



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

December 13, 2019

Joanna Carns
Office of Corrections Ombuds
PO Box 43113
Olympia, WA 98504

Dear Ms. Carns:

The Washington Department of Corrections appreciates the opportunity to respond to the investigation into the 'death of an individual incarcerated at the Monroe Correctional Complex' completed by the Office of Corrections Ombuds on November 15, 2019.

Recommendations	Response
DOC should implement a clear policy and procedure regarding how staff are to follow-up with a patient when a suspicious lump or lesion is discovered or otherwise brought to their attention.	<p>The Department of Corrections (DOC) Health Services Division has conducted training for nursing staff to ensure patient(s) with a suspicious lump or lesion (or other concerning condition) are referred to the patient's assigned practitioner by completing an electronic patient encounter (OMNI-HS) with an urgent internal referral as part of their nursing assessment documentation. This expectation was reinforced on 9/18/19 at the statewide Nursing meeting.</p> <p>The DOC Chief Nursing Officer has been assigned the task to reinforce this 'internal referral' expectation through nursing educator training and facility site visits by 2/1/20. DOC HS is developing an ongoing "checks and balances" system whereby the scheduler, clinic manager and clinical leadership review all urgent referrals to ensure timely appointments.</p> <p>In support of practitioners, the HS Division maintains a contract with UpToDate, an electronic clinical resource tool for physicians and clinical staff, and has recently expanded that subscription to include UpToDate <i>Advanced</i>. This expanded access provides an interactive clinical decision making resource,</p>



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	including an extensive library of evidence based clinical pathways for treating health conditions, including suspicious masses or lesions.
DOC should implement a clear policy and procedure that addresses specifically how and in what timeframe urgent and emergency requests are to be addressed and acted upon.	DOC is revising policy 610.650 Outpatient Services to include definitions to the words emergent, urgent and routine to include time frames modeled after NCCHC best practices. A memo from the Health Services Assistant Secretary detailing these procedural and policy changes has been distributed to staff on December 13, 2019.
DOC should establish a practice and policy on notifying patients about diagnostic and test results in a timely manner.	<p>DOC is revising policy 610.650 Outpatient Services to reflect time lines and reporting requirements for diagnostic testing results. A PER note is required for actions taken and initialed or signed by the practitioner to be included in the patient's medical record.</p> <p>The Offender Health Plan (OHP) has also been revised to require diagnostic and test results be addressed in a specified time frame and notification to the patient about diagnostic test results in-person and in a timely manner. Once these revisions have been adopted the OHP will be distributed by the Health Services Assistant Secretary and training implemented during the DOC Health Services spring 2020 conference.</p> <p>A memo from the Health Services Assistant Secretary detailing the policy changes has been distributed to all health services staff on December 13, 2019.</p>
DOC should re-examine their policies as they pertain to acting upon external providers and specialists recommendations for care. If recommendations for care are going to be ignored or altered, an explanation of why the recommendations are not being acted upon should be put into the patient's chart.	DOC has revised the Offender Health Plan (OHP) to reflect the requirement of documentation when a medical practitioner reviews documents related to the care of an incarcerated individual. If the practitioner decides to pursue a specific treatment plan over another, the OHP has been revised to include the expectation that the provider will explain the reasoning in person to the incarcerated individual and document the



