



**MONTANA STATE PRISON  
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS A-06.0	Subject: <b>QUALITY IMPROVEMENT PLAN FOR HEALTH SERVICES</b>	
Reference: NCCHC Standard P-A-06, 2018 Continuous Quality Improvement Program	Page 1 of 3 and no attachments	
Effective Date: November 1, 2010	Revised: October 1, 2020, October 29, 2021	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees / Medical Director		

**I. PURPOSE**

To implement a structured continuous quality improvement (CQI) program for MSP health care services operations that will be utilized to monitor and improve upon those services as delivered at the facility. The program process will examine specific root causes and analyze data to identify needed improvements in organizational structure and function.

**II. DEFINITIONS**

**Continuous Quality Improvement Committee (CQI Committee)** – Consists of health staff from various disciplines (e.g., medicine, nursing, mental health, dentistry, health records, pharmacy, laboratory). The committee designs continuous quality improvement monitoring activities, discusses the results, and implements corrective action. Committee membership can vary, depending on the issues being addressed.

**Continuous Quality Improvement** – CQI Committee programs include identifying and monitoring selected fundamental aspects of the facility’s healthcare system (i.e., access to care, the intake process, continuity of care, emergency care and hospitalization, and adverse patient occurrences including all deaths) at least annually and establishing thresholds. A basic CQI program also has annual physician clinical chart reviews

**Thresholds** – Are the expected level of performance (of aspects of care) established by the CQI Committee.

**CQI Program Coordinator** – The Assistant Director of Nursing assigned responsibility for the MSP health services CQI program.

**Outcome Quality Improvement Study** – Examining whether expected outcomes of patient care were achieved by the following:

1. identifying a patient clinical care problem (e.g. poor asthma control, poor diabetes control, high volume of off-site visits);
2. conducting a baseline study;
3. developing and implementing a clinical corrective plan; and
4. restudying the problem to assess the effectiveness of the corrective action plan.

**Process Quality Improvement Study** - Examining the effectiveness of the health care delivery process is as follows:

Procedure No. MSP HS A-06.0	Subject: <b>Quality Improvement Plan for Health Services</b>
Effective Date: November 1, 2010	p.2 of 3

1. identifying a facility problem (e.g. delayed sick-call appointments, discontinuity of medications, lack of follow-up on positive lab values);
2. conducting a baseline study (e.g. task analysis, root cause, staffing plan);
3. developing and implementing a corrective plan; and
4. restudying the problem to assess the effectiveness of the corrective action plan

### **III. PROCEDURES**

#### **A. The CQI Program**

1. The MSP Clinical Services Manager, or designee, will establish a multidisciplinary CQI committee that meets at least quarterly and designs quality improvement monitoring activities, discusses the results, and implements corrective action.
2. The MSP Clinical Services Manager, or designee, is responsible to assure an annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of its committees' meetings.
3. Health record reviews are done under the guidance of the responsible physician or designee to ensure that appropriate care is ordered and implemented, and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.
4. The identification of health care problems and high-risk, high volume, or problem-prone aspects of health care provided to patients will occur through quality improvement monitoring and the establishment of thresholds by the CQI committee. Analysis of factors leading to less than threshold performance and implementation of improvement strategies of targeted areas of concern will occur through process and outcome studies (as per the above definitions). A process and/or outcome study will be deemed successful by the relevance of the problems examined and the effectiveness of the corrective action plan or improvement strategies from the study.
5. The following quality performance measures will be used to guide evaluating and identifying health care problems:
  - a. accessibility;
  - b. appropriateness of clinical decision making;
  - c. continuity;
  - d. timeliness;
  - e. effectiveness (outcomes);
  - f. efficiency;
  - g. quality of clinician-patient outcome; and
  - h. safety.
6. All problems addressed by process and/or outcome studies need to be restudied in follow-up to assess the effectiveness of the corrective plan or improvement strategies.
7. At least one CQI process and/or outcome quality improvement study is completed per year.
8. The CQI program Coordinator will prepare monthly statistical reports of health services. This data may also allow for identification of

Procedure No. MSP HS A-06.0	Subject: <b>Quality Improvement Plan for Health Services</b>
Effective Date: November 1, 2010	p.3 of 3

problem areas to be studied via process and outcome studies. The statistical data may also be used during Administrative meetings.

9. The number and types of statistics to be documented include, at a minimum:
  - a. the number of inmates receiving health services by category of care;
  - b. referrals to specialists;
  - c. deaths;
  - d. incidence of certain illnesses, diseases, and injuries targeted for risk management
  - e. infectious disease monitoring (e.g., hepatitis, HIV, STDs, TB);
  - f. emergency services provided to patients;
  - g. dental procedures performed; and
  - h. access, timeliness, and follow-up.
10. In addition to the required areas, CQI activities may be selected from previous quality assurance activities or reports, and ideas or concerns raised by staff, inmates, or others.
11. As much as possible, CQI activities should always involve representatives from various disciplines, including custody staff, which have an interest or responsibility for the subject selected.
12. The results of the CQI studies are discussed during CQI committee meetings as an agenda item.
13. CQI minutes need to be thorough and provide enough detail in order to be used to guide future decisions. CQI minutes will be made available for review by all health staff.
14. The format for reporting CQI studies is to include the following area:
  - a. identification of a facility problem and how the topic was selected;
  - b. question to be analyzed;
  - c. methodology;
  - d. baseline study;
  - e. plan for improvement;
  - f. implementation; and
  - g. outcome/ restudy of the problem to assess effectiveness of plan for improvement.
15. The Medical Director (or designee) is a member of the CQI committee and is responsible for the selection and review of clinical services using CQI methodology. Clinical events such as acute care hospital admissions, medical emergencies, and deaths must be reviewed routinely. These reviews are discussed at meetings of the prescribing providers.
16. The CQI Program Coordinator will complete an annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and or staff meetings, or other pertinent written materials.

#### **IV. CLOSING**

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

#### **V. ATTACHMENTS**

none