 <p>CD-172100</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 10/30/85</p> <p>EFFECTIVE DATE: 11/13/85</p>	<p>REVIEWED: 10/24/18</p> <p>REVISED: 10/24/18</p>
	<p>TITLE: Notification of Serious Illness, Injury or Death of an Inmate and Procedure in the Event of an Inmate Death</p>	

AUTHORITY:

- A. NMSA 1978, Section 33-1-6, as amended.
- B. Policy *CD-010100* and *CD-173100*.

REFERENCES:

- A. ACA Standard 2-CO-3B-02 and 2-CO-4E-01, *Standards for the Administration of Correctional Agencies*, 1993.
- B. ACA Standards 4-4395, 4- 4410 and 4-4425, *Standards for Adult Correctional Institutions*, 4th Edition.
- C. NCCHC, *Standards for Health Care in Prisons*, 1987, P-9.

PURPOSE:

To establish a system of documented internal review be developed and implemented by the facility health authority. This will include reviewing all deaths in custody suicides or suicides attempts, illness outbreaks, deaths and establish a uniform procedures within the New Mexico Corrections Department (NMCD) for appropriate notifications in the event of a inmate’s, serious illness, injury or death. **(4-4410). (4-4395, 4-4425).**

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 **[2-CO-3B-02] [2-CO-4E-01] (4-4425)**

APPLICABILITY:

This policy is applicable to all inmates’ while the inmate is in the care and custody of the NMCD

FORMS:

- Next of Kin Notification** form (*CD-172101.1*)
- Preliminary Mortality Review/Narrative Summary** (CD 172101.2)(2 pages)

ATTACHMENTS:

None

DEFINITIONS:

Complex Mortality Review Committee (CMRC): Committee that will hold a mortality review at the deceased inmate's institution. The Committee consists of the following members: Facility Health Services Administrator, Site Medical Director, Director of Nursing, Site Behavioral Health Professional, NMDC Contract Monitor, if applicable, the institutional Warden/ or designee of the inmate's unit and other staff as appropriate.

Joint Mortality Review Committee (JMRC): Committee that will hold a mortality review in the NMCD Health Services Bureau with the following Committee members: NMCD Health Services Bureau Administrator, Medical Vendor Regional Medical Director, and other staff as needed. In a case of a suicide, the committee will include, NMCD Behavioral Health Staff Member and the Regional Psychiatrist Director of the medical vendor.

Suicide Review Committee: Committee comprised of NMCD Psychologist, Contract Facility Health Administrator, Warden or designee and other selected staff as needed.

Unexpected Death: Death in which the cause of death is not immediately known or anticipated.

POLICIES:**A. In the event of an inmate death:**

Authorities having jurisdiction are promptly notified of an inmate's death. Procedures specify and govern the actions action to be taken in the event of the death of an inmate. (4-4425)

1. A licensed physician, nurse practitioner or physician's assistant, or EMS shall be required to confirm an inmate's death prior to the initiation of any notifications.
2. The Office of the Medical Investigator (OMI) shall be immediately notified in every case of the death of an inmate, whether such death occurs in the facility, in a hospital, or in transport. [4-4425]

Mortality Review/Inmate Death: upon the death of an inmate the following procedures will be followed.

B. 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.

1. The facility Health Services Administrator (HSA) will:
 - Complete an onsite preliminary review of the circumstances of the inmate's death within

- one working day;
- Complete a mortality review case abstract; and
 - Forward a copy of the completed mortality review case abstract to the NMCDHSA and the facility medical director.
2. Forward the completed preliminary mortality review-case abstract and cover sheet form with complete medical chart, emergency medical services (EMS) notes (if utilized) and Incident Information Reports to the Health Services Bureau (HSB) HSA..
 3. Upon receipt of the autopsy and toxicology reports from the Office of the Medical Investigator (OMI), the facility HSA shall reconvene the CMRC within three business days. The CMRC will:
 - a. Review the autopsy and toxicology reports and complete a secondary review utilizing the mortality review- case abstract and cover sheet form, updating facts and conclusion as appropriated. The sites medical director will consolidate the information, as outlined in B.3 a through b.3.f of this section, and prepare a final mortality review-case abstract and cover sheet form.
 - b. Forward a copy of the reports and inmate's medical record to the regional medical director of the medical vendor for review during the JMRC. The regional medical director will forward a copy of the final mortality report to the NMDC HSB HSA.
- C. Joint Mortality Review Committee (JMRC)** -The regional medical director of the medical vendor will convene a regular JMRC meeting to review all inmate deaths that have occurred since the last JMRC meeting.
- a. Issues for review may include those outlined in B.3a through B. 3f of this section, the autopsy and toxicology reports and the mortality review-case abstract and cover sheet form.
1. The JMRC will:
 - a. Review the appropriateness of health care provided;
 - b. Make recommendations concerning staff or discipline and policy or procedures changes, if any;
 - c. Review the autopsy and toxicology report;
 - d. Publish a final JMRC report on the inmate death utilizing the mortality review committee final report form. Deaths resulting from the following events should be reviewed:

- e. Suicides;
 - f. Delayed diagnosis;
 - g. Incorrect diagnosis;
 - h. Delayed treatment causing or contributing to serious injury or death;
 - i. Avoidable deaths;
 - j. Deviations from “community standards” for health care.
2. The NMCD medical director will review the report and recommend any corrective action plans, as required/indicated. The report shall be forwarded to the NMCD deputy director of prisons through the chain of command.
 3. Suicide Review Committee (SRC) - In the case of an inmate suicide, upon collection of the above available items, the regional director of psychiatry of the medical vendor shall, in all instances, convene a SRC within 30 days.

