



SERIOUS INJURY REPORTS IN NYC JAILS JANUARY 8, 2019

NYC BOC JANUARY 2019 SERIOUS INJURY REPORT

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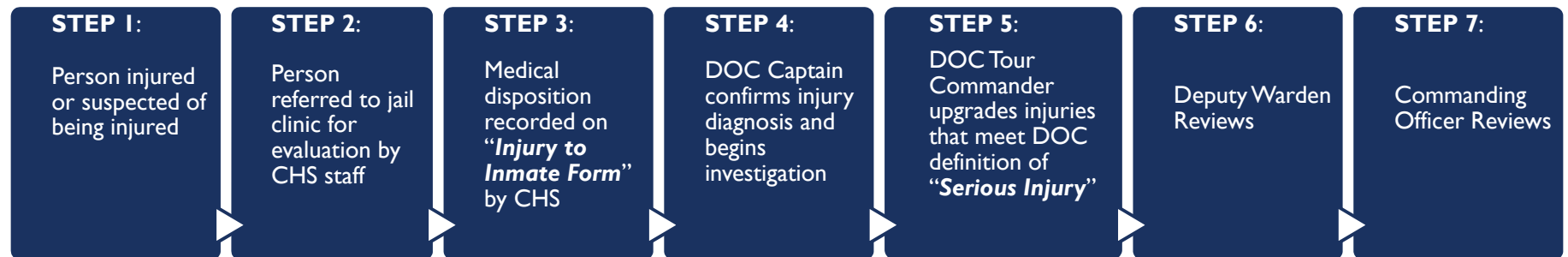
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BACKGROUND & METHODOLOGY

- **Purpose:** To understand how DOC and CHS respond to, track, and report serious injuries, to inform the Board's variance decision.
- **Impact:** prevention of serious injuries to people in custody, improved reporting, and promotion of problem-solving and transparency.
- **Data:**
 - DOC injury and incident data from 2008 to 2017
 - CHS serious injury data from June 2016 to September 2018
- **Audit Sample:**
 - DOC's Injury to Inmate Report forms for serious injuries from April, May, and June of 2018

CURRENT REPORTING PROCESS



CURRENT REPORTING PROCESS

Injury to Inmate Report is used to document a reported or suspected injury by Department of Correction (DOC and Correctional Health Services (CHS)

