DEPARTMENT OF CORRECTIONS

Policy:	**500.700**
Title:	**Health Services Quality Assurance Program**
Effective Date:	**3/6/18**

PURPOSE: To ensure completion of mandated reviews and assessments of health care services and to support the mission, vision, and strategic plan of the Department of Corrections (DOC) by providing a system of documented internal review and quality assurance activities supporting the provision of high quality, efficient correctional health services to the offender/resident population.

APPLICABILITY: All department facilities

DEFINITIONS:
Confidential – defined per Minn. Stat. §145.64 subd. 1 for the purposes of this directive; all internal or external review activities must comply with legal requirements on confidentiality of records.

Continuous Quality Improvement (CQI) – the systematic process of collecting, trending, and analyzing data to study its effectiveness, plan, intervene, reassess, and develop/monitor corrective action plans.

Continuous Quality Improvement Committee (CQI Committee) – a multidisciplinary committee with the Minnesota DOC medical director as the supervising physician, and an associate director of nursing as the committee advisor. Membership consists of registered nurse supervisors, a nursing education specialist, and the directors of nursing and the contracted health care vendor, CQI RN. Ad hoc committee members on a rotating basis are: the Minnesota DOC health services director, safety director, risk assessment coordinator, quality improvement coordinator, medical records representative, release planner, an associate warden of operations or security captain, and a Minnesota Department of Health representative who is an infectious disease professional.

Pharmacy and Therapeutic Committee (P&T) – a multidisciplinary committee composed of the Minnesota DOC medical director, director of nursing, behavioral health director, an authorized representative of the contracted health care vendor, a contracted physician, the contracted medical vendor's medical and psychiatry directors, contracted pharmacy consulting pharmacists, and ad hoc committee members on a rotating basis, including the DOC health services director, safety director, release planner, and others such as staff from the office of special investigations (OSI).

PROCEDURES:
A. The Health Services Quality Assurance Program system elements include:
   1. Committees composed of members who are most appropriate to review and make recommendations and decisions based on the data collected and reviewed.

   2. Collecting, trending, and analyzing data combined with planning, intervening, and reassessing.

   3. Evaluating defined data in order to achieve more effective access, improved quality of care, and better utilization of resources.

   4. On-site monitoring of health services outcomes on a regular basis through:
      a) Chart reviews by the responsible physician or his/her designee, including investigation of complaints and assessment of the quality of the health records;
      b) Review of prescribing practices and medication administration practices;

c) Systematic investigation of complaints and grievances; and
d) Monitoring of corrective action plans.

5. Reviewing all deaths in custody, suicides or suicide attempts, and illness outbreaks.

6. Implementing measures to address and resolve important problems and concerns identified.

7. Re-evaluating problems or concerns to objectively determine whether the corrective measures have achieved and sustained the desired results.

8. Incorporating findings of internal review and quality assurance activities into educational and training activities.

9. Maintaining appropriate records of internal review activities and meetings.

10. Issuing a quarterly report to the health services director and the facility or program administrator of the findings of internal review activities.

B. Continuous Quality Improvement Committee activities include:

1. Identifying the critical indicators of excellent care and providing a process for attaining excellent care and for monitoring sustainability.

2. Providing and initiating a process for identifying, implementing, directing, and evaluating health services functions.

3. Identifying high-risk, high-volume, or problem-prone aspects of care and establishing a continuous quality improvement (CQI) action plan for following up and for developing risk-management strategies to decrease risk and improve outcomes.

4. Ensuring that DOC policies, division directives, instructions, and procedures provide an environment supporting the provision of excellent health care.

5. Identifying barriers to providing high-quality health care and addressing them through the CQI process.

6. Identifying problems and implementing corrective action plans to evaluate and modify processes as indicated.

7. Identifying areas of needed professional growth and development of health services staff to ensure a qualified and competent nursing staff.

8. Ensuring that health services is providing care that is evidence-based and correlates with national correctional medical and nursing practice scope and standards, community standards, and American Correctional Association (ACA) standards of care.

9. Identifying and planning for future needs of the DOC by using a workforce development plan in correlation with forecasted changes in staff resource availability (e.g., predicted retirements, etc.).

