

STATE OF OHIO



DEPARTMENT OF REHABILITATION  
AND CORRECTION

SUBJECT: <b>Medical Services Continuous Quality Improvement</b>	Page 1 of 12
	NUMBER: 68-MED-22
RULE/CODE REFERENCE: ORC 5120.211	SUPERSEDES: 68-MED-22 dated 8/6/2014
RELATED ACA STANDARDS: 4-4410M; 4-4411M; 1-HC-4A-03; 1-HC-4A-04	EFFECTIVE DATE: January 20, 2016
	APPROVED: 

**I. AUTHORITY**

This policy is issued in compliance with Ohio Revised Code Section 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 Medical Quality Improvement Program and to facilitate the provision of high quality medical services care in a cost effective manner through a continuous systematic approach of monitoring, evaluating and improving of 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 Medical Continuous Quality Improvement programs or activities.

**IV. DEFINITIONS**

**Chief Medical Officer (CMO)** - The physician responsible for the day-to-day medical care of offenders at the institution level. The Chief Medical Officer (CMO) is the ultimate medical authority at the institution.

**Health Care Occurrence** - Any omission or commission on the part of an ODRC 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. Health care 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 related to staff body fluid exposure.

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

**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 physical health care 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 health care that meets or exceeds 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 form identified as a quality improvement form in the quality improvement policy, protocols, or directives. Not included is aggregate, statistical information that does not disclose the identity of persons receiving or providing medical services.

## V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to conduct a system of documented internal review that systematically reviews and improves the quality of medical services within the Department and its institutions. The review shall include the safety and security of persons receiving health service, and the efficiency and effectiveness of the utilization of staff and resources in the delivery of health care services.

## VI. PROCEDURES:

### A. Overview

1. The Bureau of Medical Services (BOMS) is committed to improving the health of our patients by providing excellent health care. The BOMS' mission is to promote optimal wellness through identification and treatment of health problems, while providing patient education associated with health conditions and disease prevention. BOMS will foster an atmosphere that promotes comprehensive, compassionate, quality, professional health care through education, provision of resources, clinical oversight and administrative support.
2. It is the policy of the Department of Rehabilitation and Correction that there will be a comprehensive prospective, retrospective, and concurrent system of internal review that:
  - a. Is implemented by the Health Care Administrator (HCA) Chief Medical Officer (CMO) and Quality Improvement Coordinator (QIC) to collect, trend and analyze defined data;
  - b. Results in effective access to health care, provides quality health care, fosters effective health care provider/patient interaction, and addresses utilization of health care resources;

- c. Uses continuous quality improvement tools and techniques to identify, plan, study, and remedy problems/processes in the health care system, and intervene with strategies to correct or improve these problems/processes;
  - d. Continuously reviews components of the health care delivery system while working towards continuous improvement in the delivery of health care;
  - e. Uses a multidisciplinary team in the implementation of this program.
3. The HCA, QIC, and CMO shall direct all activities within the institutional Continuous Quality Improvement (CQI) program.

**B. Institution Quality Improvement Program Management**

1. The CMO, QIC, and HCA shall be responsible to establish a multidisciplinary medical CQI committee that meets monthly and designs and implements quality improvement monitoring activities, discusses the results, and implements corrective action(s).
2. Attendance of the following institutional staff is required and shall be documented via signature at every monthly medical CQI meeting:
  - a. QIC;
  - b. HCA;
  - c. CMO or designated institution Advanced Level Provider (ALP);
  - d. Institutional Inspector; and
  - e. Responsible Deputy Warden or Health Planning Administrator (HPA).
3. If one (1) or more of the staff listed above in section B-2 is not in attendance, a quorum has not met and therefore the monthly medical CQI meeting is considered “not held.”
4. As deemed appropriate by the chairperson, the mandatory monthly medical CQI meeting may also be attended by:
  - a. Health and Safety Officer
  - b. Institutional Dentist / Dental staff;
  - c. Staff nurse(s);
  - d. On-Site Pharmacist (if applicable);
  - e. Health care clerical staff;
  - f. Other clinical, administrative, security, or support staff
5. Based on their specific health care missions and unique clinical operations, the following facilities shall combine medical and mental health Quality Improvement Committees:
  - a. Allen Oakwood Correctional Institution (AOIC)
  - b. Corrections Reception Center (CRC)
  - c. Southeast Correctional Complex (SCC)

