

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Recovery Services Continuous Quality Improvement	PAGE <u>1</u> OF <u>6</u> NUMBER: 70-RCV-05
RULE/CODE REFERENCE: 5120.211	SUPERSEDES: 70-RCV-05 dated 10/01/14
RELATED ACA STANDARDS:	EFFECTIVE DATE: February 15, 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 define continuous quality improvement procedures and to provide a comprehensive plan for conducting quality improvement activities in Recovery Services treatment programs.

III. APPLICABILITY

This policy applies to all employees and contractors involved in the development, management, and provision of Recovery Services to inmates in those institutions where a Recovery Services Program exists.

IV. DEFINITIONS

Clinical Record Review - An evaluation of inmate records to ensure that pertinent, timely, appropriate and legible information is contained in inmate records.

Credentialing - A review process whereby the qualifications of alcohol and other drug treatment professionals required for employment or retention are verified and the extent of treatment privileges are determined.

Peer Review - An evaluation of the clinical pertinence and appropriateness of services delivered.

Quality Improvement Activity - An activity conducted to promote and to ensure the quality and appropriateness of a program's services.

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

Quality Improvement Coordinator (Q.I.C.) - The individual who is responsible for the oversight of all Quality Improvement Programs within an assigned institution.

Recovery Services Treatment Program - The provision of clinical interventions and services for offenders who have been determined to have a substance abuse problem. Treatment environments for reentry and/or earned credit approved programs shall be limited to outpatient, intensive outpatient, residential programs and therapeutic communities.

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 develop and operate a Quality Improvement Program to systematically review and improve the quality of alcohol and other drug treatment programs within the department and its institutions. This includes the safety and security of persons receiving alcohol and other drug treatment services and the efficiency and effectiveness of the utilization of staff and resources in the delivery of these services.

VI. PROCEDURES

A. Recovery Services Quality Improvement Committee

1. The institutional Recovery Services Quality Improvement Committee shall be comprised of the Quality Improvement Coordinator, where they exist, Recovery Services Supervisor, Recovery Services Coordinator, and other members as needed. Committee participants are prohibited from reviewing their own client records.
2. The chairperson of the Committee shall be the Quality Improvement Coordinator (if applicable) or the Recovery Services Program Supervisor (where a Quality Improvement Coordinator does not exist). In those institutions where neither a Quality Improvement Coordinator nor a Recovery Services Program Supervisor exists, an exempt staff member will be designated as chairperson by the Managing Officer.
3. The Committee chairperson shall coordinate the quality improvement activities to include utilization review, peer review, clinical review and credentialing.
4. The Recovery Services Committee activities and meetings shall be scheduled either monthly or quarterly.
5. The Recovery Services Quality Improvement program shall participate in at least quarterly joint meetings with medical and mental health services Quality Improvement Committees to review and discuss areas of mutual concern and responsibility.
6. All individuals participating in quality improvement activities shall sign a Statement of Confidentiality for Quality Improvement (DRC5325) to be maintained in the Q.I.C. records.
7. All quality improvement documents shall be clearly identified with a confidential disclaimer.
8. Each Committee meeting agenda shall include the following:

- a. All agendas shall include the date of the meeting.
 - b. All agendas shall identify participating program areas.
 - c. All agenda items shall be submitted to the Committee chairperson one week prior to the date of the meeting.
 - d. The following items shall be noted in the agenda:
 - i. Review of minutes of previous meeting;
 - ii. Report on utilization review activities;
 - iii. Report on record review activities;
 - iv. Report on peer review activities;
 - v. Report on credentialing; and
 - vi. Miscellaneous topics.
 - e. Minutes shall be generated for each meeting.
9. All Committee meeting minutes shall reflect the following:
- a. Date, time, location of meeting;
 - b. Attendees – Use of a numbered attendance sheet is mandatory;
 - c. Absentees;
 - d. Name of Recorder;
 - e. Minutes of the previous meeting shall be reviewed:
 - i. A copy of the minutes for review shall be made available for each attendee to review prior to motion for approval.
 - ii. Each copy of the minutes shall be numbered and distributed to members according to their log in on the attendance sheet.
 - iii. Prior to adjournment of the meeting, all minutes shall be returned to the Committee Chairperson.
 - iv. One copy of the meeting minutes shall be retained by the respective Committee chairperson. All remaining copies of the minutes shall be shredded by the Committee following the meeting.
 - v. Minutes shall be secured in a locked file.
 - vi. If minutes are distributed electronically via email, “CQI Confidential” shall be included in the subject line of the email.
10. The Q.I.C. shall report on deficiencies identified through Q.I.C. activities at the Committee meeting(s). The Committee chairperson shall establish and maintain the Quality Improvement Log (DRC5284/DMHAS7182). This log is a confidential quality improvement document and shall be so marked and maintained in a locked secure file labeled “QI Confidential”.
11. The Committee chairperson shall advise the Q.I.C. of the training monitoring and/or education provided that addressed any previously identified deficiencies at the meeting(s).
12. The Committee chairperson shall inform service providers of any deficiencies identified by Q.I.C. on the first working day after the Committee meeting.

