

CHAPTER 7

Death Reporting and Review Policy

I. POLICY

All deaths of inmates/patients under the jurisdiction of the California Department of Corrections and Rehabilitation (CDCR) shall be reported and reviewed in a timely manner. Appropriate actions shall be taken to address deficiencies in care.

The Chief Physician Executive has the overall responsibility for ensuring the timely and appropriate review and follow-up of each inmate/patient death, and for ensuring compliance with the policies and procedures related to inmate/patient death reporting and review.

II. PURPOSE

- To reduce the incidence of preventable death, injury, and suffering.
- To evaluate the overall quality of health care provided.
- To identify opportunities for improvement.
- To implement corrective measures locally and system wide.
- To allow for statistical analysis for the purpose of improving the delivery of health care throughout the system.

III. PROCEDURE

A. DEATH REPORTING and DOCUMENT SUBMISSION

1) Initial Inmate Death Report – 7229 A&B

When an inmate-patient dies, the institution **Chief Medical Officer (CMO) shall:**

- Notify all institution Department Heads within the institution (Warden, Health Care Manager [HCM], Director of Nursing [DON] Chief of Mental Health, if applicable).
- Notify the Death Review Analyst (DRA) at Central Office, Division of Correctional Health Care Services (DCHCS) by 8:00 a.m. the day after the inmate death. Fax the below documents to the DRA. Notification shall be sent via fax to (916) 323-2458 or by email to DeathReviewUnit@cdcr.ca.gov.

Initial Inmate Death Report:

7229 A – (for all inmate deaths - Attachment I)

7229 B – (for all Suicides in addition to the 7229A – Attachment II)

2) Incident Report – 837 A, B, & C

When an inmate-patient dies, the institution **Warden** shall:

- Within 7 calendar days of the inmate death fax the below custody documents to the DRA. Notification shall be sent via fax to (916) 323-2458 or by email to DeathReviewUnit@cdcr.ca.gov.

Incident Reports:

CDCR Form 837-A - (Attachment III)

CDCR Form 837-B - (Attachment IV)

CDCR Form 837-C - (suicide deaths in addition to 837 A&B - Attachment V)

3) Unit Health Record (UHR)

When an inmate-patient dies, the institution **CMO** shall:

- Within 14 calendar days ensure that a copy of the following UHR documents are sent to the DRA. The UHR records shall be sent via fax to (916) 323-2458, by email to DeathReviewUnit@cdcr.ca.gov, or overnight mail to:
California Department of Corrections and Rehabilitation
Plata Support Division
Death Review Unit
520 I Street, Suite 315
Sacramento, CA 95812

Unit Health Record:

- UHR from 12 months prior to inmate death (non-suicide)
- Entire UHR (suicide only or special request)
- Correctional Treatment Center records, if applicable
- Community Emergency Medical Services (EMS) generated documents, if applicable
- Outside Hospital documents, if applicable
- Emergency Care flow sheets, if applicable
- CDCR Form 7219, if applicable

If the required documents are not submitted within the required time, the DRA shall notify the respective Regional Clinical Support Unit CMO requesting assistance with document acquisition.

B. DAILY AND WEEKLY DEATH REPORTING - CENTRAL OFFICE

The DRA shall compile a list of all reported deaths daily. The DRA shall send a daily report by 9:00 a.m. each business day to the Chief Physician Executive, Regional Medical and Nursing Directors, and to the Office of the Receiver by 10:00 a.m. every Friday, the DRA will issue a summary report of all deaths occurring that week to the Chief Physician Executive, Regional Medical and Nursing Directors, Regional Administrators and to the Office of the Receiver.

C. DEATH REVIEW

The DRA shall assign a Medical Death Reviewer to perform an in-depth evaluation of the death. The Reviewer assigned shall be a Mid-level Provider or Physician who is approved by the Chief Physician Executive to perform death reviews. The Reviewer cannot evaluate the case if they have provided care to the inmate/patient within 48-hours prior to the death.

The Reviewer shall prepare a detailed case summary utilizing the most recent version of the Death Review Summary Template. The Medical Death Review shall be completed within 10 weeks from the date of death. The Reviewer shall consider, at a minimum, the Unit Health Record (UHR), outside hospital records, and autopsy/coroner's report. The Reviewer shall identify problems with clinical care, policy, or procedure. Upon completion, the Reviewer shall electronically submit the Death Review Summary to the DRA. The DRA will schedule the presentation of the Review to the Death Review Committee.

For any suicide, the DRA shall provide Mental Health Services a copy of the completed Death Review Summary.