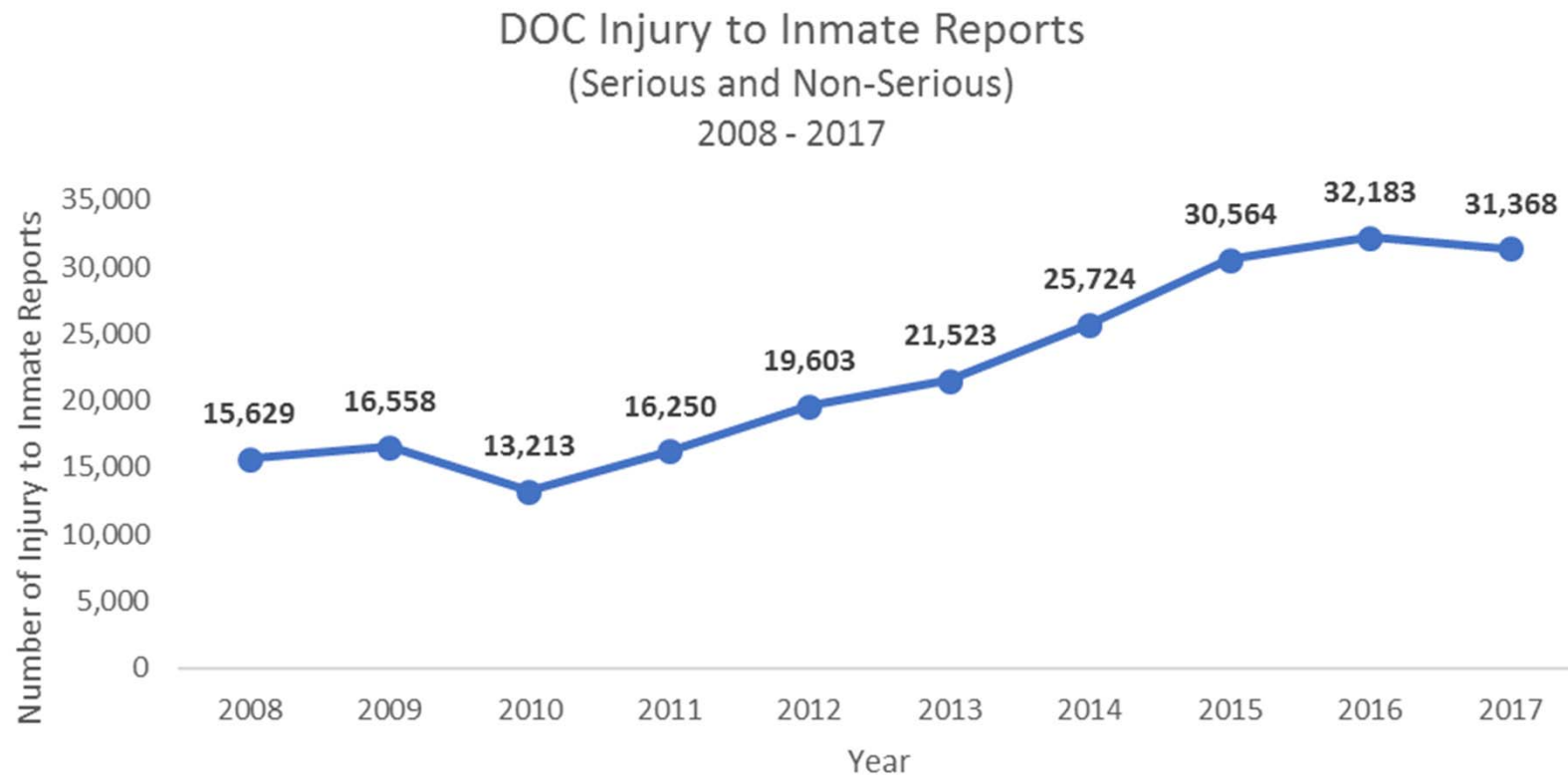
Serious injuries, as defined by CHS, include: cuts requiring stitches, fractures (excluding fingers and toes), dislocations requiring a clinical procedure, permanent or temporary disabling of an organ, post-concussion syndrome, foreign object ingestion requiring removal via procedure at a hospital, and ***any injury judged serious by medical professionals***

Serious injuries are defined by DOC as:

- A physical injury that creates a substantial risk of death or disfigurement
- Is a loss or impairment of a bodily organ
- Is a fracture or break to a bone excluding fingers and toes
- ***An injury defined as serious by a physician***