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	rationale and the patient encounter in the patient's medical record. A memo from the Health Services Assistant Secretary detailing these procedural and policy changes and the OHP revisions has been distributed to all health services staff on December 13, 2019.
DOC should clearly define and document what issues medical assistants are allowed to review in kites, under what circumstances a medical assistant must confer with a more qualified provider, and a system by which it is clearly documented that a medical assistant has consulted with a provider before responding.	DOC is revising policy 610.650 Outpatient Services to reflect verbiage that medical kites are sent to "appropriate Health Services Staff for review and response". A memo from the Health Services Assistant Secretary detailing these procedural and policy changes has been distributed to all health services staff on December 13, 2019.
DOC should immediately begin a re-training program for medical staff to refresh them on the policies and procedures that govern their work. Specifically, how on-call providers are to be notified when needed, how follow-up appointments are made and who is responsible for making them, and what their responsibilities are regarding addressing suspicious lumps and lesions.	The Chief Medical Officer (CMO) is providing training to all medical practitioners on the Offender Health Plan and all policy updates at their scheduled training in March 2020.
DOC should implement a policy whereby every interaction with a patient is noted in the patient chart with a narrative, every outside consultation and/or recommendation for treatment is noted in the patient chart with a narrative, and every action or inaction on external recommendations is noted in the patient chart with a narrative.	DOC Clinical Providers shall follow policy 640.020 Section II., A. and C. which identifies patient-specific clinical information required, including provider orders, following any patient interaction. The CMO has forwarded a reminder to the facility medical directors to reinforce this policy requirement on December 13, 2019.
DOC should provide ultrasounds on site at their facilities as they do x-rays, to expedite the evaluation of soft tissue.	As an agency our practice is to send emergent and urgent ultrasound needs immediately out for ultrasound services at a hospital facility in the surrounding area. For needs that are not emergent or urgent, we have contracted with a statewide ultrasound vendor service who are available to come into the facility to perform routine ultrasound services. Notification to all health services staff informing them of this onsite service was issued via email on 11/20/19.
DOC should reevaluate whether any staff involved in the chain of care for the	The Facility Medical Director has enhanced clinical oversight of all advanced care



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<p>complainant should be investigated for failure to provide care or appropriately respond in a timely manner.</p>	<p>practitioners at MCC and has formulated corrective action plans for those involved in this case. Also, the Mortality Review identified significant process failures that are under immediate address with the HS team at MCC under the direction of the new Health Services Administrator over MCC. The primary provider for this patient has resigned from state employment.</p> <p>Health Services administrative staff are engaged in Patient Safety Review Committees, both at Headquarters and at the facility level. The Mortality Review Committee (MRC) also will engage the Headquarter Administrator regarding the concerned facility. Administrators will determine if extreme departure of care warrants an investigation into DOC Staff.</p>
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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 safe and supports the health and wellbeing 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, 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,

A handwritten signature in blue ink, appearing to read "Steve Sinclair".

Steve Sinclair, Secretary
Washington Department of Corrections

From: Ray-Anderson, Cynthia A. (DOC)

Sent: Wednesday, November 20, 2019 11:06 AM

To: DOC DL HS HSMs <DOCDLHSHSMs@DOC1.WA.GOV>; DOC DL HS HQ LEADERSHIP <DOCDLHSHQLEADERSHIP@DOC1.WA.GOV>

Cc: Lindenman, Beth A. (DOC) <balindenman@DOC1.WA.GOV>; DOC HQ Medical Pay <DOCHQMEDICALPAY@DOC1.WA.GOV>

Subject: New Contract for Mobile Ultrasound Services

Hello All,

I am elated to finally let you know that we have a new contractor for mobile ultrasound services. The contractor is A+ Mobile Ultrasound and the owner/sonographer is Joseph Augustyn. He can be reached at 206 799-3301. We have made him aware that DOC facilities have been without onsite ultrasound for quite some time now and he is willing to jump in and start providing services, but please work with him on scheduling because it is only him and possibly one other sonographer. Also, he lives on the west side, so Eastern WA facilities will need to coordinate with each other so that he can see as many patients as possible in one trip.

I will send the fully executed contract as soon as I receive it from the Contracts department.

