

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 300.00.10	Page 1 of 9
	Original Effective Date: 10/15/16	New Effective Date: 03/22/21
	Supersedes: 300.00.10	Dated: 10/15/16
	Administrator's Approval: Sarah Cooper, Administrator	
Required Posting or Restricted:		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 300 Administrative		
Subject: Review by Committee on Inmate and Youth Deaths		

POLICY

The Department of Corrections shall ensure the Committee on Inmate and Youth Deaths reviews all inmate deaths that occur during the incarceration of an inmate to determine the appropriateness of health care, to ascertain whether changes to policies, procedures and/or practices are warranted and to identify issues requiring further study.

REFERENCES

Wisconsin Statutes s. 146.37 – Health Care Services Review; Civil Immunity
Wisconsin Statutes s. 146.38 – Health Care Services Review; Confidentiality of Information
Wisconsin Statutes s. 146.82 – Confidentiality of Patient Health Care Records
Executive Directive 58 – Department of Corrections Committee on Inmate/Youth Deaths
DAI Policy 300.00.09 – Death of an Inmate
DAI Policy 300.00.71 – Reporting Serious Incidents, Events of Special Interest, Media Contacts and Legislative Inquiries
DAI Policy 500.10.27 – Continuous Quality Improvement Program
DAI Policy 500.10.33 – Patient Safety
42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol and Drug Abuse Information
45 Code of Federal Regulations, Part 164, Security and Privacy Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018 Standard P-A-09 – Procedure in the Event of an Inmate Death

DEFINITIONS, ACRONYMS AND FORMS

BHS – Bureau of Health Services

BHS-CO – Bureau of Health Services Central Office/Madison

COIYD – Committee on Inmate/Youth Deaths

CQI – Continuous Quality Improvement

DAI – Division of Adult Institutions

DJC – Division of Juvenile Corrections

DOC – Department of Corrections

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DOC-3356 – Inmate/Youth Death Review – Institution/Facility

DOC-3356A – Inmate/Youth Death Review – Medical Director

DOC-3356B – Inmate/Youth Death Review – Nursing Coordinator

DOC-3356C – Inmate/Youth Death Review – Mental Health Director

DOC-3356D – Inmate/Youth Death Review Committee

DOC-3356E – Inmate/Youth Death Review – Palliative Care Program

DOC-3756 – Acknowledgment of Confidentiality of Protected Health Information for Members of Department of Corrections Committee on Inmate and Youth Deaths

DOJ – Department of Justice

DSU – Dental Services Unit

Health Care Record (HCR) – Official confidential DOC record created and maintained for each patient consisting of all or some of the following components: gray/green and/or orange Medical Chart, Hemodialysis Chart, Dental Record, Psychological Records-Copies envelope, Medications Record envelope, Patient Request Folder, Psychological Services Unit Record and other components as defined by the Bureau of Health Services.

HSU – Health Services Unit

OLC – DOC Office of Legal Counsel

PSU – Psychological Services Unit

WICS – Wisconsin Integrated Corrections System

WRC – Wisconsin Resource Center

WWRC – Women’s Wisconsin Resource Center

PROCEDURE

I. Purpose

- A. Conduct an independent clinical mortality peer review of all inmate deaths that occur during incarceration in a DAI or DJC facility, or at a contracted facility housing Wisconsin inmates, under Wisconsin Statutes ss. 146.37 and 146.38, in order to identify areas of patient medical and/or mental health care, or system policies and procedures that can be improved to enhance the quality of health care provided to patients.

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- B. When indicated, a psychologist or other qualified mental health professional shall conduct a psychological autopsy, or psychological reconstruction or postmortem, with an emphasis on factors that led up to and may have contributed to the individual's death.
- C. Review the causes and circumstances surrounding deaths with particular attention to those considered to be unusual or unexpected, based on a review of the HCR, documentation submitted by the facility and other documents requested by COIYD.
- D. Make recommendations for changes in policies and procedures designed to improve the quality of health care provided to be implemented per Section IV.D and E.
- E. Ensure information relating to recommendations about inmate deaths is properly communicated to all employees with a job-related need to know, including direct health care providers, so health care is improved per Section III.
- F. Conduct reviews in the interest of public safety and the effective healthcare of inmates/youths.
- G. Review issues relating to deaths from a systemic point of view.