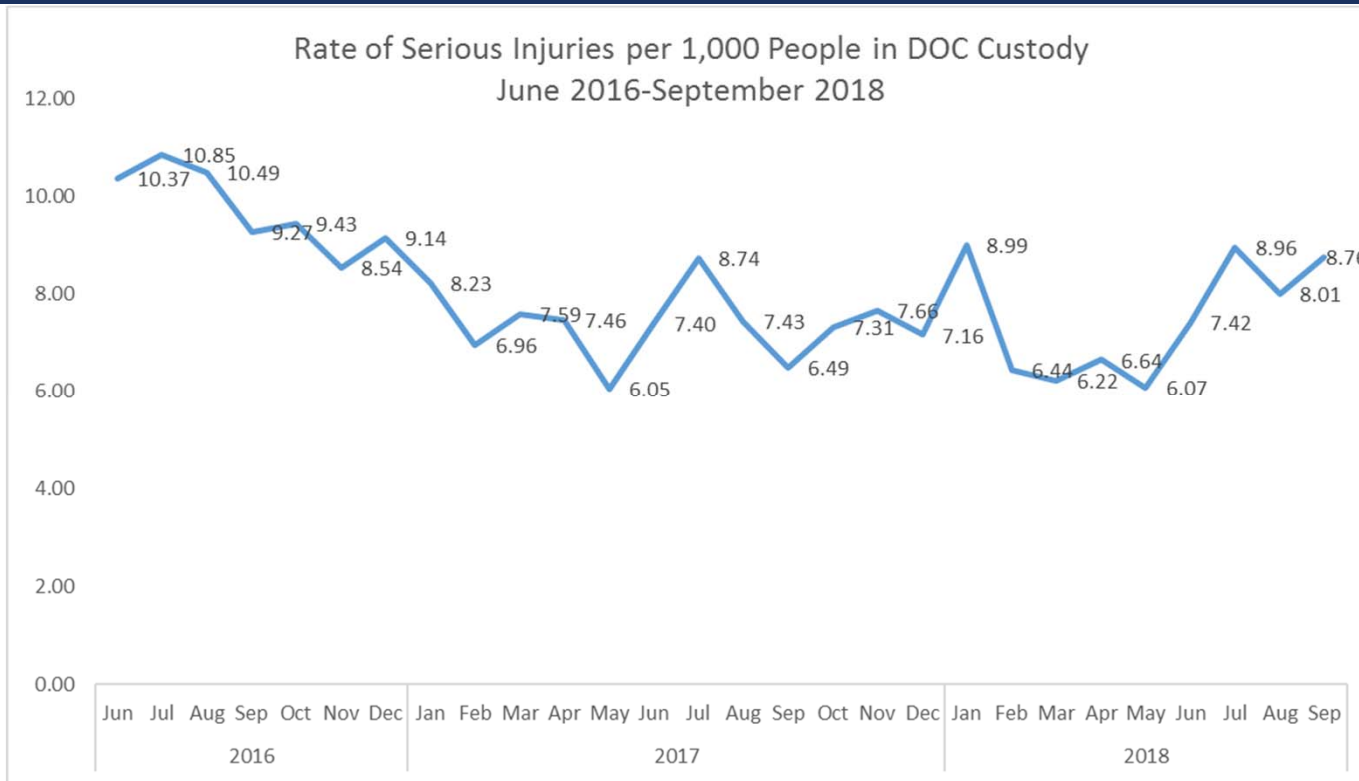
CORRECTION DEPARTMENT CITY OF NEW YORK		Page 1 of 2 Pages	Form: #1678-A Rev.: 01/11/00 Ref. ID: #4518R.0
INJURY TO INMATE REPORT			
<small>INSTRUCTIONS: Original Report to Security, One copy to Clinic Lock Box, One Copy to Inmate Medical File.</small>			
Command:	Date:	COO/LOF #	Injury #
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY)			
Inmate Name (Last Name, First Name):			
Location:	Work:	NYSID #	Book & Case/Serial #
Details:			
Supervisor Notified (Print Last Name, First Name, Rank, Shield #):			
Date:	Time:		HR:
Employee: <input type="checkbox"/> (Or) <input type="checkbox"/> (Did Not) Witness This Injury	Employee Signature:	Rank/Title:	Shield ID:
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)			
Date of Injury:	Reported for Medical Attention: Date	Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Injury and Cause:			Medical Staff Must Note Location of Injury:
Treatment:			
Treated By/Examined By (Print and Sign Full Name):			
Refers to Other Medical Services (If Yes, Document Medical Findings): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Treated By/Examined By (Print and Sign Full Name):			
Please Check Disposition: <input type="checkbox"/> Return to Housing Area <input type="checkbox"/> Sick Release _____ Date <input type="checkbox"/> Left Duty _____ Date <input type="checkbox"/> Return to Work Assignment <input type="checkbox"/> Be Examined _____ Date <input type="checkbox"/> Refer to Other <input type="checkbox"/> Return to School			
<input type="checkbox"/> Transfer to Hospital (Indicate Name of Hospital): <input type="checkbox"/> Life-Threatening Emergency <input type="checkbox"/> Release			
<input type="checkbox"/> Other (Please Specify):			
Treated By (Print Full Name and Title, Sign Name):			Date: Time: HR:
<small>I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:</small>			
Inmate Signature:	ASC / Sentence #	Date:	
Witnessed By (Signature):	Rank/Title:	Shield / I.D. #:	Date:

Despite a 32% decline in the DOC population, the number of Injury to Inmate Reports (serious and non-serious) generated by DOC for people in custody increased 101%, from 15,629 in 2008 to 31,368 in 2017.