Cynthia Ray-Anderson

Health Services Contracts Manager

WA State Department of Corrections

Tumwater, WA

(360)725-8721

(360)586-1320 (fax)



STATE OF WASHINGTON
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FAX (360) 586-9060

December 13, 2019

TO: All Health Services Staff

FROM: Mary Jo Currey, Assistant Secretary
Health Services

Sara Kariko, Chief Medical Officer
Health Services

RE: MEMORANDUM UPDATES TO THE WASHINGTON DOC HEALTH PLAN
(FORMERLY OFFENDER HEALTH PLAN)

Over the past several months, the Health Services Leadership Team at Headquarters has been considering patient-centered revisions to the Washington DOC Health Plan (DOC-HP). While a fluid document, open to review and revisions, it has been some time since the DOC-HP was reviewed in its entirety; therefore, it is essential that all DOC Health Services staff familiarize themselves with this important document and note the changes made to ensure safe, timely, and quality care for our patients. Health Services operations are governed primarily through agency policy, but the responsibility of care and the delivery of services to our patients is thoughtfully contained in the DOC-HP. Please know that your input is valued and appreciated to help amend the plan to drive process improvements that benefit the patient.

Dr. Kariko, CMO, Dr. Longano, DCMO, and Dr. David, CQO and I have openly discussed many of these edits with facility clinicians – so some changes to the DOC-HP will not be a surprise – and we trust will actually prove advantageous to patient and providers alike. As changes to policies and protocols continue – we seek your ideas, clinical expertise and patient-centeredness to raise our patient care practices to the next level.

Washington DOC Health Plan Revisions are as follows:

XIII. Special Circumstances or Exceptions

C. Role of Consultants and their Recommendations

During the course of health care, patients are sometimes referred to consultants including specialists, ER, and hospital providers. Such referrals often generate

recommendations including instructions and orders. These treatment recommendations from community consultants and/or providers will be taken into consideration under the guidelines of the Washington DOC Health Plan, evidence-based standards of care, and the medical condition of the patient on a case by case basis. The patient's primary care practitioner will document in an encounter note all recommendations made by an external consultant.

It is the responsibility of the patient's primary care practitioner to evaluate the appropriateness and necessity of the recommendations in light of the patient's overall health care while considering the Washington Health Plan, DOC policy, and any other pertinent factor. When primary care practitioners do not execute consultant recommendations, they will explain their reasons to the patient in a face-to-face encounter and document them in the health record.

Interventions that are recommended by a DOC-employed consultant may be authorized by the Facility Medical Director at her/his discretion without requiring CRC approval.

XVI. Levels of Care Directory

A. Level 1: Medically Necessary Care

Cancer: Urgent examination and diagnostic studies are required and authorized to rule in or rule out suspicious masses. The referring practitioner will review diagnostic reports and specialists' recommendations the next business day after reports are received. Biopsy, excision, further imaging or specialist referral are included EXCEPT interventions for masses or conditions which have a low likelihood of malignancy based on epidemiology, history, presentation and other data. Such conditions require CRC approval.

Thank you for your active participation and attention to the changes in the DOC-HP. Your partnership in focusing on quality patient care is appreciated.

MJ:jl

cc: Steven Sinclair, Secretary
Office of Corrections Ombuds



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December 13, 2019

TO: All Health Services Staff

FROM: Mary Jo Currey, Assistant Secretary, Health Services
Dr. Sara Kariko, Chief Medical Officer, Health Services

RE: Memorandum Policy Revision 610.650 Outpatient Services

The following revisions have been made to Policy 610.650 Outpatient Services. This memorandum will usurp the current Outpatient Services policy until the revisions are made to the policy through the Policy Office. These changes are effective immediately.

SECTION I GENERAL RESPONSIBILITIES

- B. Facilities will ensure that requests for health care services are collected and triaged on a daily basis, including requests from individuals in restrictive housing.
 - 1. Requests to be seen at sick call or for scheduled appointments will be triaged by qualified health care providers.
 - a. Appointments will be prioritized and scheduled according to patient need
 - 1) emergent (now)
 - 2) urgent (within 1-2 days); or
 - 3) routine (within 1-2 weeks, or at provider's clinical discretion)
 - b. Non-emergent outpatient services will be provided during regularly scheduled business hours

SECTION II GENERAL REQUIREMENTS

- E. All outpatient health care services will be consistent with the **Washington DOC Health Plan** and will follow chronic care management, infection prevention, and other statewide and health services health care protocols, including:
 - 7. Lab services ordered by authorized providers
 - a. Facilities will establish procedures for processing lab tests conducted at an off-site lab, to include logging specimens
 - b. The requesting health care provider reviews, initials, and dates lab results within 24 hours of receiving the report. If lab values indicate concern, the provider will request a follow-up appointment with the patient before results are filed in the patient's health record.