10. Involving all health service staff in CQI processes and outcomes, planning, re-evaluating, and sustainability. This includes:

a) Sending all monthly infectious disease statistical data collection and reporting to the pharmacy and therapeutics (P&T) committee;
b) Sending monthly consulting pharmacy reports, corrective action plans (CAPs), and other reports to the P&T committee;
c) Conducting monthly policy, division directive, instruction, and procedure reviews and acknowledgements;
d) Sending all quarterly chronic disease data collection and reporting to the P&T committee;
e) Sending all quarterly health services process data collection and reporting to the P&T committee;
f) Facilitating multidisciplinary care conferences as indicated to enhance the delivery of patient care and outcomes for offenders/residents;
g) Facilitating and performing documentation reviews to evaluate areas of needed improvement, corrective actions, and education plans; and
h) Facilitating and conducting nursing competency training and ongoing evaluation as indicated.

11. Identifying and supporting efficient use of resources.

12. Establishing and maintaining consistency across the department, decreasing risks.

C. Pharmacy and Therapeutics (P&T) Committee Activities (see also Division Directives 500.045, "Health Record Documentation," 500.200, "Medication Management," 500.2011, "Over-the-Counter Medications (OTC)," and 500.500, "Management of Infectious Diseases")

1. The P&T committee may monitor 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/grievances regarding health care.

2. The P&T committee:
   a) Assists in the development, management, and oversight of a plan for the management of infectious disease based on current clinical practice standards, including:
      (1) Disease prevention activities;
      (2) Educational activities;
      (3) Identification of offender/resident population infections disease screening recommendations;
      (4) Surveillance activities;
      (5) Immunization recommendations, when applicable;
      (6) Treatment guidelines, when applicable;
      (7) Isolation recommendations, when applicable;
      (8) Reporting requirement to the applicable local, state, and federal agencies; and
      (9) Protection of individual offender/resident confidentiality as indicated.

   b) Reviews monthly infectious disease statistics and makes recommendations as clinically indicated.

   c) Provides oversight and review of:
      (1) Contracted health care vendor contract provisions;
      (2) Medical record documentation and dictation practices;
      (3) The use of encounter codes and COMS information;

(4) The use of diagnostic codes; and
(5) The use of the electronic medication administration and ordering system.

d) Reviews medications for addition to the standard formulary as indicated.

e) Reviews medication utilization reports and makes recommendations as indicated.

f) Reviews stock medications and approves or makes changes as indicated.

g) Reviews monthly consultant pharmacy reports and makes recommendations for improvement as indicated.

h) Reviews, makes changes, and approves standing orders annually and as clinically indicated.

i) Reviews, makes changes to, and approves chronic disease management standards of care and treatment as indicated.

j) Reviews quality assurance activities and reports and makes recommendations as indicated.

k) Reviews the over-the-counter medications available in the canteen, annually and as changes are requested.

l) Reviews health services policies, division directives, instructions, and procedures, annually and as changes are requested.

m) Reviews hazardous waste information, or questions as requested by the DOC safety department.

D. P&T committee and CQI committee meeting minutes are completed and retained at central office.

INTERNAL CONTROLS:
A. Meeting minutes are retained in the central office.

ACA STANDARDS: 4-4410

REFERENCES: Minn. Stat. §§ 145.61, subd. 5; 145.64, subd. 1; and 241.021, subd. 4b;
Minn. Stat. §§145.62; 145.63; 145.65; 145.66; 145.67
Division Directive 500.011, Health Services Review and Assessment
Policy 500.220, "Health Services Death Review"
Division Directive 500.045, "Health Record Documentation"
Division Directive 500.200, "Management of Medications"
Division Directive 500.2011, "Over-the-Counter Medications (OTC)"
Division Directive 500.500 "Management of Infectious Diseases"

REPLACES: Division Directive 500.700, "Health Services Quality Assurance Program," 10/4/16.
All facility policies, division directives, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

APPROVED BY:
Deputy Commissioner, Facility Services
Deputy Commissioner, Community Services
Assistant Commissioner, Facility Services
Assistant Commissioner, Operations Support