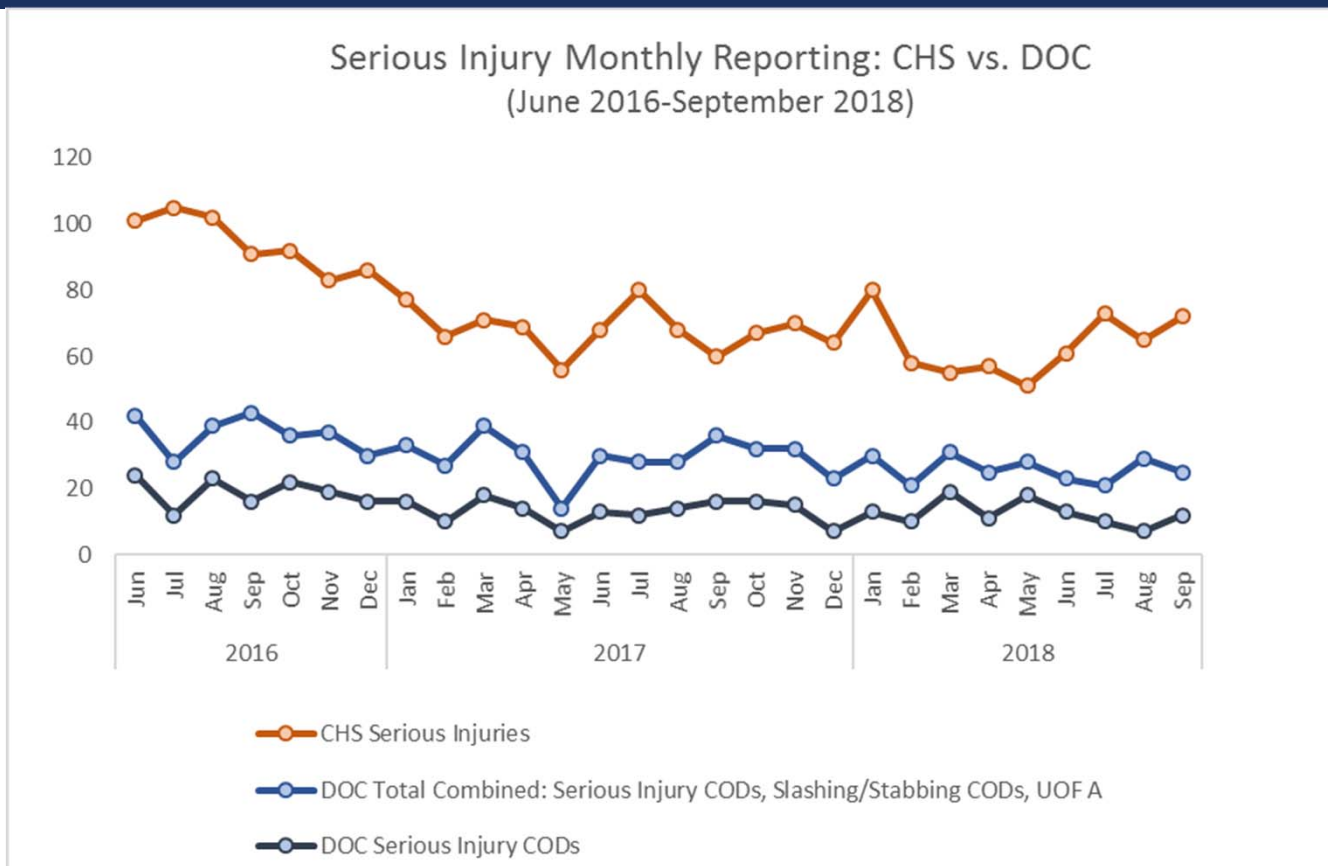
Source: DOC Monthly Security Reports.

CHS data show the rate of serious injuries declined from an average of 9.73 per 1,000 inmates in 2016 (Jun. – Dec.) to an average of 7.48 per 1,000 inmates in 2018 (Jan. – Sept.).



