

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Mental Health Continuous Quality Improvement	PAGE <u> 1 </u> OF <u> 13 </u>
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RULE/CODE REFERENCE: ORC 5120.211	SUPERSEDES: 67-MNH-17 dated 05/27/15
RELATED ACA STANDARDS: 4-4410; 4-4411	EFFECTIVE DATE: February 8, 2016
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to implement the Mental Health Continuous Quality Improvement (CQI) Program and to facilitate the provision of high quality mental health care in a cost effective manner through a continuous systematic approach of monitoring, evaluating, and improving of mental health care services.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Department of Rehabilitation and Correction (DRC) who may be involved in Mental Health Continuous Quality Improvement programs or activities.

IV. DEFINITIONS

Continuous Quality Improvement Committee - A multidisciplinary committee designated by this policy that is responsible for the compliance of quality improvement program activities.

Healthcare Occurrence (HCO) - Any omission or commission on the part of an employee or contractor that has a detrimental effect on the health of an inmate or which is likely to have a future detrimental effect on an inmate's health. A healthcare occurrence may also include self-injurious behavior, unexpected or unintended changes in patient condition and interruption in the delivery of needed services, supplies or equipment, or an occurrence related to staff body fluid exposure.

Independently Licensed Mental Health Professional (ILMHP) - Psychiatrists, Psychologists, Advanced Practice Nurse – Mental Health (APN-MH), Licensed Professional Clinical Counselors (LPCC) and Licensed Independent Social Workers (LISW), who, by virtue of their training and experience and state licensure laws, are qualified to provide mental health care and have been specifically assigned identified tasks in this policy.

Major MH Healthcare Occurrence - Suicide completions, suicide attempts or self-injurious behaviors, regardless of motivation, that require medical care, either outside or inside of the institution, and subsequent continued medical monitoring and/or consideration for a Residential Treatment Unit (RTU), or suicide attempts that had an immediate intervention not been provided, would most likely have resulted in death.

Mental Health Professionals (MHP) - Those persons who, by virtue of their training and experience, are qualified to provide mental health care within the provisions of the state's licensure laws, policies and guidelines including Psychology Assistants, Licensed Professional Counselors (LPC), Licensed Social Workers (LSW), Registered Nurses (RN) and Activity Therapists (AT).

Minor MH Healthcare Occurrence - Minor incident that does not require medical care outside of the institution or was not serious in nature. The Mental Health Minor Healthcare Occurrence Log (DRC5561) lists type of occurrences that fall under this category.

Monitoring and Evaluation - A planned, systematic, and ongoing process involving observation and collection of information on the delivery of behavioral health care services. An evaluation of that information shall be documented in an effort to identify problems, resolution strategies, and procedures to improve mental health care/services.

Peer Review - An evaluation of the clinical pertinence and appropriateness of services delivered by one's discipline specific peer.

Quality Improvement Coordinator (QIC) - The individual/registered nurse who is responsible for the oversight of all quality improvement programs within an assigned institution.

Quality Improvement Log - Documentation, in a continuous chronological order, of identified health care problems/indicators, the corrective action plans for the problems/indicators, the outcome(s) of the corrective action plan, and a periodic evaluation of the plan's effectiveness.

Quality Improvement Program - A comprehensive program to systematically review and improve the quality, efficiency, and effectiveness of behavioral health services. The quality improvement program is a structured organizational process for involving personnel in planning and executing a continuous flow of improvements to provide quality behavioral health services that meet or exceed expectations. This program uses prospective, concurrent, and retrospective activities to assess, evaluate, plan, and act to improve health care.

Quality Improvement Records - Any record or document created during the CQI process or any of its activities, or forms identified as a quality improvement form in the continuous quality improvement policies, protocols, or directives. Not included is aggregate statistical information that does not disclose the identity of persons receiving or providing mental health services. Quality improvement records are confidential.

Suicide Mortality Review Committee - A CQI subcommittee which shall include Operation Support Center staff to review and complete the Mortality Review Suicide (DRC5431).

