

 <div style="text-align: center;"> DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES </div>	DAI Policy #: 500.10.33	Page 1 of 4
	Original Effective Date: 07/31/13	New Effective Date: 11/28/22
	Supersedes: 500.10.33	Dated: 08/31/20
	Administrator's Approval: Sarah Cooper, Administrator – 11/15/22	
Required Posting or Restricted: <input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> 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

Standards for Health Services in Prisons, 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

Adverse Clinical Event – 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

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

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

Responsible Health Authority (RHA) – 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		
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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.