



STATE OF WASHINGTON  
**DEPARTMENT OF CORRECTIONS**  
P.O. Box 41100 • Olympia, Washington 98504-1110

June 16, 2020

Joanna Carns  
Office of Corrections Ombuds  
2700 Evergreen Parkway NW  
Olympia, WA 98505

Dear Ms. Carns:

The Washington Department of Corrections appreciates the opportunity to respond to the OCO Report on the 'the OCO investigation into the death of an incarcerated individual' completed by the Office of Corrections Ombuds.

<b>Recommendation</b>	<b>Response</b>
DOC should ensure an expedited process is in place so that a team of DOC staff representing the medical, custody, and classification departments meet with incarcerated individuals who have been diagnosed with cancer and that all departments are working collaboratively to ensure that the patients are transferred to whichever facility is best situated to provide care.	By the end of calendar year 2020, the department's Chief Medical Officer will create a workgroup in coordination with the Health Services, Reentry, and the Prisons Divisions to create a new diagnosis protocol that will be incorporated in the offender health care plan.
Related, a care plan summary including current diagnosis, treatment plan, and any recommended institutional transfer should be provided to any individual diagnosed with a life threatening illness, with an updated copy provided when the plan is changed.	By the end of calendar year 2020, the department's Chief Medical Officer will create a workgroup in coordination with the Health Services, Reentry, and the Prisons Divisions to create a new diagnosis protocol that will be incorporated in the offender health care plan. The referenced protocol will encompass a care plan summary process.
DOC should create a policy, procedure, and oversight process to ensure all medical transfers requiring life-saving treatments are expedited. Until transfers are expedited, appropriate care should be provided.	By the end of calendar year 2020, the department's Chief Medical Officer will create a workgroup in coordination with the Health Services, Reentry, and the Prisons Divisions to create a new diagnosis protocol that will be incorporated in the offender health care plan. The referenced protocol will encompass a process for ensuring medial transfers requiring life-saving treatments are expedited.
Conduct a review and revision of clinical case management practices to include an internal	The health services division has revised the Continuous Quality Improvement Process



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<p>quality assurance component</p>	<p>(CQIP) in place at both the local and headquarters level. Health services leadership conducted a thorough analysis of the utilized process and identified opportunities to enhance process, oversight and responsiveness.</p> <p>The outcome of this thorough review was the creation of a chief quality officer, expanded statewide CQIP, and addition of a patient safety committee both at the local level and the headquarters level. A system wide phased implementation of the patient safety committee began in fall of 2019. As CQIP is a monthly review of process (non-clinical) and clinical performance, the addition of a patient safety committee provided a weekly rapid response group, made up of both clinical and administrative leadership who could respond to patient safety concerns in real time, while forwarding systemic issues to the CQIP for analysis for systemic and or statewide implications. The approach allows immediate identification and intervention on behalf of the patient while also allowing for deeper analysis for potential larger policy, protocol or training adjustments.</p>
<p>DOC should implement a chronic care management program with a clinical case management component and oversight.</p>	<p>As part of the Health Services 2020 project, a multi-disciplinary group developed the structure, process, and resources needed to deploy the previously created tool for management of chronic care cases. Additionally, the clinical leadership approved a tracking tool with identified core chronic conditions that will be tracked at a headquarters level.</p> <p>Health Services data staff, working in collaboration with the project group, have developed the first stages of a self-service report and have produced a proof of concept to leadership. The report will provide real time information on the following clinical data points to include:</p>



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	<ul style="list-style-type: none"> <li>•Follow up date of pending consults</li> <li>•Date of next onsite appointment</li> <li>•Date of next offsite appointment</li> <li>•Date of last medical encounter (provider)</li> <li>•Date of last nursing encounter</li> <li>•Date of most recent general consult</li> <li>•Date of most recent ER consult (if sent out)</li> <li>•Date of last lab</li> <li>•List of all chronic conditions</li> <li>•Next CC visit due date (based on frequency standards).</li> </ul> <p>The project is currently pending final clinical leadership review, development of final self-service report and deployment of additional resources required to deploy and maintain the program. Due to the COVID-19 pandemic response, health services staff are fully engaged in the COVID-19 effort, and the deployment of this project is on hold.</p>
<p>DOC should develop a chronic disease registry – particularly for cancer care – followed by a health care professional’s review. Headquarters staff should have access and oversight responsibility, with accompanying accountability.</p>	<p>As part of the Health Services 2020 project, a multi-disciplinary group developed the structure, process, and resources needed to deploy the created tool for management of chronic care cases. Additionally, the clinical leadership approved a tracking tool with identified core chronic conditions that will be tracked at a headquarters level.</p> <p>Health Services data staff, working in collaboration with the project group, have developed the first stages of a self-service report and have produced a proof of concept to leadership. The report will provide real time information on the following clinical data points to include:</p> <ul style="list-style-type: none"> <li>•Follow up date of pending consults</li> <li>•Date of next onsite appointment</li> <li>•Date of next offsite appointment</li> <li>•Date of last medical encounter (provider)</li> <li>•Date of last nursing encounter</li> </ul>



