HEALTH SERVICES BULLETIN: **15.09.09**

SUBJECT: MORTALITY REVIEW PROGRAM

EFFECTIVE DATE: 02/08/19

I. PURPOSE:

A. The purpose of this health services bulletin (HSB) is to retrospectively monitor and evaluate the quality and appropriateness of health care and the health care delivery process upon inmate death. The goals are to use the findings from case reviews to improve the quality of health care services and to provide an avenue for the health care provider's professional growth and development.

B. The mortality review process is applicable for all inmate deaths that occur at major institutions where health care is provided, in cases where the inmate may have died at another location (e.g., outside hospital) but was permanently housed at a major institution, and cases where the inmate has been housed at a work camp or road prison whose health care is provided by staff at a major institution.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. REVIEW PROCESS OVERVIEW:

A. Appropriate notification of death will be made within 24 hours of the death. See appendix A, *Notification of Inmate Death*.

B. All deaths shall be reviewed by an institutional mortality review team (See Appendix C, *Institutional Responsibilities, Functions, Reports, and Forms*).

C. Deaths that occur at a work camp or road prison will be reviewed by major institutional staff responsible for health care at the facility where the inmate was located.

D. All suspected suicides will be reviewed by the Mental Health Director.

E. The location of death will be recorded as the institution where the inmate was listed on the Offender-Based Information System (OBIS). The mortality review will generally be completed at this institution except as listed below:

1. In cases where the inmate was actually located in a hospital and was only nominally on the census of an institution, the mortality review will usually be completed at the last institution where direct health care was provided to the inmate (See Appendix C, *Institutional Responsibilities, Functions, Reports, and Forms*).

F. The Chief Clinical Advisor may be contacted if questions concerning medical care exist. The Central Office Mortality Review Coordinator may be consulted if questions surrounding the mortality review process exist.

G. Upon receiving all of the appropriate mortality documents from the institution, the Central Office Mortality Review Coordinator will ensure that the documents are complete and accurate. The Chief Clinical Advisor will then review the mortality case file and will determine that the case is ready for closure, or more action is necessary.

H. In cases where required, additional information will be requested and communicated to staff by the Central Office Mortality Review Coordinator.

III. CASE CLOSURE PROCEDURE:

When all the review steps are completed and all documentation has been received by the Central Office Mortality Review Coordinator, cases will be reviewed by the Chief Clinical Advisor for closure. Information about the procedure and communication of closure can be found in appendix F, *Case Closure Procedure.*

IV. TABLE:

A. Diagnostic categories will be assigned based on the table found in appendix G, *Diagnostic Categories Table*.

V. FORMS:

Instructions regarding the use of appropriate forms for each level of review can be found in the attached appendices.

VI. CONFIDENTIALITY:

A. All mortality review documents, reports, and correspondence will be kept confidential.

B. Departmental procedure 401.006, *Confidentiality of Health Services Medical Review Committees Information* shall apply to all activities described within this health services bulletin.

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

VII. IMPLEMENTATION DATE:

Each institution will implement this health services bulletin no later than 30 days after signature.

VIII. RELEVANT FORMS AND DOCUMENTS:

A. Appendix A, *Notification of Inmate Death*
B. Appendix B, *Institutional Responsibilities, Functions, and Forms*.
C. Appendix D, *Central Responsibilities, Functions, and Forms*
D. Appendix F, *Case Closure Procedure*
E. Appendix G, *Diagnostic Categories Table*
F. DC4-501, *Federal Report*
G. DC4-502, *Institutional Death Summary*
H. DC4-503D, *Institutional Mortality Review Case Abstract and Analysis*
I. DC4-504, *Institutional Mortality Review Team Signature Log*
J. DC4-508, *Institutional Mortality Review Findings/Conclusions*
K. DC4-781F, *Institutional Clinical Quality Management Mortality Log*
L. Procedure 401.006, Confidentiality of Health Services Medical Review Committees Information
M. Appendices:
   A. Notification of Inmate Death
   C. Institutional Responsibilities, Functions, and Forms
   D. Central Responsibilities, Functions, and Forms
   F. Case Closure Procedure
   G. Diagnostic Categories Table

HEALTH SERVICES BULLETIN: 15.09.09

SUBJECT: MORTALITY REVIEW PROGRAM

EFFECTIVE DATE: 02/08/19

Health Services Director Date

This Health Services Bulletin Supersedes HCS dated 10/30/87
HCS 25.09.04 dated 10/1/89
Mortality Review Manual dated 1/94
HSAM 93-2 dated 12/30/93 and 6/1/99
TI 15.09.09 dated 6/16/97, 10/27/97 and 4/26/02.
HSB dated 4/09/14.