**C. Medical CQI Meeting Format**

1. CQI meetings shall occur monthly and shall review, discuss, plan, monitor, and implement:
  - a. Quality improvement studies;
  - b. Quality reviews;
  - c. Quality indicators;
  - d. Quality interventions; and
  - e. Quality improvement plans, which shall include corrective actions, responsible parties, and timelines.
2. Each medical CQI program shall maintain meeting minutes and other appropriate records of the CQI activities.
  - a. CQI meeting minutes shall be recorded during the meeting and forwarded to the QIC/HCA for review and editing prior to the next CQI meeting.
  - b. CQI meeting minutes shall reflect a summary of the discussion and activities.
  - c. CQI meeting minutes shall also include date, time, and attendance.
  - d. A system shall be established whereby staff not attending the meeting is informed of findings and improvement initiatives.
3. Each CQI committee shall follow the standardized CQI agenda/activities for each meeting. CQI activities are discussed within this meeting by agenda topic area. The following are mandated CQI agenda topic areas:
  - a. Call to order;
  - b. Sign-in of committee members;
  - c. Attendance / CQI Confidentiality Statement;
  - d. Previous meeting minutes review and acceptance;
  - e. Monitoring and evaluation of health care services;
  - f. Utilization of resources;
  - g. Health care occurrence review and risk prevention;
  - h. Informal complaints and grievances;
  - i. Credentialing & privileging;
  - j. Peer review activities;
  - k. Infection control & environmental safety;
  - l. Patient education;
  - m. Staff education and training;
  - n. Quality improvement log;
  - o. CQI studies results review and interventions;
  - p. Review of corrective action plans activities;
  - q. Review of committee members CQI intervention assignments.
4. The CQI committee shall assure that all program areas listed on the Annual Program Area Review (Attachment A) are reviewed and areas of improvement identified and addressed

through the CQI process at least annually within the institutional CQI program activities, using the various quality tools and performance measures.

5. The medical CQI program shall participate in at least quarterly joint meetings with mental health, sex offender (if applicable) and recovery services CQI committees to review and discuss areas of mutual concern and responsibility.
  - a. The QIC shall serve as the chairperson of the quarterly joint CQI meeting.
  - b. Attendance by the QIC and HCA is required and shall be documented via signature at every quarterly joint CQI meeting.
  - c. As deemed appropriate by the chairperson, based on the topics for discussion, other clinical, administrative, security, or support staff may also be invited to attend.

#### **D. Medical CQI Meeting Activities**

1. Monitoring and evaluation is a planned, systematic, and ongoing process involving observation and collection of information in the delivery of patient care services, as explained via the Circle of Continuous Quality Improvement (Attachment B). This includes both the process and outcomes of patient care in an effort to identify problems and opportunities for improvement in patient care services.
  - a. Each medical CQI committee shall provide onsite monitoring of health service outcomes by:
    - i. Systematic medical records reviews by medical staff in their area of responsibility;
    - ii. Systematic review of health care services provided;
    - iii. Systematic investigation of patient complaints and grievances;
    - iv. Systematic review of prescribing and medication administration practices conducted by health care staff, institutional pharmacy and therapeutics committee or DRC pharmacy and therapeutics committee;
  - b. Each medical CQI program shall develop and implement a system that addresses and resolves important problems identified through the review process. This process shall provide a means for evaluating, then reevaluating whether the corrective measures have achieved and sustained the desired results.
  - c. Specific monitoring and evaluation procedures are outlined in protocol G-1, Monitoring and Evaluation.
2. Utilization of Resources
  - a. Each medical Quality Improvement Program shall conduct systematic review of medical resource utilization. Utilization review focuses on allocating the use of resources in the most cost-effective manner, while maintaining the quality of care. Areas that shall be reviewed regularly include, but are not limited to:

