ARIZONA DEPARTMENT OF CORRECTIONS DEPARTMENT ORDER MANUAL	CHAPTER: 1100 INMATE HEALTH SERVICES	OPR: HS
	DEPARTMENT ORDER: 1105 ***INMATE MORTALITY REVIEW***	SUPERSEDES: DO 1105 (01/18/05)
		EFFECTIVE DATE: DECEMBER 19, 2012
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PURPOSE

This Department Order establishes a quality assurance process pursuant to A.R.S. 36-2401, to review and evaluate the health and mental health care provided to inmates who are in the custody of the Department. The Department has developed this instruction to reduce the morbidity and mortality in the delivery of health and mental health care within the Department.

References to health care professionals (i.e., Health Services, Mental Health Services, and Dental Services) are referring to the Health Services Contractor or their sub-contractors unless otherwise stated.

APPLICABILITY

This Department Order is applicable to all inmate deaths, excluding executions, which occur while the inmate is in the care and custody of the Department.

PROCEDURES

1105.01 **CONFIDENTIALITY OF THE QUALITY REVIEW FINDINGS** - All records, reports, databases, and meetings are protected by patient confidentiality and are to be held in strict confidence. All review reports shall be stamped "*DO NOT COPY - QUALITY ASSURANCE REVIEW" and shall not be subject to disclosure.

1105.02 **MORTALITY REVIEW/INMATE DEATH** - Upon the death of an inmate the following procedures shall be followed.

1.1 Institution Review - Within three business days of an inmate death, the Contract Facility Health Administrator of the affected institution shall convene the Complex Mortality Review Committee (CMRC).

1.1.1 The Contract Facility Health Administrator shall complete, on the next business day of an inmate death, the Contract Facility Health Administrator Questionnaire, Form 601-7 in accordance with Department Order 601, Administrative Investigations and Employee Discipline and copy the Arizona Department of Corrections (ADC) Contract Monitor, who shall forward the completed form to the ADC Medical Program Monitor.

1.1.2 The CMRC shall:

1.1.2.1 Complete the Mortality Review – Case Abstract and Cover Sheet, Form 1105-1.

1.1.2.2 Forward the completed Mortality Review – Case Abstract and Cover Sheet form with copies of all pertinent medical progress notes (SOAP notes), Emergency Medical Services (EMS) notes (if utilized) and Incident Command System (ICS) Information Reports to the ADC Contract Monitor. The ADC Contract Monitor shall forward a copy of the Mortality Review – Case Abstract and Cover Sheet form with copies of all pertinent information to the ADC Medical Program Monitor.

1.1.2.3 Include the following issues for review:

1.1.2.3.1 Suicides.

1.1.2.3.2 Delayed diagnosis.

1.1.2.3.3 Incorrect diagnosis.

1.1.2.3.4 Delayed treatment causing or contributing to serious injury or death.

1.1.2.3.5 Avoidable deaths.

1.1.2.3.6 Deviations from "community standards" for health care.

1.1.3 If the incident resulted in an ICS being initiated, the CMRC shall:

1.1.3.1 Include the affected Warden, Deputy Warden and unit Chief of Security in the initial meeting.

1.1.3.2 Complete the Health Services ICS Critique, Form 1105-2, which shall be included in the file with the Mortality Review – Case Abstract and Cover Sheet form.

1.1.3.2.1 In the case of suicide, the Statewide Mental Health Directors shall initiate a Suicide Review Committee within 14 days of the event to review the case and prepare a psychological autopsy as outlined in 1.3 of this section.

1.1.4 Upon receipt of the Autopsy and Toxicology reports from the County Medical Examiner's office, the Contract Facility Health Administrator shall reconvene, within three business days, a Complex Mortality Review Committee (CMRC). The CMRC shall:

1.1.4.1 Review the Autopsy and Toxicology reports and complete a secondary review utilizing the Mortality Review – Case Abstract and Cover Sheet form, updating the facts and conclusions as appropriate. The Site Medical Director shall consolidate the information, as outlined in 1.1.2.3.1 through 1.1.2.3.6 of this section, and prepare a final Mortality Review – Case Abstract and Cover Sheet form.