Suicide Prevention and Review Team (SPART) - A review team comprised of the appropriate Deputy Warden, Mental Health Administrator/Mental Health Manager, Health Care Administrator, Unit Management Chief, Security Chief and Quality Improvement Coordinator (QIC). The SPART is chaired by the Suicide Prevention Coordinator. The review team shall meet as needed but no less than quarterly to discuss the management of, including but not limited to, suicide incidents, close watch, constant watch and mental health special observation status concerns, restraints, drills, assaults, prolonged threats and death of an inmate or staff member.

Utilization Review - An evaluation of the effective and efficient use of program resources and services.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to conduct a system of documented internal reviews that systematically examine and improve the behavioral health services within the department and its institutions. The review shall include the safety and security of persons receiving physical and behavioral health service(s), and the efficiency and effectiveness of the utilization of staff and resources in the delivery of behavioral health services.

VI. PROCEDURES

A. Institution Continuous Quality Improvement (CQI) Program Management

1. The Mental Health Administrator/Manager in conjunction with the QIC shall be responsible to establish a multidisciplinary CQI committee that meets monthly and designs and implements quality improvement monitoring activities, discusses the results, and implements corrective action(s).
2. The QIC shall act as the chairperson of each service area's CQI committee. In the absence of the QIC, the MHA/MHM shall act as the chairperson.
3. The mental health department within the institution shall maintain an active, multidisciplinary Continuous Quality Improvement (CQI) Committee that consists of at minimum:
 - a. The Quality Improvement Coordinator, if applicable;
 - b. Mental Health Administrator/Manager;
 - c. Institutional psychiatrist or APN (when there is no psychiatrist onsite);
 - d. Responsible Deputy Warden;
 - e. Institution Inspector (when requested for a related MH issue);
 - f. Other clinical, administrative, security, pharmacy or support staff may be asked to participate in specific committee meetings or program activities or as deemed appropriate by the Chairperson.
4. Attendance of the persons listed in VI.A.3 of this policy are required at every CQI meeting. Institutions that do not have a prescriber (psychiatrist or APN) on-site full time, the requirement for the prescriber's participation in the monthly CQI meeting may be waived. However, the MHA/MHM shall solicit and document in the CQI minutes input from the off-site prescriber (psychiatrist or APN) and provide minutes for their review following the CQI meeting.

5. Based on their specific health care missions and unique clinical operations, the Franklin Medical Center may combine medical and mental health Continuous Quality Improvement Committees. However, it should be noted that if these committees are combined, it does not imply the requirements for each respective area are combined. All mental health and all medical CQI requirements must be fulfilled, including entering data reports, completing forms, etc.

B. Institution Mental Health CQI Meetings

1. Mental Health CQI meetings shall occur monthly and attended as delineated in section VI.A.3.
2. The agenda for the Mental Health CQI Meeting shall include:
 - a. Call to Order;
 - b. Sign-in of Committee Members;
 - c. Disclosure/Confidentiality Statements;
 - d. Review of Minutes;
 - e. Record Review Summary;
 - f. Monitoring & Evaluation;
 - g. Utilization Review;
 - h. High Risk Environmental Safety Activities;
 - i. Health Care Occurrences;
 - j. Summarization of Case Presentations;
 - k. Peer Review and Credentialing;
 - l. CQI Improvement Log;
 - m. Education and training.
3. Data compilation shall occur monthly by the MHA/MHM and/or designees for the Bureau of Behavioral Health Services CQI Monthly Report. Information included on the BOBHS CQI Report shall be presented at the Mental Health CQI Meeting.
4. Case presentations shall be held as needed to ensure all treating staff present a case from his/her caseload annually and shall be attended by all available MHP's. Case presentation summaries shall be presented at the Mental Health CQI meeting or other MHA/MHM approved format ("brown bag luncheon", training meeting, etc). All case presentations shall be entered into the monthly CQI report for documentation purposes.
5. All BOBHS CQI information shall be entered electronically in the CQI reports database.
6. The Medical/MH/Recovery joint CQI meeting shall occur quarterly.
7. The MHA/MHM shall complete the Mental Health Quarterly SPART report in DOTS Portal by the 10th of the month following each quarter. In addition, the SPART report shall be updated each time a 72-hour SPART Meeting and 30-day Follow-Up SPART Meeting occur.