The SRC will:

- a. Review the medical records and the mental health section of the medical record, including autopsy and toxicology reports, if available.
 - b. Review any reports, including information reports, investigation reports, and any NMCD documents relevant to the incident.
 - c. Make recommendation concerning disciplinary actions, policy and procedural changes, as necessary.
 - d. The regional director of psychiatry of the medical vendor will consolidate the above information, and provide a psychology autopsy final report within 14 days of an inmate suicide.
7. The NMCD Behavioral Health Bureau Chief will review the report with the NMCD HSBHSA and recommend any corrective actions plans, as required. The report will be forwarded to the NMCD deputy director through the chain of command.

D. Next of Kin Notification

1. Whenever possible, NMCD shall immediately notify the next of kin or other person regarding the serious illness, injury or death of an inmate. In notifying these person(s), the warden/designee is responsible for informing the relative in a manner that is respectful, courteous, compassionate and objective. When applicable, staff providing notification of an inmate's death will first consult with appropriate medical staff at the facility where the inmate died before disclosing the cause of

death, if known. If the cause of death is not known and it becomes necessary to inform the designated person(s) or relatives, then the notifying staff person will limit the notification to a statement that the inmate has died and that funeral arrangements will be made in addition to making a determination as to the cause of death and also for funeral arrangements. In either event, or emergency contact the staff person notifying the designated person(s) of the inmate's death shall extend condolences.

[2-CO-3B-02] [2-CO-4E-01]


- 2. Next of kin or other individual(s) identified by an inmate to be notified in case of emergencies should be included in a facility admission form. Permission for notification in case of serious illness or injury shall be obtained from the inmate prior to need whenever possible. [4-4395]
- 3. If an inmate sustains a serious injury that places him or her in critical condition in a hospital, or if an inmate suffers an acute and serious illness requiring hospitalization, or if an inmate, known to be ill with a life-threatening condition, deteriorates to the point that they are in possible danger of death, the NMCD HSA shall be notified as soon as possible, but no later than 8:00 am the following morning, as circumstances permit.
- 4. It is mandatory that the medical director of the facility recently housing the injured or sick inmate, is housed, or the contracted medical vendor's medical director, is to be made aware of the inmate's condition and to provide all necessary medical information and documentation regarding the inmate's current status and prognosis.
- 5. NMCD wardens and their superiors may inquire and be provided with any and all medical information, pursuant to their understanding of a legitimate departmental need.



David Jablonksi, Secretary of Corrections
New Mexico Corrections Department

10/24/18

Date

 <p>CD-172101</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 07/05/05</p>	<p>REVIEWED: 10/24/18</p>
	<p>EFFECTIVE DATE: 07/05/05</p>	<p>REVISED: 10/24/18</p>
<p>TITLE: Procedure in the Event of an Inmate Death</p>		

AUTHORITY:

Policy *CD-172100*

PROCEDURE: [2-CO-3B-02] [2-CO-4E-01]

- A. Health care staff will notify the appropriate authority, facility medical director, the regional medical director of the medical vendor, the NMCD medical director and the facility administration immediately upon the death of an inmate. State and local authorities having jurisdiction are promptly notified of an inmate’s death. **[4-4395] [4-4425]**
- B. As required by New Mexico law, the Office of Medical Investigator OMI will be notified and a post-mortem examination will be requested. **[4-4425]**
- C. The appropriate nursing and/or physician entries will be made in the health record.
- D. If the death was (or was suspected to be) a suicide, a post-mortem psychological profile will be completed. The report will include, at a minimum, relevant social history data, a chronological review of the inmate’s involvement in mental health treatment (if any), and a post-mortem psychological evaluation.
- E. The results of the mortality review will be documented and communicated with the treating staff.



David Jablonksi, Secretary of Corrections
New Mexico Corrections Department

10/24/18
Date

NEW MEXICO CORRECTIONS DEPARTMENT
Next of Kin Notification

Inmate's Name: _____ NMCD #: _____

Facility: _____ Date of Contact: _____ Time of Initial Contact: _____

Person Contacted: _____ Telephone Number on File: _____

Reason for Contact: Serious Illness

Serious Injury

Death

Other: _____

Note: If possible, permission for notification is obtained from the offender.

Comments:

Employee's Signature

New Mexico Correction Department Preliminary Death Notification

Date of Report:

Name of Decedent: _____ NMCD#: _____

Date of Birth: ____/____/____ Age: ____ Gender: _____

Facility:

Date/Time of Death:

Death Expected: Yes No

Last Health Care provider visit date/provider:

Last Psych Visit date/provider:

List of Diagnosis:

List of Medications:

Brief History of Events Related to Death:

(Include pertinent information including diagnosis, labs, hospitalization, location at time of death, etc.)

Notifications:

HSA to Warden or designee: _____

Date Time: _____

Report Prepared by:

Name (printed): _____ Signature: _____

Site Medical Director:

Name (printed): _____ Signature: _____