POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-10.1	PAGE NUMBER 1 of 13 with attachments
	RELATED NCCHC/ACA STANDARDS: P-A-10; MH-A-10; J-A-10; J-A-06/04-4425 (Important)	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	**SUBJECT:** MORTALITY AND MORBIDITY REVIEW COMMITTEE – ADMINISTRATIVE AND CLINICAL	
EFFECTIVE DATE: 11/14/2007	**REVISED:** 4/13/09; 2/16/10; 4/23/10; 1/24/11; 4/8/2013; 3/26/2015	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)

II. PURPOSE: To systematically review offender deaths and medically serious suicide attempts in order to identify opportunities for improving the quality of care provided.

III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.

IV. DEFINITIONS: See Glossary

V. SUMMARY OF CHANGES:

A. Changes to reflect limiting paper copies of health records by scanning records into electronic media.

B. Changes to reflect renaming mental health and substance abuse services to Behavioral Health Services under the Behavioral Health Director.

VI. POLICY:

A. All offender deaths and serious suicide attempts, generally those which result in transport to an outside emergency care facility are reviewed by the facility Mortality and Morbidity Review Committee to determine the appropriateness of clinical care; to ascertain whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study. Included in the death reviews are those deaths, whether natural or otherwise, that occur off-site while the facility is responsible for the offender.

B. It is unnecessary to review all behavioral problems such as manipulative or attention-getting behavior such as ingesting non-food articles, head-banging or superficial cutting which the site Mental Health Director determines are not actual suicide gestures.

C. Each Level 4 and Level 5 facility shall develop a site-specific procedure for implementing this policy and coordinating the procedure with BCHS.

VII. PROCEDURES:

A. Each death review shall consist of an administrative review to assess the correctional and emergency response actions according to Policy A-7.1 (Emergency Code 4, 7, 11 Response) surrounding the death reported in Attachment 1, and a clinical mortality review to assess the clinical care provided and the circumstances leading up to the event, a psychological autopsy shall be conducted by a licensed psychologist or psychiatrist not involved in the care of the offender for each death by suicide or at the discretion of the BCHS Chief (or his designee) or the Site Mental Health Director and reported to the Mortality and Morbidity Review Committee.

B. At the time of an offender's death or serious suicide attempt, designated institutional staff, the Site Medical Director, the BCHS Chief, DDOC Medical Director, BCHS Behavioral Health Treatment Administrator, BCHS Site Liaison, BCHS Compliance Director, BCHS Quality Administrator and the site Health Service Administrator shall be notified immediately.

C. For all offender deaths, immediately after medical staff involved at time of death have completed their documentation, or after the hospital has notified site staff of offender death, two copies of the medical record shall be made, tabbed and organized consistent with the original medical record. One copy shall be secured in the Health Services Unit Medical Records with access limited to the site Medical Director, Health Services Administrator or designee; one copy shall be sent to BCHS which shall be available for review by the ACHRC. The original medical record is maintained according to institutional directive and secured by the facility warden. The copy forwarded to BCHS shall be certified as complete by the Medical Records Supervisor.

D. For Serious Suicide Attempts, immediately after medical staff involved at time of the event have completed their documentation, copies of the medical record related to the Behavioral Health services, dated up to and including one year prior to the event shall be made for and distributed to the site Mental Health Director and BCHS Behavioral Health Administrator by the site Medical Records Staff.

E. For deaths and all serious suicide attempts, the Site Medical Director (Regional Medical Director in the absence of the Site Medical Director) and Site Mental Health Director (State-wide Mental Health Director in the absence of the Site Mental Health Director) or their designee with appropriate clinical training and experience shall review the offender's chart and JOINTLY complete a confidential 24 Hour Report to the Mortality and Morbidity Review Committee (24 Hour Report) (Attachment 1) and submit it to the Warden, BCHS Bureau Chief, DDOC Medical Director, BCHS

Behavioral Health Treatment Administrator, BCHS Compliance Director, BCHS Quality Administrator, BCHS site Liaison and Regional Medical Director within 24 hours of the event. The 24-hour Report must include signatures of the site Medical Director and site Mental Health Director.

1. The Site Mental Health Director may determine that a behavioral episode such as ingesting non-food articles or head-banging is not actual suicide gesture and not complete the 24-Hour Report.

2. If the Site Mental Health Director determines that an offender has reoccurring behavioral episodes that are not suicide gestures, the Director shall develop a Behavioral Plan with Security to address the manipulative behavior.