8. Minutes shall be shared with those that were not able to attend, but are part of the CQI process. Minutes shall be marked CQI Confidential.

C. Monitored Activities

1. Record Reviews
 - a. Standardized record reviews shall occur monthly utilizing the Quality Improvement Monthly File Review Worksheet (DRC5401).
 - b. Ten (10) files minimally shall be reviewed- a sampling from each type of program within the institution shall occur each month (e.g. RTU, ITP and Outpatient).
 - c. Information compiled on the Quality Improvement Monthly File Review Worksheet (DRC5401) shall be summarized for the monthly report and shall be presented at the Mental Health CQI meeting.
 - d. The Mental Health CQI committee shall develop an action plan, if needed, and it shall be evaluated for change at the next Mental Health CQI meeting.
2. Monitoring and Evaluation
 - a. The MHA/MHM or designee shall compile data which will result in more effective access, improved quality of care, and better utilization of resources. The data collected shall be analyzed in order to identify problems in mental health care delivery or to improve mental health services. Some examples of data sources include:
 - i. Institutional Mental Health Monthly Report;
 - ii. Kite Log (DRC2355);
 - iii. Monthly Grievance Log (DRC4269);
 - iv. Major Mental Health Occurrence Log (DRC5386);
 - v. Minor Mental Health Occurrence Log (DRC5561);
 - vi. DRC Quality Improvement Log (DRC 5284);
 - vii. BOBHS Quality Improvement Monthly File Review Worksheet (DRC5401);
 - viii. Mental Health Services Rounds Log – Special Management Housing Unit & Death Row (DRC5171);
 - ix. Nursing Summary of Inmates in Restraints (DRC5323/5324);
 - x. Mental Health Group Attendance (DRC5290);
 - xi. Mental Health Care Services Referral Log (DRC5433); Bureau of Behavioral Health Services CQI Report (DRC5558);
 - xii. CQI Confidential Action Plan (DRC5562);
 - xiii. Metrics data
 - b. At each monthly Mental Health CQI meeting, the committee shall determine what aspects of care shall be monitored until the next meeting utilizing the Quality Improvement Monitoring and Evaluation form (DRC5563). Targeted interventions derived from the QI Confidential Action Plan (DRC5562) shall be monitored utilizing

the Quality Improvement Monitoring and Evaluation (DRC5563) form and reviewed at the next Mental Health CQI meeting.

3. Utilization of Resources
 - a. Mental Health's CQI program shall conduct systematic review of resource utilization.
 - b. Utilization review focuses on allocating the use of resources in the most cost-effective manner, while maintaining the quality of care.
4. High Risk Activities (inclusive of medication errors, restraints, segregation, etc.)
 - a. Crisis and suicide interventions and processes shall be reviewed and problems in documentation shall be reported at the Mental Health CQI meeting. The Mental Health CQI committee shall determine if an aspect of mental health care requires monitoring and improvement planning.
 - b. All restraint episodes require a follow-up review per Departmental policy, 63-UOF-04, Physically Immobilizing Restraints. This information shall be summarized during the Mental Health CQI meeting and the Mental Health CQI committee shall identify mental health aspects of care that may require monitoring and action steps.
 - c. Medication Error Reporting
 - i. All medication errors shall be reported and documented per Medical Protocol, G-5, Medication Error Report, on the Medication Error Report form (DRC5248).
 - ii. In an RTU setting for psychiatric nurse administered medications, the Psychiatric Nurse Supervisor shall be notified of any medication errors and receive the original Medication Error Report (DRC5248).
 - iii. Each institution Mental Health Services CQI Committee shall include a systematic review of medication error reports.
5. Health Care Occurrences
 - a. Mental Health Major Healthcare Occurrences
 - i. A BOBHS Major Healthcare Occurrence Incident Notification (DRC5370) shall be completed and submitted as soon as possible, but no later than the next business day, to the institution MHA/MHM and the Bureau of Behavioral Health Services (BOBHS) Operation Support Center Central Office CQI Committee by the first mental health staff member who gains knowledge of the event.
 - ii. The MHA/MHM or designee shall do an investigative review of the incident following the format on the Major Healthcare Occurrence Investigation Worksheet for Mental Health (DRC5331) and submit the form to BOBHS

Operation Support Center within ten (10) business days. Special SPART meeting minutes from the 72-hour and 30-day meetings may be submitted in lieu of the Major Healthcare Occurrence Investigation for Mental Health (DRC5331).

