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**Policy Number:** 500.011  
**Title:** Health Services Review and Assessment  
**Effective Date:** 3/19/19

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**PURPOSE:** To ensure completion of mandated reviews and assessments of health care services to offenders/residents committed to the department.

**APPLICABILITY:** Health services, all facilities

**DEFINITION:**

Health care peer review committee – is composed of:

- A. The department medical director;
- B. The authorized representative of the contracted health care vendor;
- C. The department directors of nursing;
- D. A physician from the contracting hospital provider;
- E. Another physician who provides health care to offenders on-site at a correctional facility;
- F. The department behavioral health services director; and
- G. Others, such as staff from the office of special investigations (OSI), may be invited to attend on a case-by-case basis.

**PROCEDURES:**

The health care peer review committee's activities include such examples as:

- A. Monitoring facility health services by chart reviews, review of prescribing practices and medication administration, and systematic investigation of possible patient care concerns and offender/resident complaints or grievances regarding health care.
- B. Conducting immediate reviews if problems of practice arise. Immediate reviews are serious and should only be permitted by a careful decision of the most senior physician responsible for the system. The health care peer review committee may also make recommendations regarding treatment interventions, as appropriate.
- C. Monitoring the contracted health care vendor's credentialing and privileging process.
- D. Directing the completion of, and reviewing, the documented:
  - 1. External peer review for contracted medical and psychiatric providers;
  - 2. Peer review for dentists every two years; and
  - 3. Peer review for psychologists every two years.
- E. Reviewing, and making recommendations for, offender/resident plans of care as requested by administration.
- F. Maintaining appropriate records and meeting minutes of reviews, ensuring that internal reviews comply with all legal and confidentiality requirements. Consistent with Minn. Stat. § 145.64, data and information acquired by the health care peer review committee are not subject to subpoena or

discovery. Minutes of the peer review committee meetings are maintained in central office health services. The health care peer review committee must not disclose what transpired at a meeting of the committee except to the extent necessary to carry out one or more of the purposes of the committee.

- G. Reviewing all offender deaths and providing a complete, confidential report to the director of health services (see also Policy 500.220, "Health Services Death Review").

**INTERNAL CONTROLS:**

- A. Minutes of the peer review committee meetings are maintained in central office health services.

**ACA STANDARDS:** 4-4410, 4-4411, 4-4412, 4-4422, 4-4423

**REFERENCES:** [Minn. Stat. §145.61; 145.62; 145.63; 145.64; 145.65; 145.66; 145.67](#); and [241.021 Policy 500.220, "Health Services Death Review"](#)

**REPLACES:** Policy 500.011, "Health Services Review and Assessment," 10/4/16.  
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

**ATTACHMENTS:** [Minnesota DOC Dentist Peer Review Tool](#) (500.011A)  
[Minnesota DOC Psychologist Peer Review Tool](#) (500.011B)  
[Minnesota DOC Psychologist Peer Review Summary/Verification](#) (500.011C)  
[Contracted Vendor Psychiatrist Peer Review Tool – SAMPLE](#) (500.011D)  
[Contracted Vendor Medical Physician Peer Review Tool – SAMPLE](#) (500.011E)

**APPROVALS:**

Deputy Commissioner, Community Services  
Deputy Commissioner, Facility Services  
Assistant Commissioner, Operations Support  
Assistant Commissioner, Facility Services