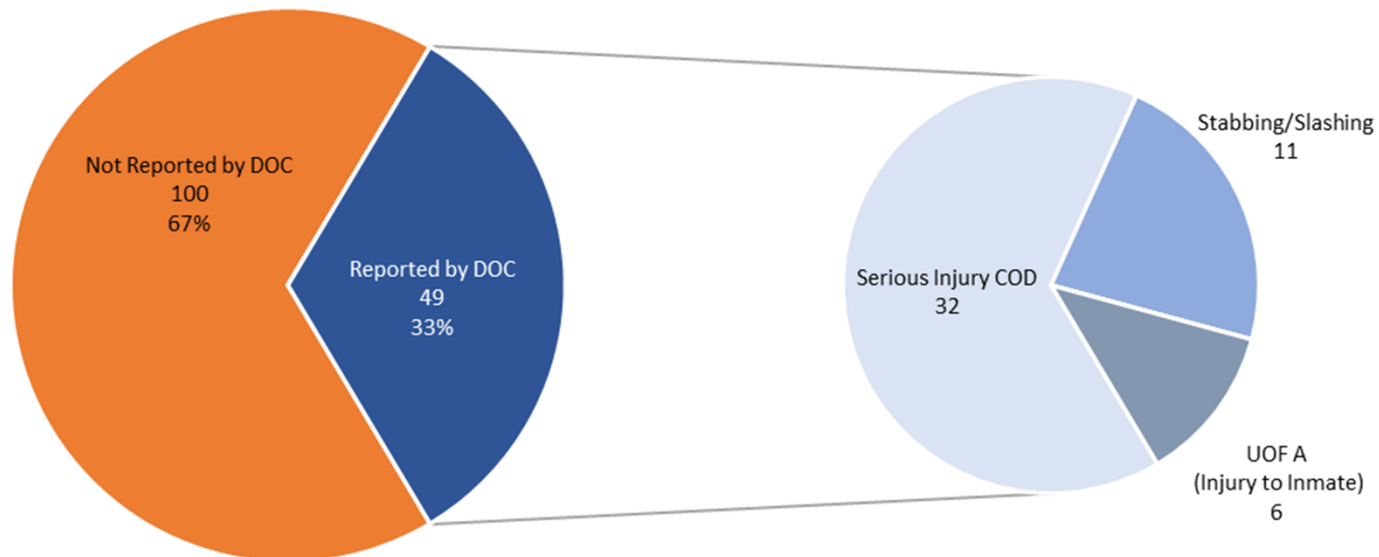
Source: BOC calculation of Serious Injury Rate using CHS Monthly Serious Injury numbers and average daily population (ADP) calculated from the DOC daily census.

DOC is underreporting serious injuries.
 DOC consistently reports 80% fewer serious injuries than CHS.



67% of the 149 serious injuries audited by BOC were never reported as any type of incident by the Department.

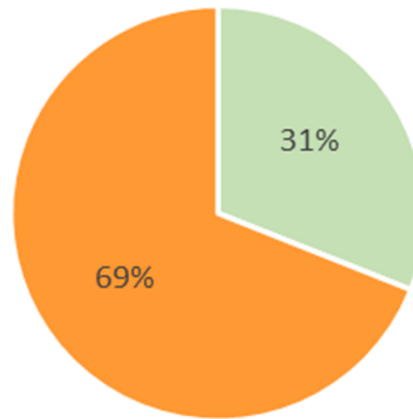
Serious Injuries Reported by CHS v. Reporting by DOC
April - June 2018 Audit Findings
N=149



Source: BOC
Review of 149
Injury to
Inmate
Reports.

Only 31% (n=46) of audited injury reports were complete.

Injury to Inmate Report Documentation
April - June 2018 Audit Findings
n=149



■ Complete ■ Missing Required Information

Source: BOC Review of 149
Injury to Inmate Reports.

DOC's investigation process for injuries is plagued by delays, poor accountability, and incomplete reviews. CHS staff's requirement to document medical dispositions in injury reports is frequently unmet.

Missing Information from Injury to Inmate Reports

Table 2.

CHS	
Missing Information	Total
No Medical Disposition	69
No Time of Medical Disposition	20
No Date of Medical Disposition	15
No Time Entry for "Reported For Medical Attention"	12
No "Visible Injury" Entry	5
No Date of Injury	4

Source: BOC Review of 149 Injury to Inmate Reports.

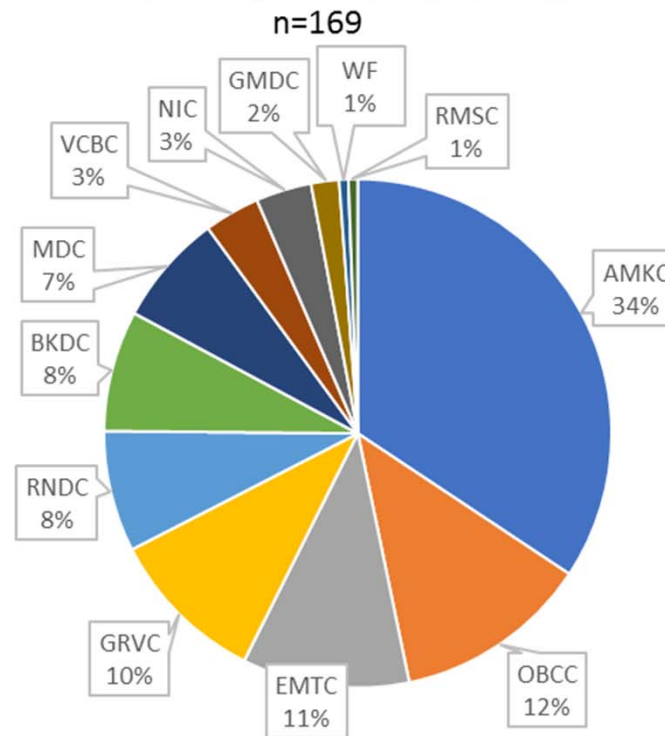
Table 3.