- iii. The MHA/MHM in coordination with the QIC (if applicable) at each institution is responsible for the individual and aggregate analysis of healthcare occurrences.
- iv. The MHA/MHM shall ensure all occurrences are thoroughly and comprehensively reviewed in order to determine trends or patterns indicative of an opportunity for improvement or a need for corrective action.
- v. The Major Healthcare Occurrence Investigation Worksheet for Mental Health (DRC5331) shall be kept in an area where confidentiality can be maintained.
- vi. In the event of a completed suicide, the Major Healthcare Occurrence Investigator worksheet (DRC5331) shall not be completed. A Mortality Review shall be conducted by the Regional Behavioral Health Coordinator or designee. Healthcare Occurrence Incident Notification (DRC5370) shall still be completed by the institution.

b. Mental Health Minor Healthcare Occurrences

- i. Mental Health Minor Healthcare Occurrences include any other occurrence (besides those listed above) that does not require medical care outside of the institution or was not serious in nature. The Mental Health Minor Healthcare Occurrence Log (DRC5561) defines the type of occurrence that falls under this category.
- ii. Mental Health Minor Healthcare Occurrences shall be logged by the first person witnessing the event or receives a copy of the incident report on the Minor Mental Health Occurrence Log (DRC5561).
- iii. The form provides a guide as to what type of events warrant logging (e.g. incidents that do not result in outside medical care or are not of a serious suicide attempt). The log(s) shall be kept in an area where confidentiality can be maintained.
- iv. The MHM/MHA shall review this log regularly and define trends to be reported to the monthly Mental Health CQI meetings. Intervention on negative trends shall be documented on the CQI Confidential Action Plan (DRC5562).
- v. BOBHS Major Healthcare Occurrence Incident Notification (DRC5370) is not required for a minor healthcare occurrence. However, a copy of the Minor Mental Health Occurrence Log (DRC5561) shall be forwarded monthly to the BOBHS QIC or designee.

6. Case Presentations
 - a. ILMHP and MHP shall meet for case presentations in a format determined by the MHA/MHM (e.g. brown bag, CQI meeting).
 - b. Staff members who have interventions on the treatment plan shall present one (1) clinically challenging/interesting case per year using the guidelines outlined in Appendix A.
 - c. The tracking of the case presentations shall occur during the CQI meeting.

7. Peer Review and Credentialing
 - a. The Office of Correctional Health Care shall be responsible for coordinating an external review of all psychologists, psychiatrists and advanced level providers, utilized in DRC facilities every two (2) years, at minimum.
 - b. Nursing staff shall participate in the nursing competency training and assessment program, as outlined in Medical Protocol G-9, Nursing Competency: Training and Assessment.
 - c. Each MHA/MHM is responsible to ensure every Mental Health Professional is supervised in accordance with mental health protocol I-7, Supervision Guidelines for Mental Health Professionals.
 - d. Each MHA/MHM is responsible to ensure every licensed nurse under their supervision providing clinical services completes the nursing competency training and assessment program during the “on-the-job” training period and annually thereafter.
 - e. The MHA/MHM or designee(s) shall verify all licenses and credentials of applicable staff utilizing the on-line license verification centers provided by each board upon employment and annually during the month of January. Verification of license or certification shall be completed by searching the appropriate licensure board website. The verification information shall include name of individual for which the verification is being conducted, credential and or license type, first issuance date, effective date, expiration date and status. Individuals cannot verify their own license. The verification is to be printed, signed and dated by MHA/MHM or designee. A copy of the verification shall be retained in the CQI files or contractor’s file and made available for auditors as requested. If a license cannot be verified, then all clinical activities shall be suspended until the license can be verified.
 - f. The Bureau of Behavioral Health Services shall verify the credentials of Psychiatrists and Advance Practice Nurse-Mental Health prior to the provision of clinical services and every twelve (12) months thereafter through the use of the National Practitioners Databank. The verification and approval shall be documented on the Contract Psychiatric Provider Information form (DRC5506).

noting on the cover sheet, "Attention: CQI Confidential" and forwarded to the MHM/MHA.