- i. Emergency Transports;
    - ii. Hospitalizations;
    - iii. Specialty Consultations;
    - iv. Infirmary bed usage and services;
    - v. Staff and health care resources utilization.
  - b. All utilization review information shall be entered monthly into the online Monthly Statistical Summary.
  - c. The HCA, in conjunction with the CMO, shall conduct a review of all emergency transports the next business day, as outlined in protocol B-8, Assessment & Processing of Medical Emergencies.
    - i. This review shall include:
      - 1) An analysis of the appropriateness of the trip;
      - 2) Nurse-physician communications, assessment and intervention skills;
      - 3) Utilization of resources on site;
      - 4) Admission status.
    - ii. Significant individual findings, trends and ER trip admission rates shall be reported to the CQI Committee where further monitoring/evaluation and interventions can be assigned as necessary.
3. Health Care Occurrence Reviews and Risk Prevention Strategies
  - a. Each medical CQI program shall develop a system that addresses real or potential problems identified through Health Care Occurrence Notification (DRC5279) and investigation of complaints and grievances. Specific procedures are outlined in protocol G-4, Medical Health Care Occurrence Reporting, and G-5, Medication Error Reporting.
  - b. Each medical operation shall complete a systematic review of medication error reports, health care incident reports and associated record reviews.
  - c. A member or designee of the health care leadership team shall meet with the pertinent inmate in person to discuss all health care related filed informal complaints. Documentation of these meetings shall be maintained.
  - d. Each medical operation shall review the number and types of informal complaints and grievances related to health care to assess for trends and commonalities in conjunction with the Institutional Inspector.
  - e. Each medical operation shall review the prevalence and impact of infectious diseases within the health care operation. Hepatitis C, HIV, MRSA, pediculosis, and other infectious diseases shall be reviewed, monitored, and addressed on a monthly basis.
  - f. There shall be a systematic review of all deaths in custody. Specific mortality review procedures are outlined in protocol G-6, Mortality Review Process.

4. Licensing, Credentialing & Privileging
  - a. All health care staff shall comply with applicable state and federal licensure, certification or registration requirements.
  - b. Each medical CQI program shall ensure that applicable credentials and job descriptions are current and are maintained on file in each facility.
  - c. In accordance with protocol G-8, Credentialing and License Verification:
    - i. The HCA shall ensure that all licensed staff shall have their license verified initially and annually thereafter;
    - ii. The BOMS shall privilege and credential clinical staff prior to the provision of clinical services, and annually thereafter, for physicians, advanced level providers, and clinicians with prescriptive authority.
  - d. If a licensed staff member allows their license to lapse, that staff member shall be immediately removed from the work schedule until active licensure is obtained. Lapsed licensure may result in discipline.
5. Peer Review
  - a. The Medical Director and Dental Director shall be responsible for coordinating an external review of all physicians, advanced level providers, and dentists utilized in DRC facilities every two (2) years, at minimum, as outlined in protocol G-3, Peer Review.
  - b. Nursing staff shall participate in the nursing competency training and assessment program, as outlined in protocol G-9, Nursing Competency: Training and Assessment.
6. Infection Control & Environmental Safety
  - a. Each CQI committee shall review the environmental safety and infection control activities within the facility to look for opportunities for improvement.
  - b. Each committee shall review:
    - i. The infection control practices and activities required in Department policy 68-MED-18, Infection Control Activities;
    - ii. Any significant findings from the Fire/Safety/Sanitation - Weekly Inspection Report (DRC1396) for the medical operation;
    - iii. The medical operation for opportunities to improve the health and safety of staff and patients.