SECTION IV. ACCESS TO NON-EMERGENCY HEALTH CARE SERVICES

Patients may request non-emergency health care services by:

1. Signing up to be seen at the next sick call, or
2. Submitting [DOC 13-423](#) Heath Services Kite or an electronic kite through the kiosk, if available;
 - a. Kites will be stamped with the date and time received.
 - b. Facilities will develop a process for clinical employees/contract staff to triage kites to ensure triage is completed in a timely manner.
 1. Urgent issues will be given priority
 - c. Responses to kites will be completed within 15 days by **appropriate health services staff** and will be:
 1. Consistent with clinical care standards and timeframes,
 2. Handled in a manner that meets confidentiality requirements for protected health information, and
 3. Professional in tone and provide enough information that the individual's question or concern is addressed.
 - d. Except for kites requesting an appointment, **be scheduled**, multiple kites with the same subject may receive a single response or refer to the response previously sent when the answer is the same.

A copy of this memo will be posted/maintained with the policy 610.650 (e.g., IDOC, facility manuals) and with any associated operational memorandums, if applicable.

MJ:jl

cc: Steven Sinclair, Secretary
Office of Corrections Ombuds

From: "Kariko, Sara S. (DOC)" <sskariko@DOC1.WA.GOV>

Date: December 13, 2019 at 12:57:38 PM PST

To: "DOC DL HS Facility Medical Directors"

<DOCDLHSFACILITYMedicalDirectors@DOC1.WA.GOV>

Cc: "Currey, Mary J. (DOC)" <mjcurrey@DOC1.WA.GOV>

Subject: **Please Review Section II Documentation Requirements 640.020 Health Records Management**

In an effort to promote ongoing quality improvement and completeness of documentation please review **Section II Documentation Requirements** of [DOC Policy 640.020 Health Records Management](#).

Specifically, note requirements for documentation of relevant clinical information including practitioner orders after all face-to-face patient interactions:

DOC POLICY 640.020 HEALTH RECORDS MANAGEMENT

Section II Documentation Requirements

The health record will include:

1. Healthcare history (e.g., family/social history, allergies, surgeries, illness)
 2. History of current illness and related physical examination(s)
 3. Screening and assessments
 4. Healthcare needs/plan and clinical priorities
 5. Explanation of treatment risks and benefits, including any education provided (e.g., brochures)
- C. Documentation should be completed as soon as possible but no later than 2 business days after an encounter, and will:
1. Include the name, DOC number, and date of birth on each page. Embossing cards and pre-printed labels are allowed.
 2. Include the date and time.
 3. Be typed or legibly written in black/blue ink that does not erase/smudge.
 4. Use standard language and minimize abbreviations.
 5. Be entered consecutively with no blank spaces between entries.
 6. Be limited to comments/notations specific to the document. Additional notes should be documented separately.
 7. Include any discipline-specific directives.
 8. Have all the required fields completed.
 9. Be self-authenticated with name and professional title. Personalized stamps may only be used with handwritten totals and/or signatures.
- a. For multiple-page documents, self-authentication and the word "continued" will be written on the bottom of each page.

Please share this reminder of the above policy requirements and criteria for complete clinical documentation with your facility's medical practitioners.

Thank you for your support of DOC Health Services' quality improvement efforts.

Dr. Sara Kariko
DEPARTMENT OF CORRECTIONS
CHIEF MEDICAL OFFICER