3. If there is disagreement whether a behavioral episode is or is not a suicide gesture, the details of the case shall be presented to the BCHS Medical Director and Chief, BCHS for determination.

F. The DDOC Mortality and Morbidity Review Committee shall conduct a Mortality and Morbidity Review (Attachment 2) at the site for each offender's death or serious suicide attempt within 30 calendar days of the event. If there are unresolved questions, e.g. pending autopsy or toxicology reports, a follow-on Mortality and Morbidity Review Committee meeting may be reconvened within 30 days of the initial Mortality and Morbidity Review after the missing information is received. The BCHS Quality Administrator has the authority to extend the 30 calendar day follow-up if the necessary information has not been received.

G. The BCHS Quality Administrator shall coordinate the scheduling of these reviews, including tracking the pending documentation required for any follow-up meetings.

H. The Site Medical Director (Vendor State-wide Medical Director in the absence of the Site Medical Director) and Site Mental Health Director (State-wide Mental Health Director in the absence of the Site Mental Health Director) or their designee with appropriate clinical training and experience shall JOINTLY complete the State of Delaware, Department of Correction, Mortality Review Report (Attachment 2) for deaths or serious suicide attempts. The Site Medical Director or his/her designee shall send a draft copy of the completed review to the BCHS Bureau Chief, DDOC Medical Director, BCHS Behavioral Health Treatment Administrator, BCHS Compliance Director, BCHS Quality Administrator and BCHS Site Liaison at least 7 calendar days before the Mortality and Morbidity Review Committee is scheduled to meet.

I. After each meeting of the Mortality and Morbidity Review Committee, the site Medical and Mental Health Directors shall revise and update the report to reflect the Mortality and Morbidity Review Committee's discussion. The updated report is due to BCHS with 7 calendar days following the review meeting. The BCHS shall not

issue the final report until all recommendations from the Committee have been addressed.

J. Mortality and Morbidity Review Committee Membership

1. Members of the Mortality and Morbidity Review Committee shall be determined by the Chief, BCHS with consultation with the facility custodial leadership and the medical/mental health vendors.

2. Membership may include, but is not limited to, the following:
    - Warden or designee
    - Site Medical Director
    - Site Health Services Administrator
    - Regional Medical Director
    - Attending Physician or Healthcare Practitioner
    - Treating Mental Health Provider
    - Statewide Director of Nursing
    - Site Mental Health Director
    - BCHS Bureau Chief
    - DDOC Medical Director
    - BCHS Behavioral Health Director
    - BCHS Compliance Director
    - BCHS Quality Administrator
    - BCHS Site Liaison
    - Pharmacy Representative

K. Confidentiality

1. The Mortality and Morbidity Review process described in this policy is a peer review process pursuant to Title 24, Delaware Code § 1768. This process may also be covered by other state and federal laws, such as the quality assurance privilege. Accordingly, the records and proceedings of the committee are confidential and may be used by the committee and the members thereof only in the exercise of the proper functions of the committee. Confidentiality of information shall be consistent with Title 16, Delaware Code §§ 1230, 1231 and 1232, and any other applicable state and federal laws.

L. Follow-up of Recommendations

1. Data for offender deaths and serious suicide attempts are tracked by the BCHS. The data tracked for deaths include: cause of death; date, place and time; manner of death (Natural, Homicide, Suicide, Undetermined); category of death (Expected, Unexpected) and recommendations for improving the medical or

death (Natural, Homicide, Suicide, Undetermined); category of death (Expected, Unexpected) and recommendations for improving the medical or mental health care made during the Morbidity and Mortality Review. The data tracked for serious suicide attempts includes: date, place and time; type of attempt; and result of attempt.

M. Trending

Data will be evaluated by the BCHS staff on a yearly basis and reported for inclusion in the annual BCHS Compliance Report, annual Federal reporting and accreditation documentation.

References:
National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-A-10, P-A-06
National Commission on Correctional Health Care: Standards for Health Services in Jails, 2008, J-A-10, J-A-06.
American Correctional Association: Standards for Adult Correctional Institution, 4th Edition, 2008 Supplement 4-4425, 4-4410

Approval:

Date of Policy/Revision	BCHS Bureau Chief, James Welch, RN, HNB-BC	Date	Robert Coupe Commissioner	Date
5/24/2013	[signature]	6/3/13	[signature]	06/07/13

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-10.1	PAGE NUMBER Review Addendum
SUBJECT: MORTALITY AND MORBIDITY REVIEW		

I have reviewed this policy and found it to be current.

