WYOMING DEPARTMENT OF CORRECTIONS

Policy and Procedure #4.314

Health Care Quality Improvement

Authority: Wyoming Statute(s): 25-1-104; 25-1-105 ACA Standard(s): 4-4408; 4-4410; 4-4411-R; 4-4412. NCCHC Standard(s): P-A-04; P-A-06; P-C-02; P-C-07.	**Effective Date:** July 29, 2016 **Revision/Review History:** 07/30/15, 07/15/14, 07/15/13, 07/25/12, 09/01/10 **Summary of Revision/Review:** Updates existing policy pursuant to annual review.
Cross Reference of Policy:	**Supersedes Existing Policy :**
Approved: R.O. Lampert — 7-26-16 Robert O. Lampert, Director — Date	

APPROVED FOR INMATE DISTRIBUTION

REFERENCE

1. **ATTACHMENTS – None Noted**

2. **OTHER – None Noted**

I. PURPOSE

A. Quality Improvement Program. The purpose of this policy and procedure is to establish uniform guidelines by which the Wyoming Department of Corrections (WDOC) maintains an internal review and quality improvement process for the health care provided in correctional facilities.

II. POLICY

A. General Policy. It is the policy of the WDOC that there is documented internal review of health care delivery, a documented peer review for all health care practitioners and a documented external peer review program for all health care practitioners in correctional facilities, which is developed and implemented by the responsible health authority.

III. DEFINITIONS

A. Health Care Practitioner: (*For this policy only.*) A practitioner who is authorized to practice independently (*e.g.*, MD, DO, DDS, DPM, Psychiatrist, Psychologist, Optometrist, Podiatrist, Advanced Registered Nurse Practitioner, Physician Assistant).

B. Health Services Administrator: (*For this policy only.*) A person who by virtue of education, experience, or certification (*e.g.*, MSN, MPH, MHA, FACHE, CCHP) is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for inmates.

C. Multidisciplinary Quality Improvement Committee: A group of health staff from various disciplines (*e.g.*, medicine, nursing, mental health, dentistry, health records, pharmacy, laboratory).

D. Outcome Quality Improvement Studies: (*For this policy only.*) Studies which examine whether expected outcomes of patient care were achieved.

E. Process Quality Improvement Studies: (*For this policy only.*) Studies which examine the effectiveness of the health care delivery process.

F. Responsible Health Authority (RHA): A physician, health administrator, or agency responsible for the facility's health care services, and arrangement of all levels of health care. The RHA assures quality, accessible and timely health services for inmates.

G. **Responsible Physician:** (*For this policy only.*) A designated MD or DO who has the final authority at a given facility regarding clinical issues.

H. **Sentinel Events:** (*For this policy only.*) All deaths in custody, suicides or suicide attempts, and illness outbreaks.

IV. PROCEDURE

A. **Continuous Quality Improvement Program.** A system of documented internal review will be developed and implemented by the health authority. (ACA 4-4410; NCCHC P-A-06)

1. All WDOC correctional facilities shall have an established Continuous Quality Improvement (CQI) Program that monitors processes for healthcare delivery, identifies opportunities for improvement, trends outcome data, analyzes sentinel events and performs peer review. Each CQI Program shall be a system of documented internal review and shall:

i. Establish a multidisciplinary quality improvement committee that meets no less than quarterly and performs quality improvement monitoring activities, discusses the results, and implements corrective action;

ii. Collect, trend, and analyze data combined with planning, intervening and reassessing;

iii. Evaluate defined data, which will result in more effective access, improved quality of care, and better utilization of resources;

iv. Monitor health service outcomes on a regular basis through:

a. chart reviews by the responsible physician or designee, including investigations of complaints and quality of health records;

b. review of prescribing practices and administration of medication practices;

c. systematic investigation of complaints and grievances; and

d. monitoring of corrective action plans.

v. Review all sentinel events;

vi. Implement measures to address and resolve important problems and concerns identified (corrective action plans);

vii. Reevaluate problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired results;

viii. Incorporate findings of internal review activities into the organization's educational and training activities;

ix. Maintain appropriate records (*i.e.*, minutes) of CQI meetings or internal review activities;

x. Issue a quarterly report to be provided to the health services administrator and facility administrator of the findings of internal review activities;

xi. Ensure records of internal review activities comply with legal requirements to maintain confidentiality of records and the CQI process;

xii. Include contribution and participation of multidisciplinary staff;

xiii. Complete an annual review of the effectiveness of the CQI program by reviewing QI studies and minutes of CQI, and administrative/staff meetings;

xiv. Perform at least two (2) process quality improvement studies per year in which a problem is identified and corrective plans are implemented and monitored leading to resolution of the identified problems by making a change in a process;

xv. Perform at least two (2) outcome quality improvement studies per year in which a problem is identified and corrective plans are implemented and monitored leading to measurable improvement in outcomes; and

xvi. Involve the responsible physician in the CQI program by identifying thresholds, interpreting data and solving problems.

2. The health authority shall meet with the facility or program administrator at least quarterly and submit quarterly reports on the health services

system and health environment, and shall submit plans to address issues raised. (ACA 4-4408; NCCHC P-A-04)

3. A health care staffing analysis shall be used to determine the essential positions needed to perform the health services mission and provide the defined scope of services. A staffing plan is developed and implemented from this analysis. There is an annual review of the staffing plan by the health authority to determine if the number and type of staff is adequate. (ACA 4-4412; NCCHC P-C-07).

B. Clinical Performance Enhancement. The Clinical Performance Enhancement process shall be used to facilitate the evaluation of health care practitioners who practice in WDOC correctional facilities.

1. This program shall be under the authority of the contract medical provider's chief medical officer.

2. The contract medical provider's Medical Director shall be responsible for ensuring that peer review activities are completed as required by this policy.

3. The performance of all healthcare practitioners shall be documented as a part of the peer review program. The clinical performance of the primary care providers shall be reviewed through an external peer review program at least every two (2) years. (ACA 4-4411 Revised; NCCHC P-C-02)

4. Clinical performance enhancement reviews shall be kept confidential and incorporate at least the following elements:

i. the name of the individual being reviewed;

ii. the date of the review;

iii. the name and credentials of the person doing the review;

iv. confirmation that the review was shared with the clinician; and

v. a summary of the findings and corrective action, if any.

5. The Responsible Health Authority shall initiate a focused review as appropriate.

6. The Responsible Health Authority shall establish an action plan to address areas of concern identified in the peer review process.

7. The Responsible Health Authority shall monitor compliance with established actions.

8. Written peer review documents are confidential and shall be maintained on-site in health care services.

i. A copy of these documents shall be sent to the contract medical provider's credentials department to be included in the credentialing process.

9. A log or other written record providing the names of health care practitioners and the dates of their most recent review shall be maintained.

V. TRAINING POINTS

A. How often should a CQI committee meet?

B. Name at least three (3) items CQI reviews to monitor health service outcomes.

C. How often is there an external peer review of the clinical performance of the primary care providers?