- e. A Suicide Mortality Review Committee shall complete a suicide mortality review within thirty (30) calendar days. The review shall be documented on the Mortality Review Suicide form (DRC5431).
- f. In all cases of suicide this review shall include:
 - i. A critical review of the circumstances surrounding the incident;
 - ii. Any precipitating factors identified;
 - iii. A critical review of Department policies and procedures relevant to the incident with copies of documentation confirming procedural implementation of constant, close, or mental health special observation status of a suicide watch;
 - iv. A synopsis of all relevant training received by involved staff;
 - v. Pertinent medical and mental health services reports including a summary of the inmate's involvement prior to death;
 - vi. Recommendations, if any, for change in policy, training, physical plant, medical or mental health services and operational procedures;
 - vii. The Mortality Review Suicide (DRC5431) form shall be returned to the institution CQI Committee within thirty calendar days of the incident;
 - viii. All deaths shall be reviewed within the BOBHS Operation Support Center CQI Committee and shall be reported to the Operation Support Center Mental Health Quarterly CQI Committee;
 - ix. Mental health records shall be handled in the following manner after an inmate death:
 - 1) A final note shall be entered in the record to state "patient expired, case closed." The note should be dated, timed and signed.
 - 2) The mental health record shall be forwarded to the Managing Officer's office at the first opportunity, no later than the first working day following an inmate's death. The record shall be secured in the Managing Officer's office for review, as necessary, by authorized individuals per the guidelines outlined in Departmental policy 07-ORD-11, Confidentiality of Medical, Mental Health, and Recovery Services Information.
 - 3) Any documentation not already in the mental health record at the time the inmate dies must be placed in the record by the MHM/MHA. The date and time of placement shall be clearly documented along with the MHM/MHA's signature.

9. Suicide Prevention and Review Teams (SPART)

- a. Quarterly and Special SPART teams shall be convened in accordance with Department policy 67-MNH-09, Suicide Prevention.

D. Plan Implementation

1. When problems are identified from any of the above sources, then a CQI Confidential Action Plan (DRC5562) shall document the plan for each problem.

2. The MHM/MHA shall utilize the BOBHS Quality Improvement Monitoring and Evaluation (DRC5563) to collect data for minimally three months to determine if the action plan is achieving the intended result.
3. When appropriate (as identified by improved outcomes), the problem shall be terminated; if no improvement or not the desired outcome, a new action plan shall be written.
4. The MHA/MHM shall be responsible for incorporating the findings and outcomes of all CQI program review activities into the organization's educational and training activities.
 - a. Such training may consist of incorporation of the findings into the institution annual in-service program, behavioral health service area staff meetings, or departmental continuing education program.
 - b. BOBHS Education and Training Manager and the respective RBHA shall be notified via email of any identified training needs.

E. Bureau of Behavioral Health Services (BOBHS) Operation Support Center CQI Program Management

1. The Bureau of Behavioral Health Services CQI Committee shall meet quarterly and consist of the following staff members:
 - a. Chief of the Bureau of Behavioral Health Services or designee-chairperson;
 - b. OSC Chief of Psychiatry;
 - c. Psychiatric Nursing representative;
 - d. BOBHS Education representative;
 - e. BOBHS Continuous Quality Improvement Manager;
 - f. Regional Behavioral Health Administrators;
 - g. Sex Offender Services Administrator;
 - h. Legal services representative as needed; and
 - i. Other persons as determined by the chairperson.
2. The BOBHS Central Office CQI meeting shall include a review and analysis of these CQI program areas:
 - a. Monitoring and Evaluation of Mental Health Services;
 - b. Utilization of Resources;
 - c. Identification and prevention of risk;
 - d. Credentialing and Privileging;
 - e. Peer review; and
 - f. Education and Training.
3. The BOBHS Central Office CQI committee shall provide review and analysis of mental healthcare incident reporting submitted by each institution and shall make appropriate recommendations regarding any needed changes in Department policies, procedures, and practices relating to mental health services.