D. ROLE OF THE DRA

The DRA is the central point of contact to receive, route, track, coordinate and file information in a timely manner from the initial death reporting until the death review is completed and the case is closed. The DRA is responsible for tracking the status of each inmate/patient death reporting and review. The DRA shall be responsible for compiling all records and will provide all documentation to the Medical Death Reviewer.

E. DEATH REVIEW COMMITTEE

Purpose:

The Death Review Committee shall meet regularly for the purpose of:

- Evaluating the health care provided to inmate/patients who have died.

- Identifying deficiencies in care.
- Taking action to improve care.

Members:

The Death Review Committee shall be composed of the following persons:

- Chief Physician Executive or designee, Chairperson
- Correctional Administrator, Co-Chairperson
- Regional Medical Directors
- Regional Director of Nursing
- Division of Adult Institutions Representative
- Others as determined by the Chairperson

F. CORRECTIVE ACTION PLANS

At each meeting, the Death Review Committee shall review the problems that are identified in the Death Review Summary and order appropriate action. If a problem cannot be addressed by referral to the Peer Review Sub-Committee, Nursing Practice Review, the Division of Adult Institutions, or the Office of Internal Affairs, the Death Review Committee may order a Corrective Action Plan (CAP).

When a CAP is ordered by the Death Review Committee, the Regional Medical Director and Regional Director of Nursing shall consider existing CAP's, clinical initiatives, and clinical policies. If the Regional Medical Director and Regional Director of Nursing conclude that the CAP's goals can be met by existing statewide initiatives, a previously-issued CAP, or current clinical policy, the request for a CAP will be sent back to the Death Review Committee Chair. If needed the Regional Medical Director and Regional Director of Nursing will assign responsibility to develop, implement, and report the progress on the CAP. Timelines for the CAP will be determined by the Regional Medical and Nursing Directors in collaboration with the responsible staff at the institution. The CAP must be reviewed and approved by the Regional Medical Director and Regional Director of Nursing before implementation.

The responsible individual(s) at the institution shall prepare a follow up report regarding the corrective action(s) recommended by the Death Review Committee. All appropriate supporting documentation confirming these actions have been taken (i.e., a syllabus and sign in sheets from any training provided to staff, non-confidential documentation of any disciplinary action taken and any other appropriate documentation) shall be attached to this report. The responsible staff shall sign the report along with the CMO, the DON, and the HCM, and if applicable, the Warden or Chief Psychiatrist shall sign this report. The institution shall retain a copy of the report and forward the original to the DRA. The report is due within thirty (30) days following the implementation of the required corrective action.

A copy of the follow up report shall be forwarded to the respective Regional Administrator, Regional Medical Director and Regional Director of Nursing.

G. REPORTING / STATISTICAL DEATH REPORTS

Quarterly Statistical Death Reports shall be generated by the DRA and provided to the Chief Physician Executive, Office of the Receiver, Director, DCHCS, Regional Medical Directors, Regional Directors of Nursing, and Regional Administrators.

H. REPORTING / DEPARTMENT OF JUSTICE STATE AND FEDERAL

Each institution shall report in writing to the California Attorney General (DOJ) within ten (10) days after the death, all facts in their possession concerning the death, in compliance with Government Code Section 12525.

The following reports and records shall be delivered to the Department of Justice, Criminal Justice Statistics Center, Death in Custody Unit, P.O. Box 903427, Sacramento, CA 94203-4270:

- DOJ Form, CJSC 713 (Rev. 11/05)
- Complete incident report or report of death, as applicable
- Completed copy of the death certificate
- Fingerprint card (two sets)
- Coroner's report, if applicable

For questions, contact the Death in Custody Unit, DOJ, at (916) 227-3549.

Per the federal *Death in Custody Reporting Act of 2000*, the DRA shall prepare and provide on a quarterly basis to the United States Department of Justice (USDOJ), a report that directly correlates with and answers all questions required on USDOJ Forms NPS-4 and NPS-4A (Rev. 2-20-08) for each inmate death; including deaths under our jurisdiction housed in a State-operated correctional facility in another State or Federal facility.

The data must be submitted within 60 days of the end of each quarter to the U.S. Census Bureau, Governments Division, CJSB, 4600 Silver Hill Road, Washington DC 20233-6800.

For questions, contact U.S. Census Bureau toll free at 1-800-253-2078.

IV REVISIONS

The Chief Physician Executive or designee shall be responsible for ensuring the contents of this policy are current and accurate.

