

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-A-06

SUBJECT: **CONTINUOUS QUALITY IMPROVEMENT PROGRAM**

POLICY: The quality of the delivery of health care in the Oregon Department of Corrections will be monitored through Continuous Quality Improvement activities, which include program review, inquiries regarding customer satisfaction, and assessment of the relationship of Health Services to other areas of inmate management.

REFERENCE: NCCHC Standard P-A-06
Health Services Policy and Procedure #P-A-04, Administrative Meetings and Reports

PROCEDURE:

- A. Institutions with an average daily population of 500 inmates will have a comprehensive CQI program. A comprehensive program will include the following:
1. The Health Service Manager is responsible to 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 CQI committee will assure that the following areas are reviewed at least annually; access to care, receiving screening, health assessment, continuity of care, infirmary care if applicable, nursing care, pharmacy services, diagnostic services, mental health care, dental care, emergency care, hospitalizations, adverse patient occurrences, deaths, disaster drills, environmental inspection reports, inmate grievances, and infection control. A variety of activities may be utilized to complete the review process.
 3. The Health Services Manager is responsible to assure that an annual review of the CQI committee minutes will occur to determine CQI program effectiveness.
 4. One CQI study each year will be a process quality improvement study. Process studies will examine the effectiveness of the health care delivery process.
 5. One CQI study each year will be an outcome quality improvement study to examine whether expected outcomes of patient care were achieved.
 6. On even numbered months, the Chief Medical Officer is responsible for completing monthly quality assurance/continuous quality improvement chart review of at least 5% (up to 25) of all patients' health records utilizing the attached audit form. The focus of these reviews is clinical aspects of the outpatient health care delivery system.

Continuous Quality Improvement Program

7. On odd numbered months, the Chief Medical Officer is responsible for completing monthly quality assurance/continuous quality improvement chart review of at least 5% (up to 25) health care records with a focus other than routine outpatient clinic care. Suggestions include emergency care, special needs clinics, and other areas as identified under A 2 above.
 8. Quality assurance chart review may be delegated by the Chief Medical Officer to another prescribing provider as long as the results of the chart review are provided to the Chief Medical Officer.
 9. The results of physician chart review are to be provided to and discussed with the institution Health Service Manager and CQI committee.
- B. Institutions with an average daily population of less than 500 inmates will have a basic CQI program. A basic CQI program will include the following:
1. The following areas will be reviewed at least annually; access to care, receiving screening, health assessment, continuity of care, emergency care, hospitalization, adverse patient occurrence, and death.
 2. The Health Services Manager will complete an annual review of the effectiveness of the CQI program by reviewing CQI studies, minutes of administrative and/or staff meetings and other pertinent materials.
 3. On even numbered months, the Chief Medical Officer is responsible for completing monthly quality assurance/continuous quality improvement chart review of at least 5% (up to 25) of all patients' health records utilizing the attached audit form. The focus of these reviews is clinical aspects of the outpatient health care delivery system.
 4. On odd numbered months, the Chief Medical Officer is responsible for completing monthly quality assurance/continuous quality improvement chart review of at least 5% (up to 25) health care records with a focus other than routine outpatient clinic care. Suggestions include emergency care, special needs clinics, and other areas as identified under B 1 above
 5. Quality assurance chart review may be delegated by the Chief Medical Officer to another prescribing provider as long as the results of the chart review are provided to the Chief Medical Officer.
 6. The results of physician chart review are to be provided to and discussed with the institution Health Service Manager.
- C. In addition to the required areas, CQI activities may be selected from ideas or concerns raised by staff, inmates or others, from previous quality assurance activities, or reports.
- D. As much as possible, CQI activities should always involve representatives from various disciplines, which have an interest or responsibility for the subject selected.

Continuous Quality Improvement Program

- E. The results of the CQI studies are discussed during the CQI agenda item at an interdisciplinary staff meeting.
- F. The format for reporting CQI studies is to include the following areas:
- how the topic was selected
 - question to be analyzed
 - methodology
 - findings
 - plan for improvement
 - implementation
 - outcome
- G. Each institution Health Service Manager is responsible to prepare a narrative quarterly report due at the Health Services Medical Director's office in October (July - September), January (October - December), April (January - March), and July (April - June). These narrative reports describe the quarterly CQI study, as well as the results of environmental inspections, inmate grievances and infection control from the standpoint of quality improvement.
- H. The Medical Director is responsible for the selection and review of clinical services using CQI methodology. These reviews are discussed at meetings of the prescribing providers.
- I. The Dental Director is responsible to select and facilitate a minimum of one area of dental services for review per year. Upon completion of each study, the results are discussed at meetings of the dental care providers with recommendations for improvement.