1.1.4.2 Forward the complete file and inmate's Medical Record to the Regional Medical Director for review during the monthly Joint Mortality Review Committee. The Regional Medical Director shall forward a copy of the complete file to the ADC Medical Program Monitor.

1.2 Joint Mortality Review Committee – The Regional Medical Director shall convene a monthly Joint Mortality Review Committee (JMRC) meeting to review all inmate deaths, excluding executions, since the last JMRC meeting.

1.2.1 Issues for review may include those outlined in 1.1.2.3.1 through 1.1.2.3.6 of this section, the Autopsy and Toxicology reports and the Mortality Review – Case Abstract and Cover Sheet form.

1.2.2 The JMRC shall:

1.2.2.1 Review the appropriateness of health care provided.

1.2.2.2 Make recommendations concerning staff or discipline and policy or procedure changes, if any.

1.2.2.3 Review the autopsy and toxicology report.

1.2.2.4 Publish a final JMRC report on the inmate death utilizing the Mortality Review Committee Final Report, Form 1105-3.

1.2.3 The Medical Director and the ADC Medical Program Monitor shall review the report with the ADC Assistant Director for Health Services Contract Monitoring Bureau, and recommend any corrective action plans, as required. The report shall be forwarded to the ADC Deputy Director through the chain of command.

1.3 Suicide Review Committee – In the case of an inmate suicide, the Statewide Mental Health Directors shall, in all instances, convene a Suicide Review Committee within 14 days of the event.

1.3.1 The Suicide Review Committee shall:

1.3.1.1 Review the Medical Record and the Mental Health Section of the Medical Record, including autopsy and toxicology reports.

1.3.1.2 Review any reports, Information Reports, investigation reports, and any Department documents relevant to the incident.

1.3.1.3 Make recommendations concerning disciplinary actions, policy or procedural changes, as necessary.

1.3.2 The Regional Mental Health Directors shall consolidate the above information, and publish a Psychology Autopsy Final Report within 30 days of an inmate suicide.

1.3.3 The Statewide Mental Health Directors shall review the report with the ADC Assistant Director for Health Services Contract Monitoring Bureau and the ADC Mental Health Program Monitor, and recommend any corrective action plans, as required. The report shall be forwarded to the ADC Deputy Director through the chain of command.

1105.03 INMATE DEATH ADMINISTRATIVE INVESTIGATION - All incidents of inmate death, regardless of circumstances or cause, shall be referred for investigation as outlined in Department Order #601, Administrative Investigations and Employee Discipline.

DEFINITIONS

COMPLEX MORTALITY REVIEW COMMITTEE (CMRC) - Mortality review shall be held at the deceased inmate's institution. The Committee consists of the following members: Contract Facility Health Administrator, Site Medical Director, Director of Nursing, Site Mental Health Professional, ADC Contract Monitor and as appropriate, the institutional Warden and Deputy Warden of the inmate's unit.

JOINT MORTALITY REVIEW COMMITTEE (JMRC) - Mortality review held in the ADC, Central Office, Health Services Contract Monitoring Bureau with the following Committee members: ADC Assistant Director for Health Services Contract Monitoring Bureau, Regional Medical Director, ADC Medical Program Monitor, ADC Quality/Clinical Management Administrator, ADC Quality Assurance Nurse Manager, Regional Director of Nursing and other selected staff as needed. In the case of suicide, the committee shall include the ADC Mental Health Program Monitor and the Statewide Regional Mental Health Directors.

SUICIDE REVIEW COMMITTEE– Comprised of the Regional Mental Health Directors, Psychologist, Contract Facility Health Administrator, ADC Contract Monitor, Unit Deputy Warden and other selected staff as needed.

UNEXPECTED DEATH – Death in which the cause of death is not immediately known or anticipated.

{Original Signature on File}

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Charles L. Ryan
Director

FORMS
1105-1, Mortality Review - Case Abstract and Cover Sheet
1105-2, Health Services - ICS Critique
1105-3, Mortality Review Committee Final Report

AUTHORITY

A.R.S. 36-441, Health Care Utilization Committees; Immunity; Exception; Definition

A.R.S. 36-445, Review of Certain Medical Practices

A.R.S. 36-2401, Definitions

A.R.S. 36-2403, Confidentiality; protection from discovery proceedings and subpoena; exceptions

A.R.S. 36-2404, Quality Assurance Review Committees