V. AUTHORITY

California Code of Regulations, Title 15, Section 3365

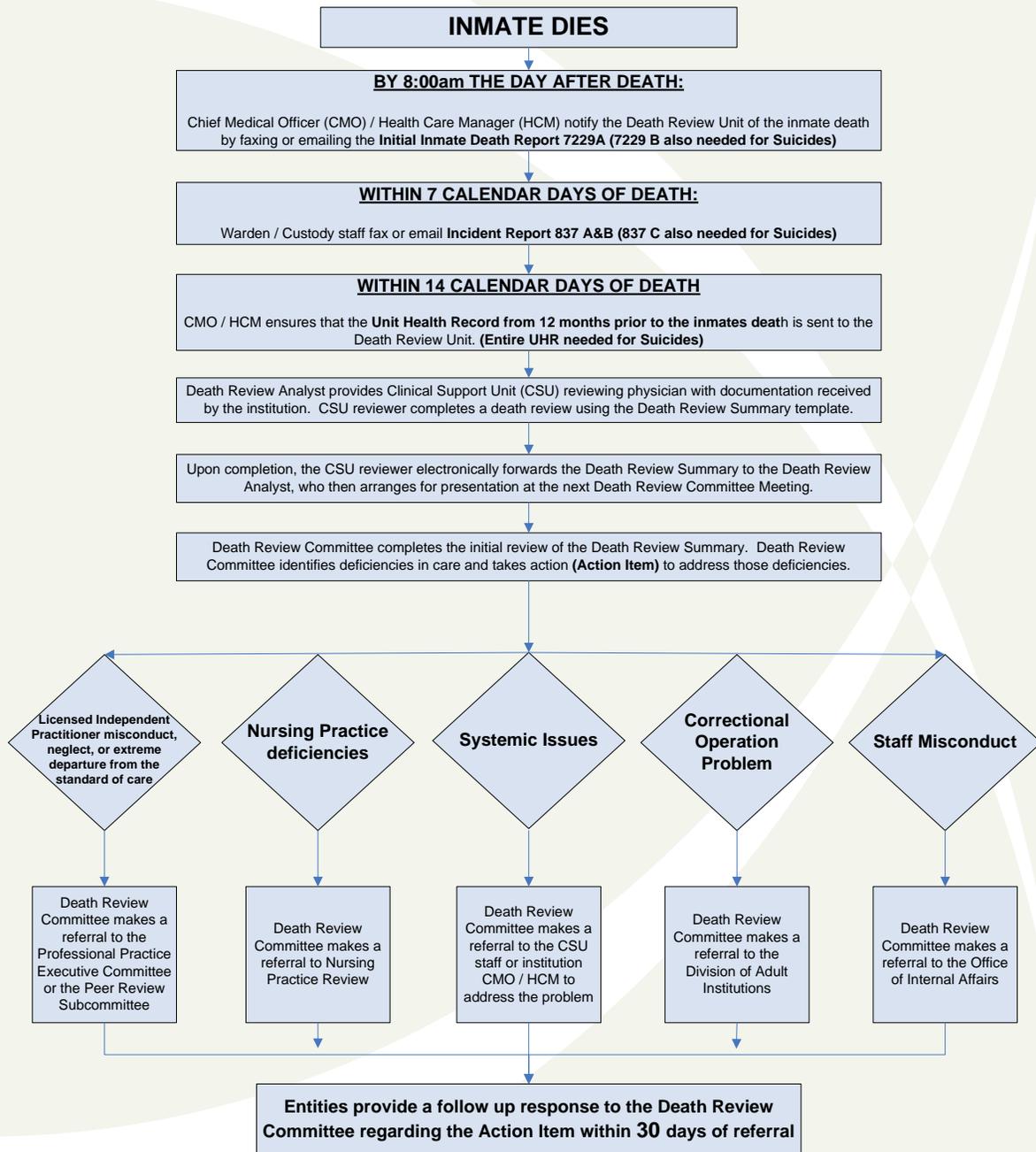
Department Operations Manual, Article 7, Subsection 51070.1 through 51070.20

Government Code Section 12525

Federal Death in Custody Reporting Act of 2000 (PL 106-297)

Penal Code Sections 5058 and 5021

Flowchart - Death Reporting and Review Policy (7/9/08)



Attachments

- 1) **Attachment I – Initial Inmate Death Report-7229A**
- 2) **Attachment II – Initial Inmate Death Report-7229B**
- 3) **Attachment III – Incident Report-837A**
- 4) **Attachment IV – Incident Report-837B**
- 5) **Attachment V – Incident Report-837C**