II. Issues That May Be Reviewed

- A. Adequacy of health care practices.
- B. Clinical judgment used by health care providers.
- C. Utilization of expertise.
- D. Staff training.
- E. Staffing issues.
- F. Appropriateness of existing internal policies and need for internal policies.
- G. Implementation of internal policies and procedures.
- H. Notification and involvement of appropriate family members.
- I. Notification of external entities.
- J. Others issues as determined by COIYD.

III. Composition and Organization of COIYD

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- A. The committee shall include:
 - 1. Warden/Superintendent.
 - 2. HSU Manager.
 - 3. Community Emergency Service individual.
 - 4. Forensic Pathologist.
 - 5. Physician for University Hospital/UW Foundation.
 - 6. Physician from a private health organization.
 - 7. Registered nurse from a private health care organization.
 - 8. Registered nurse from another state agency.
 - 9. Psychiatrist from outside the DOC.

- B. Upon request of the COIYD, the Secretary may designate other individuals to serve as advisors to the COIYD to assist in the performance of its functions.

- C. Members are appointed to serve staggered three year terms.

- D. Members selected to fill vacancies created by other than the expiration of the three year term shall be appointed for the unexpired term of the member being replaced.

- E. Members may be reappointed to serve additional terms.

- F. The members of COIYD shall select a chairperson to serve for no more than two years.

- G. A quorum consists of a simple majority of the members.
 - 1. Most actions may be determined by consensus.
 - 2. A majority of those voting shall be required to adopt motions and approve actions.
 - 3. When a quorum is not present, the COIYD members present may proceed with the meeting per the agenda, and recommend actions to be ratified by the COIYD members when a quorum is present.
 - 4. Members shall be present to count as a quorum and participate in decision-making, and may not send alternates or designees, without prior approval of the chairperson.
 - 5. When the chairperson is absent, the members may designate another member to act as chairperson for that meeting.

- H. Compensation is available for non-state employed members of COIYD upon request, as follows:
 - 1. Compensation for attending full committee meetings shall be \$500, or other amount approved by the Secretary.
 - 2. Compensation for doing case reviews prior to the COIYD meeting shall be \$200, or other amount approved by the Secretary for each full individual case review when the committee member is designated as the primary reviewed, and \$200, or other amount approved by the Secretary for a review of all the abbreviated cases reviews on the upcoming agenda.

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3. Compensation for travel and meal expenses shall be reimbursed per the state travel guidelines.

I. COIYD members shall sign the DOC-3756 upon appointment to acknowledge their legal obligation to maintain the confidentiality of all documents and discussions relating to the inmate death.

IV. COIYD Responsibilities and Procedures

A. COIYD shall establish the format for all facility mortality review team reports, under DAI Policy 300.00.09, including the information to be included and the timelines under which the facility mortality review team shall present its reports regarding the cause and circumstances of death.

B. COIYD may require facility staff provide additional review or assistance as needed to ensure full cooperation with the DOC facility review team, under DAI Policy 300.00.09. If COIYD believes there exists an attempt to influence or interfere with the facility review team, COIYD shall refer the concern to the Secretary for immediate review and follow-up.

C. The BHS Nursing Director shall act as the facilitator and advisor to the committee, and liaison between the committee and BHS, as a non-voting participant.

D. The BHS Medical Director shall attend committee meetings as a non-voting participant, when requested by the COIYD.

E. COIYD shall meet at least quarterly, unless there are no deaths in a quarter, and the Secretary or Chairperson of COIYD may call additional meetings.

F. Members shall maintain confidentiality of all information per DOC-3756.

G. COIYD shall assign an employee to write and retain meeting minutes which shall include, and be ratified by the members:

1. A list of all inmate death reports reviewed by the COIYD.
2. Description of all actions taken by the COIYD.
3. Status of all pending death reviews.

H. COIYD members may visit and inspect any DOC facility and shall have access to all records and data needed to conduct a review.

