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Title
<b>CLINICAL CRITICAL INCIDENT REVIEWS (CCI)</b>

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5 IC 34-4-12.6	01-02-101 02-03-114	National Correctional Healthcare Standards

I. PURPOSE:

The purpose of this Health Care Services Directive (HCSD) is to ensure all mortalities , sentinel events, and serious suicide attempts are reviewed to determine the appropriateness of clinical care, to ascertain whether change to policies, procedures, or practices are warranted and to identify processes which may need improvement.

II. DEFINITIONS:

- A. **ADMINISTRATIVE REVIEW:** An assessment of correctional and emergency response actions surrounding a patient's CCI. The purpose is to identify areas where facility operations, policies, and procedures can be improved.
- B. **CLINICAL CRITICAL INCIDENT REVIEW (CCI Review):** An assessment of the clinical care provided and the circumstances leading up to the mortality, sentinel event or serious suicide attempt. The purpose is to identify areas of patient care or system policies and procedures that can be improved.
- C. **MORTALITY REVIEW:** An assessment of the clinical care provided the circumstances leading up to the death. The purpose is to identify areas of patient care or system policies and procedures that can be improved.
- D. **PSYCHOLOGICAL AUTOPSY:** A formal systematic review, conducted after a death presumed to be from a suicide, to examine the mental and emotional state of the patient. Prior to the suicide, as well as a review of the other factors or circumstances including staff training, adherence to procedures, access to care, etc., to determine why the patient ended their life. To be conducted by a psychologist or other qualified mental health professional.
- E. **SENTINEL EVENT (SE):** Any unanticipated event in a healthcare setting resulting in death serious physical or psychological injury to an IDP that is not related to the natural course of the IDP's illness.

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- F. SERIOUS SUICIDE ATTEMPT (SSA): Any self-injurious action that would have been lethal without rapid and effective emergency treatment or with evidence to show intent to die.

### III. GUIDELINES:

#### A. General Information

All CCI reviews shall be conducted for every patient mortality, SE, or SSA to determine the appropriateness of the clinical care provided and the effectiveness of the facility's response at the time of death.

Every patient CCI must be reviewed by facility operations, facility Health Services staff, Contracted Regional Medical Staff, and Health Services Division staff. A CCI review consists of:

1. An administrative review;
2. A clinical review to include a comprehensive narrative by the Health Services vendor;
3. A psychological autopsy if the death is by suicide;

When a CCI need has been identified, both appropriate facility Health Services and Administrative staff shall review the circumstances and quality of care within 96 hours and forward to the Health Services vendor's regional office. Reviews shall include at least one physician not involved in the care of the patient. Health Services vendor's regional office staff shall have a secondary review completed including any corrective action plans identified no later than 14 days from date of the event in order to:

1. Assess performance and outcomes;
2. Identify strengths and weaknesses; and,
3. Improve services.

Once this review is completed it shall be forwarded to the appropriate Executive Director or designee for final review and assignment of category. This shall be completed within 30 days of the event. If the Executive Director assigns a category 3 or 4, a formal collaborative review process shall be scheduled.

#### B. Contents of the Review

When Health Services staff review a CCI the following items shall be used to facilitate the review:

1. Health Record;
2. Incident reports and associated staff and patient statements;
3. Pertinent ambulance "run sheets;"
4. Pertinent hospital records;
5. Autopsy report (preliminary, if only that is available); and,

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6. Pertinent laboratory results including those ordered by pathologist/medical examiner, if available.

During the CCI review, the following shall be determined and summarized in a comprehensive narrative:

1. Identifying information;
2. Date of event
3. Date of report;
4. Name and DOC number of the patient;
5. Names, credentials, and positions of the person(s) completing the State Form 46896 "Report of Clinical Critical Incident";
6. Current/Final diagnosis;
7. Manner of death if applicable (e.g., natural)
7. Cause of death if applicable;
8. Pre-existing medical conditions;
9. Past history, heredity, risk factors;
10. Comments regarding labs, x-rays, and other tests;
11. Prognosis, if indicated;
12. Determination whether appropriate care was provided
13. Description of the incident at the time of event
14. Description of interventions provided at, or about, the time of event;
15. Clinical judgment regarding any interventions necessary to improve future outcomes or reduce risk(s).

Treating staff shall be informed of the CCI review and administrative findings.

Each CCI shall be assigned to one of the following classes:

1. Exemplary Care (Care above expectations);
2. Appropriate Care;
3. Errors of omission/commission which may have contributed to the adverse outcome; and,
4. Errors of omission/commission that likely contributed to an adverse outcome.

A working document with CCI information including assigned class shall be maintained and be available on a shared drive to appropriate Quality Assurance Managers, Executive Director's and the CMO. These metrics shall be available for review at Continuous Quality Improvement (CQI) meetings.

Corrective actions identified through the CCI review process are implemented and monitored through the facility's Quality Assurance Committee. All corrective action plans shall be forwarded to the appropriate QAM for review. These plans will be available at CQI meetings.

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The object of the review process is to promote improvements in quality of care. While assignment of blame is not a direct part of the process, on occasion, an individual's performance may be identified as having been substandard. In such cases, the CCI review cannot be used to initiate either discipline or performance improvement. The review may be used to initiate another review of the case, outside this review process. This outside review may be used to initiate personnel interventions as necessary without compromising the confidentiality of the review process itself.

C. Confidentiality

Investigations, reviews, and other documents developed as part of a medical quality assurance activity shall be considered confidential and are exempt from disclosure, even in legal discovery processes, in accordance with all appropriate statutes, such as Indiana Codes 11-8-5-2 and 34-4-12.6.

Copies of CCI reviews shall not be filed in the patient's health record. Copies of CCI reviews shall be maintained on file only by the facility and contractor quality assurance staff.

IV. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to incarcerated adults.

signature on file

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Kristen Dauss, MD  
Chief Medical Officer

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Date