## 7. Education and Training Activities

- a. Each HCA shall be responsible for incorporating the findings and outcomes of all CQI program review activities into the organization's educational and training activities. The HCA and CMO shall review this annually.
- b. Such training may consist of incorporation of the findings into the institution annual in-service program, health care staff meetings, or departmental continuing education programs.
- c. Patient education shall be incorporated into provider/patient encounters.
  - i. Patients shall receive education relevant to their health care by members of the health care team.
  - ii. This can include information on disease process, health and wellness, health screenings and preventative care, and self care.
- d. Health education can be provided by health staff, program staff, or volunteers. Health education may be provided during patient encounters, use of pamphlets or handouts, promoting health fairs, playing educational videotapes, or group presentations.

## 8. Quality Improvement Log

- a. The Quality Improvement Log (DRC5284) or equivalent shall be kept to document health care problems found or quality interventions implemented within the quality program.
- b. This log shall be reviewed and updated during each CQI meeting.
- c. Status of plans of correction and/or intervention strategies shall be assessed and the log updated as necessary.

## **E. Continuous Quality Improvement Program Chairperson Responsibilities**

1. The QIC shall be the chairperson of the CQI committee, and is responsible for carrying out the CQI program in the institution, as well as for coordinating the Quality Improvement programs between medical, dental, mental health, sex offender (if applicable), and recovery services.
2. Each medical CQI chairperson shall prepare the Bureau of Medical Services approved quality improvement monthly report detailing items specified in section C-3.
3. Each CQI chairperson shall provide a quarterly report of the findings of the Internal Review Activities and actions to the Managing Officer, the responsible Deputy Warden, each Health Care Manager and their respective Quality Improvement Committee. Such reports shall comply with applicable legal requirements for confidentiality of Quality Improvement Records.

**F. Bureau of Medical Services Quality Improvement Program Management**

1. The BOMS' QIC, State Medical Director, and Director of Nursing shall be responsible to establish a multidisciplinary BOMS' CQI committee that meets monthly and designs and implements statewide quality improvement monitoring activities, discusses the results, and facilitates corrective action(s).
2. Attendance of the following Bureau of Medical Services staff is required and documented via signature at every monthly medical CQI meeting:
  - a. QIC;
  - b. Director of Nursing or designated Regional Nurse Administrator; and
  - c. State Medical Director or designated Advanced Level Provider (ALP).
3. If one or more of the staff listed above in section F-2 is not in attendance, a quorum has not met and therefore the monthly CQI meeting is considered "not held."
4. As deemed appropriate by the chairperson, the mandatory monthly BOMS CQI meeting may also be attended by:
  - a. Managing Director of Healthcare & Fiscal Operations;
  - b. DRC Assistant Medical Director;
  - c. Regional Nurse Practitioners;
  - d. Regional Nurse Administrators;
  - e. Healthcare Analytics Division representative;
  - f. Medical Policy Manager;
  - g. Medical Education Manager;
  - h. Infectious Disease Manager;
  - i. Dental Director;
  - j. Dietary Operations Manager;
  - k. Behavioral Health Services representative;
  - l. Chief Inspector's Office representative;
  - m. Legal Services representative;
  - n. Other persons as determined by the chairpersons
5. The BOMS CQI meeting shall include a review and discussion of these CQI program areas:
  - a. Monitoring and evaluation of health care services;
  - b. Utilization of resources;
  - c. Identification and prevention of risk;
  - d. Credentialing and privileging;
  - e. Peer review;
  - f. Education and training;
  - g. Quality improvement log review.
6. The BOMS CQI committee shall provide review and analysis of health care incident reporting submitted by each institution and shall make appropriate recommendations to the

Managing Director of Healthcare & Fiscal Operations regarding any needed changes in DRC policies, procedures, and practices relating to correctional health care.