DOC	
Missing Information	Total
No Commanding Officer's Review	34
No Deputy Warden's Review	27
No Tour Commander's Review	9
No Injury Time	9
Missing Investigation/Review Date	7
No Time of Supervisor Notification	6
No Witness Entry	5
No "Injuries Resulted From" Entry	4
No Captain's Investigation	3
Injury Investigation Completed Prior to Medical Disposition	2

Source: BOC Review of 149 Injury to Inmate Reports.

The Anna M. Kross Center (AMKC) had the highest number and rate of serious injuries.

CHS - Serious Injuries By Facility - April, May, June 2018



Source: CHS Monthly Serious Injury Reports.

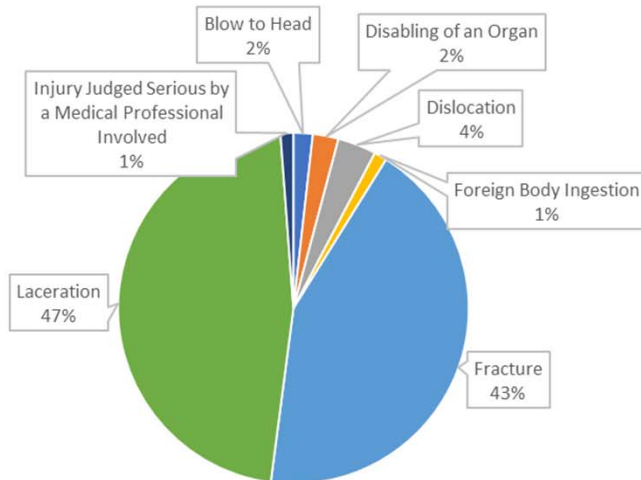
On average, it took approximately two hours for seriously injured incarcerated people to receive medical attention after a DOC supervisor was notified of the injury.

Time from DOC Supervisor Notification of Injury and Time Reported for Medical Attention	
n=120	
Average	1 Hour & 56 Minutes
Median	1 Hour & 2 Minutes
Minimum Time	4 Minutes
Maximum Time	13 Hours & 45 Minutes
<ul style="list-style-type: none">• Time could not be determined for 21 injury reports due to missing entries/illegible entries by DOC or CHS staff.• 8 Injury Reports ruled out due to a 0:00 lapse between time of injury and time reported for medical attention.	

Source: BOC Review of 149 Injury to Inmate Reports.

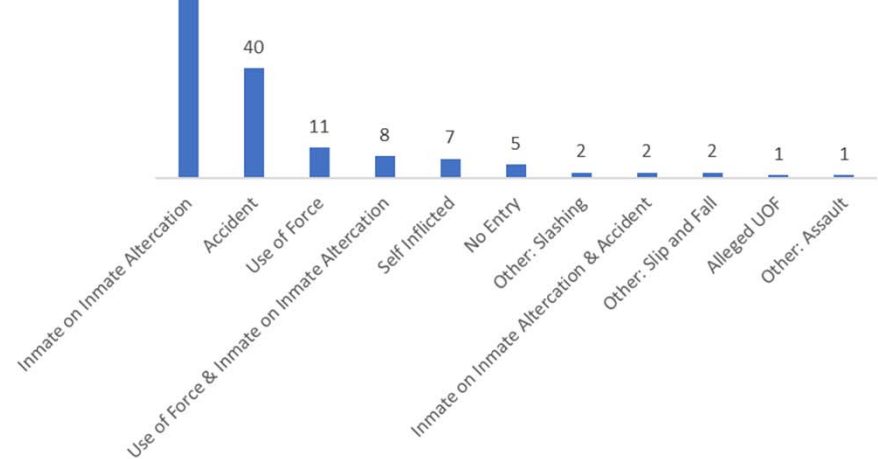
Most serious injuries (90%) involved lacerations requiring sutures or fractures.
 Facial trauma was the most common type of injury.
 53% were at least partially caused by an “inmate-on-inmate altercation”

CHS - Types of Serious Injuries* - April, May & June 2018
 n=169



Source: CHS Monthly Serious Injury Reports.
 *Types of serious injuries as reported by CHS.