Effective Date: _____

Revision date: February 2007

Supersedes P&P dated: January 2006

OREGON DEPARTMENT OF CORRECTIONS
HEALTH SERVICES SECTION

QUALITY ASSURANCE CHART AUDIT

Audit Completed By: _____

Date: _____

Institution: _____

AUDIT CRITERIA		SID #	SID #	SID #	SID #	SID #	SID #
1. Dates of service reviewed in chart.	Dates of service reviewed.						
2. Name of staff whose documentation was reviewed.	Names of health care staff whose documentation was reviewed.						
3. Was the exam appropriate to the patient's complaint?	Yes / No Not applicable						
4. Were on site lab tests, EKG's, vital signs appropriate?	Yes / No Not applicable						
5. Were appropriate lab tests, diagnostic studies, and/or consults ordered?	Yes / No Not applicable						
6. Were lab tests, diagnostic studies, and/or consults completed in a timely manner?	Yes / No Not applicable						
7. Were abnormal lab or other diagnostic test results acknowledged and acted upon?	Yes / No Not applicable						
8. Was the assessment consistent with the subjective and objective notes?	Yes / No Not applicable						
9. If medication was prescribed was it consistent with the diagnosis?	Yes / No Not applicable						
10. Were follow up instructions noted as given?	Yes / No Not applicable						
11. Were changes in housing or work assignment documented if needed?	Yes / No Not applicable						
12. Was patient education documented if needed?	Yes / No Not applicable						
Comments							

CONTINUOUS QUALITY IMPROVEMENTS STUDY COVER SHEET

Please submit at the time you present your study or anytime you have completed a study that you want added to the resource list. This will give you and your institution credit for the study. Remember your contribution and the time you spent, is an important part of continuing improvements and achievements in your institution.

DATE PRESENTED: _____

INSTITUTION: _____

NAME OF STUDY: _____

PERSONS RESPONSIBLE FOR THE STUDY: _____

CATEGORY: _____
WHERE DO YOU WANT THIS REFERENCED UNDER, I.E., Admission Screen, Adverse Patients Occurrence, Chronic Care, Customers Satisfaction, Deaths, Dental, Diagnostic Services, Disaster Drills, Environmental Inspection, Infection Control, Infirmary Care, Inmate Grievances, Nursing Service, Pharmacy, Sick Call.

GIVE A SHORT SUMMARY OF YOUR STUDY:

Compliance Indicators	Institutions less than 500 inmates	Institutions greater than 500 inmates
Establish a Multidisciplinary Committee:	NO	YES
		<ul style="list-style-type: none"> • Meets quarterly • Design quality improvement monitoring • Discusses results • Plans corrective action
Reviews (at least) annually	YES	YES
	<ul style="list-style-type: none"> • Access to care • Receiving screening • Health assessment • Continuity of care • Emergency care • Hospitalizations • Adverse patient occurrences (incl. deaths) 	<ul style="list-style-type: none"> • Access to care • Receiving screening • Health assessment • Continuity of care • Emergency Care and Hospitalizations • Critiques of Disaster Drills • Adverse patient occurrences (incl. deaths) • Discharge planning • Infirmary care • Pharmacy Services • Mental Health Services • Dental Care • Inmate Grievances • Infection Control • Environmental Inspection Reports
Annual review of the effectiveness of the CQI Program	YES	YES
	<ul style="list-style-type: none"> • Review CQI studies • Review minutes of Administrative Meetings • Review minutes from staff meetings • Review other pertinent material 	<ul style="list-style-type: none"> • By review of committee meeting minutes.
Responsible physician shall	<ul style="list-style-type: none"> • Perform 5% (up to 25) chart reviews monthly 	<ul style="list-style-type: none"> • Be involved in CQI program as a CQI committee member or by performing monthly chart reviews.
Perform at least one Process Quality Improvement Study annually	NO	YES
Perform at least one outcome Quality Improvement Study Annually	NO	YES
Employ Strategies to solve problems	YES	YES