forms:
 - a. DC4-501, *Federal Report*
 - b. DC4-502, *Institutional Death Summary*
 - c. DC4-503D, *Institutional Mortality Review Case Abstract and Analysis*
 - d. DC4-504, *Institutional Mortality Review Team Signature Log*
 - e. DC4-508, *Institutional Mortality Review Findings/Conclusion*
 - f. DC4-781F, *Institutional Clinical Quality Management Mortality Log*

D. CONFIDENTIALITY

Confidential materials within the mortality review file for each death will not be released to anyone by institutional personnel. Any request for this material will be immediately referred to the Central Office Mortality Review Coordinator.