POLICY DIRECTIVE

Policy:	**DOC 4.5.09 CONTINUOUS QUALITY IMPROVEMENT PROGRAM**
Effective Date:	05/01/1998 Page 1 of 4
Revision Date(s):	04/19/2021; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

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

II. APPLICABILITY

All secure facilities Department owned and contracted, as specified in contract.

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

A. Quality Improvement Committee

1. The responsible health authority will establish a multi-disciplinary quality improvement committee to identify health care aspects to be monitored, implement and monitor corrective action when necessary, and study the effectiveness of corrective action plans.
2. The quality improvement committee will include representatives from the following disciplines:
   a. physician;
   b. nursing staff;
   c. mental health staff;
   d. correctional staff;
   e. facility administration; and
   f. Health Services Bureau.
3. Committee membership is fluid based on identified problems.
4. The quality improvement committee meets at least quarterly to:
   a. identify health care and mental health care aspects to be monitored and establish thresholds;
   b. complete health record reviews to ensure that appropriate care is ordered, implemented, and coordinated by the appropriate staff;
   c. design quality improvement monitoring activities;
   d. analyze factors that may have contributed to less than threshold performance;

e. design and implement improvement strategies to correct the identified health care or mental health care problem; and
f. monitor performance after implementation of the improvement strategies.

5. When the committee identifies a health care or mental health care problem from its monitoring, the committee will examine the effectiveness of the health care delivery process and examine whether the expected outcomes of patient care were achieved by performing:
   a. a process quality improvement study that includes:
      1) identification of a facility problem;
      2) conducting a baseline study;
      3) developing and implementing a corrective action plan; and
      4) restudying the problem to assess the effectiveness of the corrective action plan; or
   b. an outcome quality improvement study that includes:
      1) identification of a patient clinical care problem;
      2) conducting a baseline study;
      3) developing and implementing a corrective action plan; and
      4) restudying the problem to assess the effectiveness of the corrective action plan.

6. Meeting minutes:
   a. will contain detailed information identifying:
      1) problems;
      2) agreed upon solutions;
      3) person responsible for carrying out the corrective action plan; and
      4) time frame for the corrective action plan; and
   b. will be retained for reference and copies will be made available for and reviewed by all appropriate personnel.

7. Data from the process and outcome quality improvement studies will be maintained by the committee.

8. The responsible physician and Medical and Mental Health Service Managers will actively participate in the CQI program and committee.

9. CQI will include an annual review of deaths and serious incidents involving offenders with mental illness to identify trends and corrective action.

10. The CQI program will be evaluated annually by the quality improvement committee including review of:
    a. CQI studies;
    b. minutes of quality improvement committee meetings;
    c. minutes of administrative and/or staff meetings related to health care; and
    d. other pertinent written materials.

B. Service Areas

1. The CQI program will evaluate each of the following service areas annually:
   a. intake processing;
   b. acute care (sick call for both general population and restrictive housing);
   c. medication services;
   d. chronic care services;
   e. intra-system transfer services;
   f. scheduled off-site services (consultations and procedures);
   g. unscheduled on-site and off-site services (urgent/emergent care);
   h. mental health services;
   i. dental services;
   j. ancillary services (lab and x-ray);
   k. dietary services; and
   l. infirmary services.

C. Performance Measures

1. Each service area reviewed will include one or more of the following performance measures:
   a. accessibility (unimpeded access to health care services);
   b. appropriateness of clinical decision making by:
      1) record of current license and credentials status;
      2) documentation of continuous education training;
      3) documentation of required certifications;
      4) regular review of clinician performance that includes feedback to increase the probability of clinically appropriate decision making;
   c. continuity:
      1) pre-existing conditions are identified and addressed during the intake process;
      2) follow-up of on-site and off-site services, scheduled and unscheduled:
         a) evaluate time between complaint, referral, and response;
         b) timeliness of the follow-up encounter with designated health care professional;
         c) timeliness of receipt of applicable service reports;
      3) consistent receipt of services without breaks in service;
   d. timeliness:
      1) time between health service requests being retrieved and the face-to-face encounter with the Qualified Health Care Professional;
      2) time between initial diagnosis of chronic illness and the first chronic care visit;
      3) time between the ordering of a critical medicine and its receipt by the patient;
      4) time between contact with emergency services regarding a patient emergency and the arrival at the emergency room or infirmary;
   e. effectiveness:
      1) clinical outcome measures for certain common chronic diseases (for example, A 1c levels due to diabetes, Hep C viral load, etc.);
      2) clinical outcome measures for certain mental illnesses (for example, schizophrenia, Bipolar, etc.);
   f. efficiency:
      1) utilization of available resources;
      2) cost of care;
      3) continuity of care;
   g. quality of clinical-patient interaction:
      1) patient satisfaction surveys;
      2) number and type of health care grievances;
   h. safety:
      1) physical environment:
         a) incident reports;
         b) evidence of inspection;
         c) self-harm; and
         d) suicide;
   i. adherence to custody safety and security requirements; and
   j. investigating and performing root cause analysis for all offender deaths as well as other adverse events.

D. Clinical Performance Enhancement

1. The responsible health authority or designee will ensure that health care staff meet clinical performance thresholds on an annual basis.

2. Documentation of clinical performance enhancement will be confidentially maintained for each health care employee and will contain the following elements::
   a. name and credentials of the individual being reviewed;
   b. date of the review;

c. name and credentials of the reviewer;
d. summary of the findings and corrective action, if any; and
e. confirmation that the review was shared with the individual being reviewed.

3. Health staff responsible for guiding the CQI program should be given training opportunities to enhance their skills and the program's effectiveness.

4. Clinical performance enhancement reviews are conducted on all full-time, part-time, and per diem providers, RNs, LPNs, psychologists, Licensed Clinical Social Workers, and dentists.

5. A system is maintained that lists the names of individuals reviewed and dates of their reviews and is made available to the appropriate staff.

E. Reports

1. Quarterly CQI reports will be developed and presented at each quarterly quality improvement committee meeting with copies to the responsible health authority or designee and facility administrator.

2. Annual CQI reports will be developed and presented at the annual CQI program review meeting with copies sent to the responsible health authority or designee and facility administrator.

F. 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 about this policy should be directed to the Health Services Bureau Chief.

VI. REFERENCES

A. *P-A-06, P-C-02; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
B. *MH-A-06, MH-C-02; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
C. *Y-A-06, Y-C-02; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2022*