DEPARTMENT OF CORRECTIONS

Policy Number:	**500.011**
Title:	**Health, Recovery & Programming Peer Review and Assessment**
Effective Date:	**11/11/26**

PURPOSE: To establish a peer review process for evaluating the quality of health services and behavioral health services provided by the department. Reviews and assessments are conducted to identify strengths, concerns and opportunities for improvement to support safe, timely, consistent, and person-centered care.

APPLICABILITY: Health Services, including nursing, medical, dental and behavioral health, all facilities

DEFINITION:

Peer Review Committee – A confidential clinical quality review committee responsible for reviewing health services, behavioral health services, clinical care concerns, suicide and self-harm events, mortality review findings, clinical peer review activities, quality concerns, and other health-related matters as assigned.

The established committee consists of:

A. The department medical director;
B. The regional medical director of the contracted health care vendor;
C. The department director of nursing or designee;
D. A physician from the contracted health care vendor;
E. One or more licensed physicians or nurse practitioners from the community, participating in person or by telephone, with expertise in the relevant clinical area;
F. The director of psychiatry of the contracted health care vendor;
G. The pharmacist liaison of the contracted health care vendor's pharmacy vendor;
H. The clinical pharmacist of the contracted health care vendor;
I. In reviews involving suicide or unanticipated death, a representative from the Office of Special Investigations (OSI) and the department director of behavioral health;
J. Other ad hoc members, as determined appropriate by the department medical director.

All required positions must be represented in the established Peer Review Committee. Participation in an individual case review may be limited to committee members and subject-matter experts whose clinical expertise, responsibilities, or organizational roles are relevant to the matter being reviewed. The department medical director (chief medical officer) determines the participants needed for each review.

Case-specific review panels or subcommittees act on behalf of the Peer Review Committee and must report their findings, recommendations, or completed review activities through the department's established committee oversight process.

Clinical peer review and competency assessment - a confidential clinical quality review process used to evaluate clinical practice, documentation, treatment decisions, care coordination, patient safety, and competency-related concerns. The process may apply to DOC-employed or contracted clinicians and is intended to improve patient care; it is not a routine hHuman rResources performance evaluation.

Clinical quality review - a review used to identify trends, barriers, risks, or opportunities to improve health services, behavioral health services, and related clinical care. Clinical quality review may include chart audits, access-to-care review, medication variance review, workflow review, documentation review, suicide attempts and self-harm review, or other process-improvement activities.

Expedited review - a timely review completed when a concern may involve serious patient safety risk, significant delay in care, possible practice concern, death, unexpected outcome, or other high-risk clinical issue. Expedited reviews may be referred to the pPeer rReview cCommittee, medical director, or other designated reviewer.

Suicide and self-harm review - a targeted clinical quality review of significant suicide attempts, serious self-harm events, or other high-risk suicide-related events. The review focuses on assessment, intervention, monitoring, communication, documentation, follow-up, continuity of care, and system improvement. Completed deaths, including completed suicides, are reviewed under Policy 500.220, "Health, Recovery, and Programming – Death Review."

Person-centered care - care that recognizes the health needs, safety needs, communication needs, functional abilities, dignity, and individual circumstances of the incarcerated person.

PROCEDURES:

A. The pPeer rReview cCommittee activities may include:

1. ~~A.~~ Monitoring facility health services.~~,~~

2. ~~B~~behavioral health services, and related clinical care through chart reviews.~~,~~

3. R~~r~~eview of prescribing practices and medication administration.~~,~~

4. ~~and~~ R~~r~~eview of possible patient care concerns, complaints, or grievances related to clinical care.

5. ~~B.~~ Reviewing concerns related to access, quality, safety, timeliness, or coordination of health services, behavioral health services, or related clinical care for incarcerated people.

6. ~~C.~~ Conducting expedited or targeted clinical quality reviews when significant concerns about clinical practice or patient safety arise, including suicide attempts, serious self-harm events, or other high-risk clinical events. ~~Completed~~ Deaths, including deaths by suicide, are reviewed under Policy 500.220, "Health, Recovery, and Programming – Death

Review." The committee may make recommendations regarding treatment, follow-up, communication, or system improvement, as appropriate.

7.~~D.~~ Monitoring the contracted health care vendor's credentialing and privileging process.

8.~~E.~~ Directing and reviewing~~the completion of, and reviewing,~~ documented clinical peer review or competency assessment when needed to support patient safety, quality of care, clinical oversight, vendor monitoring, or system improvement. Reviews may apply to DOC-employed or contracted clinicians and may be completed using a discipline-specific tool approved by the h~~H~~ealth s~~S~~ervices d~~D~~irector, m~~M~~edical d~~D~~irector, b~~B~~ehavioral h~~H~~ealth s~~S~~ervices d~~D~~irector, or designee.

9.~~F.~~ Reviewing plans of care for incarcerated people and making recommendations, as requested by administration.

~~Reviewing, and making recommendations for, plans of care for incarcerated people as requested by administration.~~

10.~~G.~~ Using review findings to identify opportunities to improve health services, behavioral health services, and related clinical care, including:

a)~~1.~~ Access to care;

b)~~2.~~ Timeliness of care;

c)~~3.~~ Continuity of care;

d)~~4.~~ Medication-related processes;

e)~~5.~~ Documentation;

f)~~6.~~ Communication between disciplines;

g)~~7.~~ Follow-up after hospitalization, specialty care, urgent care, suicide attempt, serious self-harm event, or other high-risk clinical event;

h)~~8.~~ Care for people with chronic, complex, behavioral health, dental, disability-related, or substance use disorder needs; and

i)~~9.~~ Other areas of risk or repeated concern.

11.~~H.~~ Ensuring reviews are completed in a respectful, objective, and person-centered manner. Review discussions and documentation must focus on health needs, care provided, follow-up needs, patient safety, and system improvement.

12.~~I.~~ Maintaining appropriate records and meeting minutes of reviews in compliance with applicable legal, confidentiality, and data privacy requirements. Review records are maintained as confidential quality review records and may only be shared as necessary to

support the purpose of the review, follow-up, or required corrective action. Consistent with Minn. Stat. § 145.64, data and information acquired by the pPeer rReview cCommittee, or its review subcommittees, are not subject to subpoena or discovery.

13.J. Reviewing all deaths that occur in DOC custody through the death review process and submitting a complete, confidential report as required by Policy 500.220, "Health, Recovery, and Programming – Death Review."

INTERNAL CONTROLS:

A. Minutes of the Peer Review Committee meetings are maintained in central office health services.

B. Clinical peer review, clinical quality review, suicide attempts and self-harm review, mortality review coordination, and related records are maintained according to applicable legal, confidentiality, and data privacy requirements.

C. A limited review log or completion record may be maintained for accreditation readiness, credentialing, competency, contract monitoring, compliance, suicide and self-harm review follow-up, or corrective action tracking, as appropriate.

STATE CORRECTIONAL FACILITY SECURITY AUDIT STANDARDS: None

REFERENCES: Minn. Stat. §§ 145.61–145.66 and 241.021, subd. 4b.
Policy 500.220, "Health, Recovery, and Programming – Death Review"
NCCHC Standards for Health Services in Jails and Prisons, 2026 edition, as applicable

REPLACES: Policy 500.011, "Health Services Review and Assessment," 310/94/19.6.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

APPROVALS:
Commissioner of Corrections