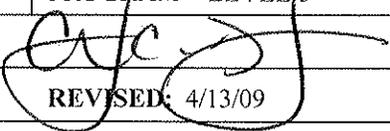


<p style="text-align: center;">POLICY OF</p> <p style="text-align: center;">STATE OF DELAWARE</p> <p style="text-align: center;">DEPARTMENT OF CORRECTION</p>	<p style="text-align: center;">POLICY NUMBER</p> <p style="text-align: center;">A-06.1</p>	<p style="text-align: center;">PAGE NUMBER</p> <p style="text-align: center;">1 of 5</p>
<p>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</p>	<p>RELATED NCCHC/ACA STANDARDS:</p> <p>P-A-06/ 4-4410, 4-4422, 4-4423 (Essential)</p> <p>SUBJECT:</p> <p>COMPREHENSIVE QUALITY IMPROVEMENT PROGRAM – LEVEL 5</p>	
<p>APPROVED BY THE COMMISSIONER:</p> 		
<p>EFFECTIVE DATE: 11/14/07</p> <p style="text-align: right;">REVISED: 4/13/09</p>		
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services
- II. PURPOSE: To provide a facility specific program designed to monitor, evaluate, and improve the delivery of healthcare to the offenders and to identify, analyze and correct problems that may potentially impede the quality of offender healthcare.
- III. APPLICABILITY: All Department of Correction employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. DEFINITIONS: See glossary
- V. POLICY:
 1. The implementation, maintenance and monitoring of the Quality Improvement Program will be the responsibility of the site Quality Improvement Committee. This committee will ensure quality improvement activities are relevant, focused, and demonstrate impact on quality of offender healthcare.
 2. The health care delivered will be monitored and evaluated by the Site Medical Director on a regularly scheduled basis. The Site Medical Director will participate on the QI committee.
 3. The Quality Improvement Committee will share findings with the MAC Committee (Policy A-04) and with healthcare staff.
 4. All quality improvement documents will be marked "Privileged and Confidential Quality Improvement".
 5. The Site Medical Director will document monthly chart reviews to evaluate off-site and on-site health care.
 6. The site Quality Improvement Committee will include the Site Medical Director, the site Health Services Administrator, representatives of each

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discipline that provides healthcare, institutional staff, and the BCHS. The Regional Medical and Mental Health Directors and the Statewide Director of Nurses will attend the QI meetings at each site at least quarterly.

7. Sub-committees, such as mental health, infectious disease, etc, are to be determined at the site level based on the particular functions provided at that site. At a minimum there should be a mental health sub-committee that reports to the site Quality Improvement Committee on a quarterly basis. Activities and participants of any of the sub-committees will reflect those items noted in this policy.
8. Primary functions of the Quality Improvement Committee are:
 - a. Establish objective criteria for monitoring quality of care, assuring high-risk, high-volume and problem-prone aspects of care are evaluated. As is noted below, criteria for monitoring quality of care will be developed to evaluate not only access and process, but also outcomes and other performance measures.
 - b. Evaluate areas such as intake/transfer screening, management of chronic diseases, specialty and off-site care, urgent/emergent care, mental healthcare, dental care, nursing and primary care provider sick call, medication management, and emergency care on a regular basis using the schedule established in the Quality Improvement Calendar described in 12, below.
 - c. Develop corrective action plans for areas that are in need of improvement and assess effectiveness of corrective action.
9. The Quality Improvement Committee will meet at least monthly. Meeting minutes will be recorded in the following format: attendance, approval of previous minutes, review of pending items and activities, scheduled reports and discussion. Areas requiring follow-up will be identified with time frames and responsible person.

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10. Medical Records monitoring will be conducted by the medical staff each month using pre-established criteria. This information will be reported/discussed during QI committee meetings.
11. Two process studies on the effectiveness of the health care delivery process and two outcome studies on whether expected outcomes of patient care are achieved will be conducted annually. At least one of each study will demonstrate problems identified during the QI process will identify actions taken to improve and/or fix the problem.
12. A Quality Improvement Program and Calendar will be developed annually based on medical vendor Performance Indicators, contract guidelines, specific institutional needs and input from the BCHS.
13. In addition to the primary functions, the Quality Improvement Committee will review:
 - a. Timeliness and appropriateness of offender grievances
 - b. Results of Morbidity and Mortality reviews
 - c. Adverse Patient Outcomes
 - d. Results of Disaster Drills and Environmental Inspection Reports
 - e. Infection Control findings
 - f. Other key sentinel events (i.e., serious clinical, professional or administrative occurrences requiring investigation)
 - g. Medication usage
14. The committee will assess the quality of care by looking at one or more of the following measures:
 - a. Accessibility
 - b. Availability
 - c. Appropriateness

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- d. Timeliness
 - e. Effectiveness
 - f. Efficiency
 - g. Safety of Environment
 - h. Quality of patient/provider interaction
 - i. Outcomes
15. Committee chairperson ensures that a quarterly Quality Improvement report is prepared based on the activities and actions of the Quality Improvement Committee. The report will:
- a. Deal with issues identified in the written Quality Improvement Program and Calendar.
 - b. Detail what has been done, what is being done, and what will be done to address identified needs, describe trends, including preventative and problem-solving and educational activities, and suggest other areas for review.
 - c. The site Health Service Administrator will maintain minutes and all related QI information in a confidential file. Reports will be prepared for the MAC Committee.
 - d. The Chair of the QI Committee will be decided at the site level with input and concurrence by the BCHS.
16. An annual review of committee activities will be prepared to summarize performance improvements and areas that need to be addressed or revisited in the coming year.
17. Goals for the up coming year are identified and prioritized. Goals are reviewed quarterly and action taken as indicated and necessary to attain goals. This serves as part of the monitoring schedule for the upcoming year. Goals are summarized in the annual report for the QI Committee and the MAC.

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18. All aspects of this program, its committees, and other ad hoc groups operating as a result of this policy are created for the purpose of analyzing and reviewing the delivery of healthcare services. As such, the committee's function is the review of medical records, medical care, and physicians' work, with a view to the quality of care and utilization of hospital resources, office visits, and trained medical staff. All aspects of the function of any group or committee which operate pursuant to this policy are intended to be "peer review committees" as set forth at 24 *Del. C.* § 1768.

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-A-06
American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2008 Supplement, 4-4410, 4-4422