		DAI Policy #: 500.10.33	Page 1 of 4		
		Original Effective Date:	New Effective Date:		
OF WISCO	DIVISION OF ADULT	07/31/13	11/28/22		
	INSTITUTIONS	Supersedes: 500.10.33	Dated: 08/31/20		
	POLICY AND	Administrator's Approval: Sarah Cooper, Administrator – 11/15/22			
	PROCEDURES	Required Posting or Res	stricted:		
		X Inmate X All Staf	f Restricted		
Chapter: 500 Health Services					
Subject: Patient Safety					

## POLICY

The Division of Adult Institutions shall ensure that facility staff implement systems to reduce risk and prevent harm to patients.

### REFERENCES

<u>Standards for Health Services in Prisons</u>, National Commission on Correctional Health Care, 2018, P-B-08 – Patient Safety

DAI Policy 500.80.16 – Medication Occurrence Reporting

Wis. Stat. s. 302.38 – Medical Care of Prisoners

Wis. Stat. s. 302.385 - Correctional Institution Health Care

Wis. Stat. s. 302.386 – Medical and Dental Services for Prisoners and Forensic Patients

## DEFINITIONS, ACRONYMS AND FORMS

<u>Adverse Clinical Event</u> – An injury or death caused by medical management rather than a patient's disease or condition.

- BHS Bureau of Health Services
- CQI Continuous Quality Improvement
- DOC-3703 Health Services Adverse and Near Miss Clinical Event Reporting Form

HSU – Health Services Unit

<u>Near-miss Clinical Event</u> – An error in clinical activity without a consequential adverse patient outcome.

<u>Patient Safety Systems</u> – Practice interventions designed to prevent adverse or near miss clinical events.

<u>Responsible Health Authority (RHA)</u> – Responsible for the facility's health care services; arranges for all levels of health care; and assures quality and assessable and timely health services for inmate patients.

## PROCEDURE

#### I. General Guidelines

A. Facility staff shall implement patient safety systems to prevent adverse and near-miss clinical events.

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- B. The RHA shall implement a reporting system for health staff to voluntarily report, in a non-punitive environment, adverse or near miss events that affect patient safety.
- C. Health staff are encouraged to voluntarily report each adverse clinical event or near miss clinical event to the HSU Manager/designee utilizing DOC-3703 Health Services Adverse and Near Miss Clinical Event Reporting Form.
- D. HSU staff shall follow DAI Policy 500.80.16 for medication occurrences.
- E. The RHA/designee and/or Warden/designee has the authority to take immediate and appropriate action in the event of an emergency situation where there is a clear and present danger that poses a threat to life, a threat of personal injury, or a threat of damage to property.
- F. The RHA/designee is responsible for orienting staff to safety policies/procedures and education for job and task specific safety measures.

#### II. Reported Events

- A. Once an event is reported, the RHA/designee shall review the event to determine if:
  - 1. Immediate action is required.
  - 2. Additional patient safety systems need to be considered for-patient safety.
  - 3. The issue shall be forwarded to BHS for further review.
  - 4. Further review is necessary based on evaluation of trends.
  - 5. Concerns identified that go beyond the facility shall be communicated with the appropriate authorities.
- B. The RHA/designee shall discuss trends and corrective action plans with the facility Warden/designee.
- C. The RHA/designee shall determine whether the event shall be forwarded to the facility CQI Committee for consideration.

#### III. Measures to Promote Patient Safety

- A. Regular evaluations of the work environment for work practices and hazards is required to maintain safety management.
- B. Efforts shall be made to minimize and prevent inappropriate delays of medical accommodations, medical restrictions and safety actions that can potentially create an unsafe environment or harm.
  - 1. Medical accommodations and medical restrictions for care, treatment and safety shall be implemented in 24 hours or sooner.
  - 2. Any delays shall be documented and addressed consistent with the Access to Care policy.

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- C. Identified risks and hazards shall be addressed immediately.
- D. The RHA/designee is responsible to monitor the processes designed to correct identified problems.
- E. The RHA/designee is responsible to assure employee sub-standard performance is corrected in a timely fashion to prevent further occurrences.
- F. Regular reports and updates regarding safety management shall be discussed at the monthly staff meetings and HSU/Warden meetings.
- G. HSU staff are responsible for learning and adhering to job and task specific procedures for safe operations.

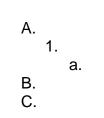
# DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name					
Original Effective Date:	DAI Policy Number: 500.10.33	Page 4 of 4			
New Effective Date: 00/00/00	Supersedes Number:	Dated:			
Chapter: 500 Health Services					
Subject: Patient Safety					
Will Implement As written With below procedures for facility implementation					
Warden's/Center Superintendent's Approval:					

## REFERENCES

## DEFINITIONS, ACRONYMS AND FORMS

## FACILITY PROCEDURE



II.

Ι.

А. В.

в. С.