I. COIYD may request other persons having relevant information to appear before the Committee as part of the review.

J. COIYD may request persons with specialized expertise to serve as consultants and participate in the review. The Secretary must approve compensation to be paid to a consultant prior to participation.

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- K. Require the following documents be completed prior to the review of an inmate death:
 - 1. DOC-3356A by the Medical Director.
 - 2. DOC-3356B by the Nursing Coordinator.
 - 3. DOC-3356C by the Mental Health Director for suicides and other deaths as requested.
 - L. Review all documents relevant to the inmate death, including the pertinent parts of the HCR, DOC-3356, DOC-3356E when completed, documents under K. above and other documents forwarded by the facility at which the death occurred.
 - M. Complete the DOC-3356D for each death reviewed.
 - N. Ensure recommendations included in the DOC-3356D and other COIYD documents are communicated to the appropriate employees such as the Nursing Coordinator, Director of Nursing, Medical Director, Mental Health Director, and other employees, including health care providers, for follow up with the DOC CQI Program for systemic issues and patient safety program for staff-related issues.
 - O. Communicate recommendations to the DOC Secretary, DAI Administrator and other appropriate persons within the DOC for follow-up.
 - P. When the COIYD is satisfied that it can make no recommendations, or no further recommendations, it shall consider the review closed and communicate the closure to the DOC Administration.
 - Q. Complete an annual report of the deaths reviewed summarizing its work and identifying any significant trends, and make the report available to outside agencies, as requested.
 - R. Disclose information acquired, and documents created, in connection with the facility and COIYD mortality review, as legally permitted without patient identifying information, except when disclosure of patient identifying information is permitted under Wisconsin Statutes ss. 146.82 and 146.38 (3).
- V. COIYD Responsibilities of the BHS Central Office Program Support Supervisor include:**
- A. Maintain a tracking system for review of inmate/youth deaths and appropriate documents.
 - B. Track receipt of original HCR and photocopies of designated documents from the HCR and contact facility if not received.
 - C. Compile the reports from the mortality review team and other reviewers.

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- D. Track the receipt of the DOC-3356/DOC-3356E from the facility with supporting documents and contact facility if not received.
 - E. Track receipt of the preliminary autopsy report and contact facility if not received.
 - F. For a death at WRC/WWRC, track receipt of death review documents and contact facility if not received.
 - G. Collect the following documents when completed:
 - 1. DOC-3356A from the Medical Director.
 - 2. DOC-3356B from the Nursing Coordinator.
 - 3. DOC-3356C from the Mental Health Director.
 - H. Track receipt of the preliminary autopsy report and contact facility if not received.
 - I. Forward to the COIYD member assigned to be the reviewer the documents identified above, other supporting documents and photocopy of the last six months of the HCR.
 - J. Forward copies of DOC-3356/DOC-3356E from the facility, DOC-3356A from the Medical Director, DOC-3356B from the Nursing Coordinator, DOC-3356C from the Mental Health Director when completed, and autopsy reports to all COIYD members prior to the scheduled committee meeting.
 - K. Take minutes at the COIYD meeting.
 - L. Maintain a system to rotate COIYD member assignments for reviews.
 - M. Maintain a secure file with all the documents used or generated by or on behalf of the COIYD, including the death certificate and final autopsy report.
 - N. Enter all recommendations made by the facility, Medical Director, Nursing Coordinator, Mental Health Director and the COIYD into a database.
 - O. Assign follow-up of recommendations to appropriate staff.
 - P. Enter action taken and completion date into the database when recommendations are reported as completed.
- VI. Implementation and Monitoring of COIYD Recommendations**
- A. DOC shall monitor the implementation of the recommended corrective actions identified by the COIYD review process, as indicated above in section V. under N, O and P.

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- B. The facility's CQI program shall review and implement recommended systemic changes under DAI Policy 500.10.27.

- C. The facility's patient safety program shall review and implement recommended corrective actions for staff-related issues under DAI Policy 500.10.33.

- D. DOC shall inform direct health care providers, as appropriate, of the recommended corrective actions.

Administrator's Approval: _____ **Date Signed:** _____
Sarah Cooper, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 300.00.10	Page 9 of 9
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Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.
- II.
 - A.
 - B.
 - C.