



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 4.5.9	Subject: CONTINUOUS QUALITY IMPROVEMENT PROGRAM
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3
Section 5: Health Care	Effective Date: May 1, 1998
Signature: /s/ Mike Ferriter, Director	Revised: 08/15/11

I. POLICY

The Department of Corrections will monitor health care delivery through Continuous Quality Improvement (CQI) activities that include monthly monitoring, sentinel events, and data review.

II. APPLICABILITY

The adult and youth secure care facilities Department-owned and contracted, as specified in contract.

III. DEFINITIONS

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Continuous Quality Improvement (CQI) – A process for monitoring the fundamental aspects of a facility health care system to identify areas that need improvement and to develop and implement remedial strategies or actions.

Continuous Quality Improvement Committee – A multidisciplinary committee consisting of health care staff from various disciplines (medicine, nursing, mental health, dentistry, health records, pharmacy, laboratory) that designs quality improvement monitoring activities, discusses the results, and implements corrective action.

Health Care Staff – Includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

Medical Director – The physician designated by the Department director to oversee the health care of all adult and youth offenders under Department jurisdiction.

Outcome Quality Improvement Study – A study examining whether expected patient care outcomes were achieved.

Process Quality Improvement Study – A study examining health care delivery process effectiveness.

Sentinel Event – A sudden unexpected event in the course of overall care; this may be a system issue or unexpected direct complication. Offender death is always a sentinel event.

V. DEPARTMENT DIRECTIVES

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1. Facilities with an average daily adult offender population of 500 or less will have a basic CQI program that:
 - a. completes an annual review of the effectiveness of the CQI program by reviewing CQI studies, minutes of administrative and/or staff meetings, or other pertinent written materials; and
 - b. performs at least one process quality improvement study and one outcome quality improvement study per year, where:
 - 1) a facility problem is identified;
 - 2) a study is completed;
 - 3) a plan is developed and implemented;
 - 4) results are monitored and tracked; and
 - 5) improvement is demonstrated or the problem is restudied.

B. Comprehensive CQI Program

1. Facilities housing youth or an average daily population of more than 500 adult offenders will have a comprehensive CQI program that:
 - a. establishes a multidisciplinary quality improvement committee that meets at least quarterly and designs quality improvement monitoring activities, discusses the results, and implements corrective actions;
 - b. completes 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; and
 - c. performs at least two outcome and two process quality improvement studies a year that include:
 - 1) a facility problem identified;
 - 2) a study completed;
 - 3) a plan developed and implemented;
 - 4) results monitored and tracked; and
 - 5) improvement demonstrated or the problem restudied.
2. Facilities with comprehensive CQI programs will have CQI committees that:
 - a. meet at least quarterly to facilitate quality improvement;
 - b. ensure major aspects of health care services are periodically reviewed; and
 - c. select and review clinical services using CQI methodology.
3. The CQI committee will include a custody representative as appropriate.
4. The physician responsible for facility health care services will participate in the CQI program and committee either by performing monthly chart reviews or by assuming a leadership role in the CQI committee.

C. CQI Reports

1. Facilities with a basic CQI program will submit reports to the medical director and facility administrator as requested but at least annually.

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2. Facilities with a comprehensive CQI program will develop reports on a quarterly basis and present them at the committee meeting with copies to the medical director and facility administrator.

D. Release of Information

1. Information including: CQI data, analysis, findings, recommendations, conclusions, and actions developed by or for health care staff, health services, or other individual committees performing CQI assessments or similar functions-- will not be available to unauthorized persons or organizations or used for other than intended purposes as allowed for under state and federal law.

V. CLOSING

Questions concerning this policy should be directed to the Department medical director or health services bureau chief.

VI. REFERENCES

- A. *P-A-06, National Commission on Correctional Health Care Standards, 2008*

VII. ATTACHMENTS

None