13. All Quality Improvement activities shall be conducted during the time frame of the quarter:
 - a. 1st quarter includes January 1 through March 31;
 - b. 2nd quarter includes April 1 through June 30;
 - c. 3rd quarter includes July 1 through September 30;
 - d. 4th quarter includes October 1 through December 31.

14. The Committee chairperson shall forward a hard copy or electronic copy via email of the Quality Improvement Activities form (DRC4332) and the Quality Improvement Log (DRC5284/DMHA7182) to the Chief of the Bureau of Behavioral Health Services or designee on a quarterly basis:
 - a. 1st Quarter due by April 15;
 - b. 2nd Quarter due by July 15;
 - c. 3rd Quarter due by October 15;
 - d. 4th Quarter due by January 15.

15. The Q.I.C. shall review five (5) randomly selected Recovery Services files from an earned credit and/or Intensive Program Prison approved program and shall document the findings of quality assurance activities to include:
 - a. Type of Quality Improvement Activity;
 - b. Date of Activity;
 - c. Number of Files Reviewed;
 - d. Findings; and
 - e. Names of all individuals who participated in the quality improvement activities.

B. Utilization Review

The purpose of utilization review is to ensure that high quality inmate care is provided through the effective and efficient utilization of the program's resources and services.

1. The Recovery Services Supervisor or designee shall prepare a list of all inmates currently involved in or whom have recently completed programming and present the list to each Committee member.
2. The Q.I.C. shall randomly select five (5) inmate files from the list for utilization review.
3. The Committee chairperson shall pull the files for review.
4. The Committee chairperson shall select a member to record utilization review findings on the Division of Recovery Services Quality Improvement Activity form(s) (DRC4332).
5. The Committee chairperson shall advise the Q.I.C. of training, monitoring and/or education provided that addressed any previously identified utilization deficiencies at each Committee meeting.
6. The Committee chairperson shall inform service providers of utilization deficiencies identified by Q.I.C. activities on the first working day after the Committee meeting.

C. Clinical Record Review

1. The Recovery Services Supervisor or designee shall prepare a list of inmates currently involved in or whom have recently completed programming and present the list to each Committee member.
2. The Committee chairperson shall randomly select five (5) inmate files from the list for clinical record review.
3. The Committee chairperson shall pull inmate files for clinical record review.
4. The Committee chairperson shall select a member to record clinical record review findings on the Division of Recovery Services Quality Improvement Activity form (DRC4332).
5. The Committee chairperson shall advise the Q.I.C. of training, monitoring and/or education provided that addressed any previously identified clinical record deficiencies at each Committee meeting.
6. The chairperson shall inform service providers of clinical record deficiencies identified by Q.I.C. activities on the first working day after the meeting.

D. Peer Review

The purpose of the Peer Review is to ensure that high quality inmate care is provided through the clinical pertinence and appropriateness of services.

1. The Recovery Services Supervisor or designee shall prepare a list of inmates currently involved in or whom have recently completed programming and present the list to each Committee member.
2. The committee shall randomly select five (5) inmate files for peer review. Peer review shall be conducted by staff that is qualified to provide the same alcohol and drug addiction services under review.
3. The Committee chairperson shall select a member to record peer review findings on the Bureau of Recovery Services Quality Improvement Activity form (DRC4332).
4. The Committee chairperson shall advise the Q.I.C. of training, monitoring and/or education provided that addressed any previously identified peer review deficiencies at each Committee meeting.
5. The Committee chairperson shall inform service providers of peer review deficiencies identified by Q.I.C. activities on the next working day following the peer review meeting.

E. Credential Verification

The purpose of credential verification is to provide a mechanism to ensure all Recovery Services staff who must hold a license or certification to be employed or contracted by DRC and to practice within their profession holds a current valid license or certification.

1. The Recovery Services Supervisor, Regional Recovery Services Administrator or Q.I.C. shall verify the license or certification status of all recovery professionals annually during the month of January.
 - a. Verification of license or certification shall be completed by searching the appropriate licensure board website.
 - b. 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.
 - c. Individuals can not verify their own license.
 - d. The verification is to be printed, signed and dated by the Recovery Services Supervisor or Q.I.C. A copy of the verification shall be retained by the Q.I.C.
2. A copy of the completed verification shall be forwarded to the Chief of the Bureau of Behavioral Health Services or designee by February 15th annually.

Related Department Forms:

Quality Improvement Activities
Continuous Quality Improvement Log
Statement of Confidentiality for Quality Improvement

DRC4332
DRC5284 / DMHAS7182
DRC5325