7. Utilizing information provided by the institution mortality review, the Bureau of Medical Services shall conduct a clinical mortality review of every death that occurs to a patient in custody.
8. The Bureau of Medical Services Regional Nurse Administrators shall provide clinical oversight of institution health care service provision and annual review of the Quality Improvement program policies, protocols and directives.
9. The BOMS CQI meeting minutes shall reflect a summary of the discussion and activities.
  - a. These shall be recorded during the meeting and forwarded to the chairperson for review and editing prior to the next CQI meeting. Minutes shall also include date, time, and attendance.
  - b. A system shall be established whereby staff not attending the meeting is informed of findings and improvement initiatives.

#### **G. Confidentiality**

1. Quality improvement records are confidential and privileged and may 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".
5. All participants in Quality Improvement Committees and Quality Improvement Program activities shall sign a Statement of Confidentiality for Quality Assurance (DRC5325) agreeing to maintain the confidentiality of all information emanating from these activities.

#### **H. Record Retention**

1. Quality improvement documents shall be maintained in a confidential secured manner under the control of the Health Care Administrator, Quality Improvement Coordinator, or designee.

2. All listed documentation must be retained for the stated lengths of time.
  - a. CQI documentation shall be retained for five (5) years, as dictated by the DRC Record Retention Schedule.
  - b. All CQI records shall be shredded and destroyed upon expiration of retention schedule.

### **I. Quality of Life Index**

1. Each institutional and BOMS Continuous Quality Improvement program shall assess patient and staff satisfaction with medical services provided at an institution on a routine basis.
  - a. Methodology: The CQI program shall facilitate spontaneous “ad hoc” groups of both inmates and staff to solicit feedback regarding medical services in an institution. The group setting shall be unstructured, allowing participants to voice whatever concerns or comments they may have regarding institutional medical services.
  - b. Group Requirements:
    - i. Patient - The patient group shall consist of at least ten (10) inmates; five (5) that are enrolled in some type of chronic disease clinic and five that are not. The institution shall randomly select inmates for this group. Attendance of the Institutional Inspector is required at all patient ad hoc group meetings.
    - ii. Staff - The staff group shall consist of at least three (3) staff members, with an attempt to select alternate staff from across shifts and positions. The institution shall avoid selection of the same alternate staff members, as groups are repeated each quarter.
  - c. Frequency:
    - i. Institutional Level - The QIC shall conduct at least one (1) patient group and one (1) staff group each quarter of the calendar year.
    - ii. BOMS Level - The BOMS RNA will conduct one (1) patient group and one (1) staff group that meet the same criteria as the institutional groups annually, during a site visit.

d. Follow-up:

- i. Institutional Level - The QIC shall review comments and concerns from both groups at the next CQI committee. Utilizing CQI process and principles, the committee shall analyze and determine what, if any, interventions are indicated.
- ii. BOMS Level - The RNA shall review comments and concerns from both groups with the institutional medical administration (HCA, QIC, CMO) utilizing CQI process and principles to determine what, if any, interventions are indicated. The RNA shall also report relevant findings to the BOMS statewide CQI committee for review.

**Attachments:**

Attachment A	Annual Program Area Review
Attachment B	Circle of Continuous Quality Improvement

**Related Department Forms:**

Fire/Safety/Sanitation - Weekly Inspection Report	DRC1396
Health Care Occurrence Notification	DRC5279
Statement of Confidentiality for Quality Assurance	DRC5325
Quality Improvement Log	DRC5284

# **Attachment A**

## **Annual Program Area Review**

### **Program Areas:**

- Access to care
- Receiving screening,
- Health assessments,
- Chronic care
- Preventative health care
- Medical care
- Reception screening
- Specialty medical care
- Continuity of care
- Infirmery care
- Nursing care
- Pharmacy services
- Diagnostic services
- Dental care
- Emergency care
- Hospitalizations
- Deaths
- Disaster drills
- Inmate grievances
- Infection control
- Medication administration
- Adverse patient occurrences
- Environmental inspection reports

### **Performances Measures:**

- Timeliness of services
- Appropriateness of services
- Patient / Provider interaction /satisfaction
- Effectiveness of services
- Access to services
- Efficiency of services
- Safety of Environment
- Continuity of care

# Attachment B

## Circle of Continuous Quality Improvement

