DEPARTMENT OF CORRECTIONS

Policy Number:	**500.220**
Title:	**Health, Recovery, and Programming – Death Review**
Effective Date:	**2/19/26**

PURPOSE: To ensure a comprehensive and timely review of the health management and circumstances surrounding the death of an incarcerated person/resident, identify preventable mortality and morbidity, and recommend corrective actions to improve safety, quality of care, and system performance.

APPLICABILITY: All Minnesota Department of Corrections (DOC) facilities and the office of special investigations (OSI)

DEFINITION:
Confidential – defined as per Minn. Stat. § 145.64, subd. 1, for the purposes of this policy.

PROCEDURES:

A. The Minnesota Department of Corrections (DOC) conducts death reviews on incarcerated people/residents who die while housed in a DOC facility.

B. The office of special investigations (OSI) provides incident reports and any autopsy report (see Policy 203.230, "Death of an Incarcerated Person").

C. Preliminary reviews

1. The DOC director of nursing must conduct a preliminary review within 30 days of an the death.
   a) The review must focus on nursing practices and other nursing administration issues.
   b) The director of nursing must provide a report to the DOC medical director for inclusion in the formal report.
   c) If potential violations of policy or nursing practice are identified, the director of nursing must initiate an investigation into alleged violations.

2. The DOC medical director must conduct a preliminary medical review within 30 days of an the death and determine if any immediate corrective actions are necessary.. The preliminary medical review must include:
   a) Clinical diagnosis (based on the medical director's opinion pending committee review;
   b) Anatomical diagnosis (if available, for example a preliminary autopsy report); and
   c) Recommendations for immediate corrective action, when indicated.

C. Medical death review committee

1. The DOC medical director must convene a medical death review within 90 days of the death or once all necessary records are available. The committee includes:
   a) The regional medical director of the contracted healthcare vendor;

   b) At least one licensed physician (in person or virtual), if indicated;

   c) The DOC director of nursing;

   d) A provider-level physician from the contracted vendor;

   e) The DOC director of behavioral health, in cases of suicide;

   f) The contracted vendor's director of psychiatry;

   g) The contracted vendor's clinical pharmacist;

   h) The contracted vendor's pharmacist liaison;

   i) An OSI representative (in cases of suicide or unanticipated death); and/or

   j) Additional subject matter experts as needed.

2. The DOC medical director ensures that committee members have access prior to the meeting to relevant:
   a) Medical records;

   b) Incident reports;

   c) OSI investigative summaries (when applicable); and

   d) Any additional relevant documentation.

3. The medical death review committee meeting must follow this agenda.
   a) Case presentation:
      (1) Past medical and mental health history;
      (2) Recent illness and clinical course;
      (3) Medications;
      (4) Procedures;
      (5) Laboratory results;
      (6) Nursing review; and
      (7) OSI findings (for suicide or unanticipated death).

   b) Clinical diagnosis;

   c) Anatomical diagnosis;

d) Case discussion; and

e) Summary and recommendations.

D. Formal report

1. The DOC medical director completes a written report of the death review. The report must be marked “CONFIDENTIAL” and include.

a) Case summary:

(1) Past medical and mental health history;
(2) Presentation of recent illness and clinical course;
(3) Medications;
(4) Procedures;
(5) Laboratory results;
(6) Nursing review; and
(7) OSI findings (for suicide or unanticipated death).

b) Clinical diagnosis;

c) Anatomical diagnosis;

d) Case discussion;
e) Conclusions;

f) Recommendations for remedial action; and

g) A 90-day follow-up plan to re-evaluate completion and effectiveness of remedial actions.

2. After the medical death review committee completes its review, the DOC medical director forwards the written report of the death review to the health, recovery, and programming director and the deputy commissioner of client services and supports. The health, recovery, and programming director retains official documentation of report completion.

E. Corrective action

1. The health, recovery, and programming director maintains a corrective action tracking that includes:

a) Recommended corrective actions;

b) The person responsible for completing the corrective action;

c) The action taken; and

d) The date completed.

2. The health, recovery, and programming director or designee shares relevant quality improvement information with individuals who were involved in the care of the incarcerated person/resident.

3. Any individual found to have violated policy is subject to appropriate corrective or disciplinary measures.

INTERNAL CONTROLS:

A. Documentation confirming completion of each death review is retained by central office health services.

B. Corrective action tracking logs are retained by the health, recovery, and programming director at the central office.

STATE CORRECTIONAL FACILITY SECURITY AUDIT STANDARDS: None

REFERENCES: Minn. Stat. §§ 145.61 subd. 5; 145.64; and 241.021, subds. 4b and 8.
Policy 203.230, "Death of an Incarcerated Person"
Policy 106.210, "Providing Access to and Protecting Government Data "
Policy 500.190, "Health Care Data Practices"
Policy 500.011, "Health Services Review and Assessment"
Policy 600.210, "Review of Complaints, Incidents, and Deaths"

REPLACES: Policy 500.220, "Medical Death Review," 8/18/20.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

APPROVALS:
Commissioner of Corrections