James Welch RN HNB-BC 2/14/14

BCHS Bureau Chief.
James Welch, RN, HNB-BC

Date

I have reviewed this policy and found it to be current.

4/20/15

BCHS Bureau Chief
James Welch, RN, HNB-BC

Date

ATTACHMENT 1

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES
245 McKee ROAD
DOVER, DELAWARE 19904
Telephone: (302) 857-5217
Fax: (302) 857-5496

TO: Chief, BCHS
Medical Director, BCHS
Vendor Regional Medical Director

FROM:

CC:

DATE:

SUBJECT: 24 Hour Report to Mortality and Morbidity Review Committee of Natural Death, Completed Suicide or Suicide Attempt
Name, SBI# 00XXXXXX

General Demographic/Background Information
Include full name, age, race, ethnicity, gender, date of birth, classification status, housing location for the previous three months. For all suicide attempts and completed suicides: current charges, convictions and sentence.

Past Medical and Psychiatric History
(Bullet format)

- current medical diagnoses
- current mental health diagnoses
- substance abuse history
- recent (during incarceration or within last year) hospitalizations/commitments to psychiatric facilities/infirmary/PCO admissions
- current medications and if the MAR reflects any missed dosages

Short synopsis of event
Date, time, of the death or suicide attempt and who responded, etc.

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Disposition/Pronouncement
Disposition of the individual after the event. For all deaths, who pronounced the death, who was notified and by whom, when was body released and to whom.

Any special circumstance surrounding event
Note any circumstances that the responding staff noticed that were unusual or unexpected. List all eyewitnesses to the event

_____	_____
Signature/Date	Signature/Date
Name Vendor Site Medical Director	*Name* Vendor Site Mental Health Director

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ATTACHMENT 2

DELAWARE DEPARTMENT OF CORRECTION
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES
MORBIDITY AND MORTALITY REVIEW REPORT

Inmate Name: _____

SBI #: _____

Date of Incarceration: _____

DOB: _____

DOD: _____ **Expected: Yes** ☐ **No** ☐

Date of Initial Review: _____

Date of Morbidity/Mortality Review: _____

Date of Final Report: _____

Date of Medical Examiners Report (when indicated): _____

Medical Examiners Report Number (when indicated): _____

Manner of Death (when indicated): _____

Cause of Death (when indicated):_____

Toxicology Findings – As applicable: _____

I. **24 Hour Report** (copy of original report to be attached)

II. **Any updates/revisions to 24 Hour Report** (if so, copy to be attached)

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III. Presentation of case

Presentation to include bullet format timelines of events surrounding death as well as who responded, when and how. Include all medications administered and interventions / procedures performed if resuscitation was attempted.

Date_____

Time	Event

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Mortality Review Report SBI#_____

IV. Preliminary diagnosis (pending Medical Examiner final report when indicated).

A. Differential Diagnosis

B. Clinical Diagnosis

V. Medical Examiners Report (when indicated).

VI. Conclusions & Lessons Learned

A. Emergency Response

B. Access to Medical and Behavioral Health Care in previous 6 months (give dates)

C. Medical/Behavioral Health Care Preceding Terminal Event (date of last sick call or chronic care visit)

D. Medical Care, Unrelated to Death

E. Institutional Factors

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VII. Recommendations for Action to include specific person(s) responsible for implementing improvement strategies and timeline for implementation.

VIII. Recommendation for Closure of Report or Follow-up Required

Yes ☐ Follow-up Required? ☐

Department of Correction, Bureau of Correctional Healthcare, Clinical Review and Approval:

Approved Yes ☐ No ☐

_____	_____
Signature/Date	Signature/Date
Name Vendor Site Medical Director	*Name* Vendor Site Mental Health Director
_____	_____
Signature/Date	Signature/Date
Vincent F. Carr, DO BCHS Medical Director	James Welch, RN, HNB-BC BCHS Site Behavioral Health Director

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Mortality and Morbidity Review Committee
Sign-in Sheet

Date: _____

Inmate Name: _____

SBI Number: _____

This Committee is created as part of a peer review process pursuant to Title 24, Delaware Code § 1768. Accordingly, all records and proceedings of this Committee are confidential and may be used by the committee and the members thereof only in the exercise of the proper functions of the committee.

Attendees:

Print Name	Signature	Title/Position

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Updated 4/6/13