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	<ul style="list-style-type: none"> <li>•Date of most recent general consult</li> <li>•Date of most recent ER consult (if sent out)</li> <li>•Date of last lab</li> <li>•List of all chronic conditions</li> <li>•Next CC visit due date (based on frequency standards).</li> </ul> <p>The project is currently pending final clinical leadership review, development of final self-service report and deployment of additional resources required to deploy and maintain the program. Due to the COVID-19 pandemic response, health services staff are fully engaged in the COVID-19 effort, and the deployment of this project is on hold.</p>
<p>DOC should document outside specialist treatment recommendations timely in the patient’s medical records and require the DOC medical provider to make a reasonably immediate medical decision for referral or treatment.</p>	<p>The Department of Corrections chief medical officer revised the Offender Health Plan during calendar year 2019, under the Levels of Care Directory, to include specific time frames for providing diagnostic study reports to the ordering practitioner or designee and addressing for follow up on diagnosis and specialists recommendations.</p> <p>Please see the <a href="#">Offender Health Plan</a></p>
<p>DOC medical staff should follow all medical recommendations made by any external oncology specialist, or document a reason not to based on their review and in conjunction with review by the Facility Medical Director and the DOC Chief Medical Officer.</p>	<p>The Department of Corrections chief medical officer revised the Offender Health Plan during calendar year 2019, under the Levels of Care Directory, to include specific time frames for providing diagnostic study reports to the ordering practitioner or designee and addressing for follow up on diagnosis and specialists recommendations.</p> <p>Please see the <a href="#">Offender Health Plan</a></p>
<p>Conduct a review and revision of the medical kite and medical grievance process to ensure timely response and appropriate review by necessary medical personnel, particularly in cases involving serious, life threatening illness.</p>	<p>Health services has fully implemented a new medical kite tracking protocol at all major facilities. This phased implementation began in June of 2018 and became the mandated protocol in January of 2020. The process update includes a detailed tracking tool, daily retrieval, daily clinical triage and daily follow up. All triaged emergent or urgent kites are</p>



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	<p>immediately addressed by health services staff for follow up with the reporting patients. All routine requests are forwarded to the appropriate discipline for response and action.</p> <p>The agency expectation is that all routine kites will be responded to within five business days. Each facility specific leadership is tasked to conduct periodic audits to ensure time lines are met, clinical triage is appropriate, and quality of responses, and to ensure staff are attempting to remedy at the lowest level as appropriate. The goal is to provide a rapid response and remediation of issues to avoid delays where possible and avoid a protracted grievance process. This allows critical staff to spend more time on patient care and support and lessens excessive administrative activities.</p> <p>The agency grievance process has undergone a significant overall modernization based on the recommendations of a multi-disciplinary work group to include the Office of Corrections Ombuds. The change most impactful for health services is the immediate inclusion at level 0 to allow rapid response to health care needs. Additionally, all level 2 grievance responses are now signed at the health service administrative level to allow appropriate discipline review and operational adjustments as needed. The emergency grievance process is still in place that requires immediate response and assessment by clinical staff to determine if intervention is needed with a follow up.</p>
<p>DOC should create an internal quality assurance process, such as through the patient safety review process, to ensure that any non-medical department actions that impacted patient care are reviewed by all departments necessary to implement change and that process improvements are developed and implemented.</p>	<p>The health services division has revised the Continuous Quality Improvement Process (CQIP) in place at both the local and headquarters level. Health services leadership conducted a thorough analysis of the utilized process and identified opportunities to enhance process, oversight and responsiveness.</p>



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	<p>The outcome of this thorough review was the creation of a chief quality officer, expanded statewide CQIP, and addition of a patient safety committee both at the local level and the headquarters level. A system wide phased implementation of the patient safety committee began in fall of 2019. As CQIP is a monthly review of process (non-clinical) and clinical performance, the addition of a patient safety committee provided a weekly rapid response group, made up of both clinical and administrative leadership who could respond to patient safety concerns in real time, while forwarding systemic issues to the CQIP for analysis for systemic and or statewide implications. The approach allows immediate identification and intervention on behalf of the patient and the ability to include all divisions required in resolving the issue, while also allowing for deeper analysis for potential larger policy, protocol or training adjustments.</p>
<p>DOC should ensure that the internal clinical review “patient safety” reviews are rigorous and that it involves external participation to ensure that any and all lapses are discovered, examined, and necessary improvements are implemented.</p>	<p>The Department of Corrections Health Services Division has recently hired a Medical Director for Quality Care Management who will review the Patient Safety Review (PSR) and Mortality Review Committee (MRC) processes and provide recommendations for updating and efficiency. Once the agency has received these recommendations, appropriate staff will work to implement new procedures to create rigorous responses. Additionally, the chief medical officer will follow up with the external doctor involved in the MRC for being included in the PSR process.</p>

The information provided by the OCO was useful to ensure the Department of Corrections is doing everything it can to ensure an incarcerated person’s time in the agency’s facilities is a fair and safe space for all incarcerated individuals.

We also appreciate your team’s understanding of the unique processes across facilities and the addition of policies and procedures being put in place to address them. We are working towards proactivity and improving quality assurance processes throughout the department. Moving forward,

***“Working Together for SAFER Communities”***



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Washington Department of Corrections will continue to collaborate with the Office of the Corrections Ombuds to implement additional policies, procedures, and security measures to continue to improve the facility operations.

Sincerely,

Steve Sinclair, Secretary  
Washington Department of Corrections