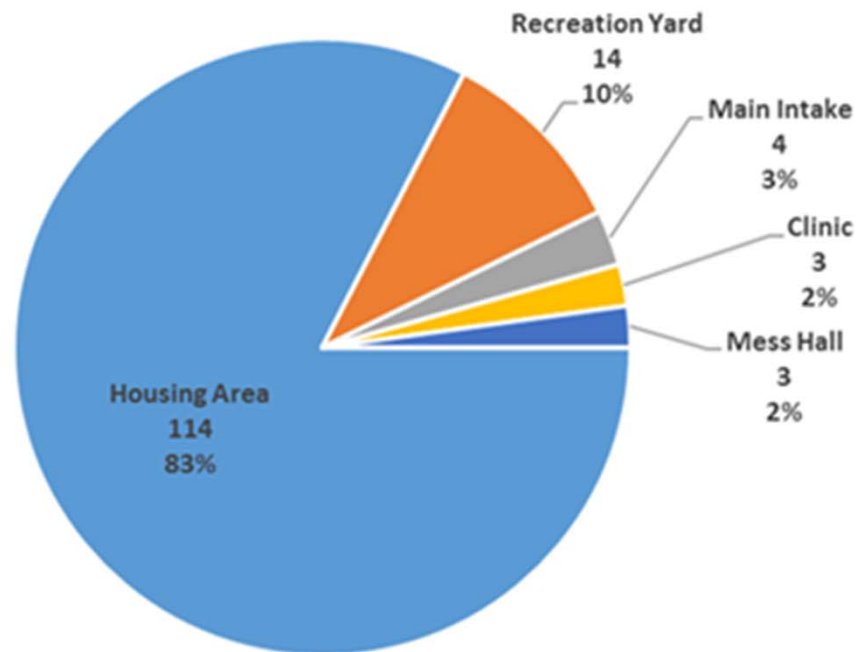
DOC - Causes of Serious Injury - April, May, June 2018
 n=149



Source: BOC Review of 149 Injury to Inmate Reports.

80% of serious injuries occurred in housing areas and most events causing serious injuries were not witnessed by staff.

Top Five Locations of Serious Injuries
n=138



Source: BOC Review of 149 Injury to Inmate Reports.

RECOMMENDATIONS

1. DOC and CHS should immediately begin jointly publishing monthly data on the number, type, cause, and location of injuries to people in custody (serious and non-serious), as these indicators are critical to prevention efforts.
2. Within the next three months, DOC should come into compliance with their existing policy for reporting serious injuries. DOC should report all injuries to people in custody determined to be serious by correctional health staff.
3. Within the next nine months, DOC and CHS should establish new protocols and take steps to increase accountability including: assessment of which supervisory reviews are needed and whether changes to the Injury to Inmate Report form are needed; development of an electronic injury-tracking system; and training to ensure that injury reports are complete and include accurate, final diagnoses and dispositions.

RECOMMENDATIONS

4. DOC and CHS should immediately begin providing the Board with monthly access to all DOC Injury Reports that CHS designates as associated with a serious injury. This will support DOC's and CHS's efforts to improve their process and increase accountability.
5. Within the next three months, DOC should review the conditions leading to the high number and rate of serious injuries at AMKC and implement a plan to reduce injuries there. DOC should use video review to inform this injury analysis, so that the locations and causes of serious injuries are better documented.
6. DOC should contract an independent auditor to assess reporting of serious injuries to staff. The audit's goals would include understanding who is getting injured (civilian v. uniform, DOC v. DOE v. CHS v. contractors v. volunteers, etc.); how (assault v. construction-related v. slip and fall, etc.); when and where injuries are occurring; and what types of injuries are sustained. Ultimately, these audits must inform injury prevention planning and public reporting.
7. BOC should conduct an annual audit of Injury to Inmate Reports.

