MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS A-9.0	Subject: **PROCEDURES IN THE EVENT OF INMATE DEATH**
Reference: NCCHC Standard P-A-9, 2018; 46-4-122 MCA, 50-22-101 MCA, DOC 4.5.34 Offender Death	Page 1 of 3 plus 3 attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D. / Medical Director	

I. PURPOSE

To establish procedures to thoroughly review all deaths in custody in an effort to improve care and prevent future death. Notification of appropriate administrators, next of kin, and local authorities in the event of the death of an inmate.

II. DEFINITIONS

Death – When an individual has sustained either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brainstem. A determination of death must be made by a physician or coroner.

Investigations Bureau – The office that oversees investigations for the Department of Corrections.

Clinical mortality review – An assessment of the clinical care provided and the circumstances leading up to a death in order to identify areas of patient care or system policies and procedures that can be improved.

Psychological autopsy – A written reconstruction of an individual's life with an emphasis on factors that led up to and may have contributed to the individual's death. This is typically conducted by a psychologist or other qualified mental health professional.

III. PROCEDURE

A. Notifications

1. In the event of inmate death, the nurse or staff in charge must, as soon as possible, but no more than eight hours later, notify the Clinical Services Manager, the appropriate physician, and the facility administrator or designee.

2. In the event of inmate death, the Clinical Services Manager, or designee, must notify the Department medical director and the Medical Bureau Chief.

3. The Medical Bureau Chief, or designee, will consult with the medical director and decide whether to request a postmortem examination. Unattended deaths and suicides require a postmortem examination.

4. The Medical Bureau Chief, or designee, will immediately notify the Department Director by phone of any inmate death.

B. Progress Notes and Incident Reports

1. Medical Staff-will complete progress notes as soon as possible, but no later than the end of the shift, citing witnessed facts concerning:
   a. time of expiration;
   b. nature of death;
   c. circumstances surrounding nature of death at that time;
   d. treatment rendered (if any);
   e. persons notified of death; and
   f. whether an autopsy was requested.

2. All staff who witnessed the death will complete incident reports as soon as possible, but no later than the end of the shift.

B. Release of Information

1. Employees must not release information concerning inmate death to outside media, e.g., newspapers, reporters, etc. Employees must refer all such questions to the Warden or MSP Public Information Officer.

C. Report of Inmate Death and Health Record

1. Within 24 hours or the next business day, the Clinical Services Manager, or designee, will complete and forward the report of inmate death and a copy of the inmate's health record to the Department Clinical Services Division Administrator, and the Department Investigations Bureau Chief.

2. The MSP Clinical Services Manager or designee, will ensure that all health record entries are complete, all pages numbered, and that the original inmate health record is kept in a locked cabinet on-site.

D. Mortality Review

1. The Department Medical Director and/or the Medical Bureau Chief or designee will:
   a. coordinate a multi-disciplinary mortality review that includes a clinical mortality review, and a psychological autopsy review (if the death was by suicide). within 30 working days of an inmate's death (*see attachment*);
   b. notify all the necessary disciplines involved, i.e., legal, medical, mental health, and custody staff, that the review will be conducted to:
      1) determine if there was a pattern of symptoms that may have precipitated an earlier diagnosis and intervention; and
      2) determine whether the events immediately surrounding the death show the appropriate interventions occurred.
   c. When the medical autopsy is completed after the clinical mortality review has occurred, the review is appended with information from the autopsy report;
   d. for expected deaths, a modified death review process, which focuses on the relevant clinical aspects of the death and preceding treatment, may be followed; and
   e. once completed, the clinical mortality review and administrative review results are communicated to the unit health staff involved through the monthly Medical Review Panel.

2. Corrective action identified through the mortality review process is monitored and reviewed as needed through the facility CQI process. (see HS-A-06.0)

3. The medical examiner or coroner will review all inmate deaths and subsequent reports.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS

CSD New Mortality Review Form page 1.docx attachment A
MSP Report of Inmate Death form
CSD New Mortality Review Form page 3.docx

MSP MORTALITY/MORBIDITY REVIEW
Date

Personnel Present:

INMATE/PATIENT ID: ______________________________

DATE & LOCATION OF DEATH: ______________________________

CAUSE OF DEATH:
SUMMARY:
CORRECTIVE RECOMMENDATIONS:

____
Medical Director

____
Facility Health Services Administrator

____
Health Services Bureau Chief

DEATHS IN CUSTODY
MONTANA STATE PRISON INMATE DEATH REPORT

State: ______________________

1. What was the inmate's name?

Last **First** **MI**

2. On what date did the inmate die?

Month **Day** **Year**

3. What was the name and location of the correctional facility involved?

4. What was the inmate's date of birth?

Month **Day** **Year**

5. What was the inmate's sex?

Male 01 ☐ **Female** 02 ☐

6. What was the inmate's race/ethnic origin?

01 ☐ White (not of Hispanic origin)
02 ☐ Black or African American (not of Hispanic origin)
03 ☐ Hispanic or Latino
04 ☐ American Indian/Alaskan Native (not of Hispanic origin)
05 ☐ Asian (not of Hispanic origin)
06 ☐ Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
07 ☐ Two or more races (not of Hispanic origin)
08 ☐ Additional categories in your information system—Specify
09 ☐ Not known

7. On what date had the inmate been admitted to one of your correctional facilities?

Month ________ **Day** ________ **Year** ________

8. For what offense(s) was the inmate being held?

a. ______________________
b. ______________________
c. ______________________
d. ______________________
e. ______________________

9. Since admissions, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

01 ☐ **Yes**
02 ☐ **No**
03 ☐ **Don't know**

10. Where did the inmate die?

01 ☐ In general housing in the facility or on prison grounds
02 ☐ In segregation unit
03 ☐ In special medical unit/infirmary within your facility
04 ☐ In special mental health services unit within your facility
05 ☐ In medical center outside your facility
06 ☐ In mental health center outside your facility
07 ☐ While in transit
08 ☐ Elsewhere – Specify ______________________

Name of deceased Inmate ______________________

11. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

01 ☐ Yes – *Complete items 12 through 16.*
02 ☐ Evaluation complete, results are pending – *Skip remaining items; you will be contacted later for those data.*
03 ☐ No such evaluation is planned – *Complete items 12 through 16.*