4. The BOBHS Central Office CQI meeting minutes shall reflect a summary of the discussion and activities. These shall be recorded during the meeting and forwarded to the chairperson for review and editing prior to the next meeting. Minutes shall also include date, time, and attendance.

F. Confidentiality

1. Continuous Quality Improvement records are confidential and privileged and shall not be disclosed to any person or entity except as provided by the specific exceptions within ORC 5120.211.
2. Records of internal review activities must comply with legal requirements on confidentiality of records.
3. Any questions regarding the appropriateness of release of such confidential materials shall be directed to the Department's Chief Legal Counsel.
4. All quality improvement records shall be marked as "Confidential." CQI-related correspondence sent via electronic mail, including any attachments, shall place "CQI CONFIDENTIAL" in the subject line.
5. All participants in Continuous Quality Improvement Committees and Continuous Quality Improvement Program activities shall sign a Statement of Confidentiality for Quality Improvement (DRC5325) annually agreeing to maintain the confidentiality of all information emanating from these activities.

G. Record Retention

1. Continuous Quality Improvement documents shall be maintained in a confidential secured manner under the control of the MHA/MHM, Quality Improvement Coordinator, or designee.
2. All listed documentation shall be retained in accordance with DRC's Record Retention Schedule.
 - a. Any documentation may be retained for longer periods of time, if such retention is deemed necessary.
 - b. All CQI records shall be shredded and destroyed upon expiration of retention schedule.

Attachments:

Appendix A Guidelines to Case Presentation

Related Departmental Forms:

Kite Log	DRC2355
Grievance Log	DRC4269
Mental Health Services Rounds Log – Special Management Housing Unit & Death Row	DRC5171
Medication Error Report	DRC5248
DRC Quality Improvement Log	DRC 5284
Mental Health Group Attendance	DRC5290
Nursing Summary of Inmates in Restraints	DRC5323/5324
Statement of Confidentiality for Quality Improvement	DRC5325
Major Healthcare Occurrence Investigation Worksheet for Mental Health	DRC5331
BOBHS Major Healthcare Incident Occurrence Notification	DRC5370
Major Mental Health Occurrence Log	DRC5386
Mental Health Social Worker/Professional Counselor Peer Review	DRC5389
BOBHS Quality Improvement Monthly File Review Worksheet	DRC5401
Mortality Review Suicide	DRC5431
Monthly Mental Health Care Services Referral Log	DRC5433
Contract Psychiatric Provider Information	DRC5506
Institutional Notification of Peer Review	DRC5524
Safe Cells Inspection Form	DRC5526
BOBHS CQI Monthly Report	DRC5558
Minor Mental Health Occurrence Log	DRC5561
CQI Confidential Action Plan	DRC5562
BOBHS Quality Improvement Monitoring and Evaluation	DRC5563
Mental Health Psychologist Peer Review	DRC5565

Appendix A

Guidelines to Case Presentation

The clinician will utilize these focus areas to discuss his/her current case.

1. **Brief Description of Presenting Problems**- Give a brief description of what brings the the offender in for treatment.
2. **Current Symptoms**-Describe observable symptoms that may or may not match with what the offender is stating as the presenting problem.
3. **Relevant History**-Briefly discuss the historical factors that exist that inform the case conceptualization.
4. **Risk Issues**- Describe any risk issues that are noted regarding risk to self or others. This can include, but is not limited to, self-injurious behaviors, attempts, and volatile temper. Describe any efforts to mitigate those risks.
5. **Case Conceptualization**- The provider will describe the theoretical lens utilized to connect diagnostic evaluation to direction taken in treatment.
6. **Documentation**- Give a description of the flow of your documentation of the case, including how you have documented progress, success or change of direction in treatment. Include how this fits into the assessments provided by other providers. What is working well? What are some challenges? Identify where you would like assistance.