

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> A-06	<b>PAGE NUMBER</b> 1 of 4
	<b>RELATED NCCHC/ACA STANDARDS: P-A-06/4-4410, 4-4402, 4-9423 (ESSENTIAL)</b>	
<b>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</b>	<b>SUBJECT: STATEWIDE QUALITY IMPROVEMENT PROGRAM</b>	
<b>EFFECTIVE DATE: 11/14/07</b>	<b>REVISED: 4/13/09, 12/11/13</b>	
<b>APPROVED FOR PUBLIC RELEASE</b>		

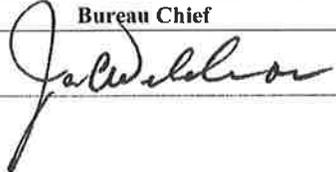
- I. AUTHORITY: Bureau of Correctional Healthcare Services
- II. PURPOSE: To provide a statewide program designed to monitor, evaluate and improve the delivery of healthcare by identifying, analyzing and correcting problems that may potentially impede quality.
- III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. DEFINITIONS: See glossary.
- V. POLICY:
- A. It is the policy of the DDOC and BCHS that each of the medical, mental health, dental, and pharmacy vendors will have their own individual Quality Improvement Programs. BCHS will also have a separate Quality Improvement Program providing oversight of the vendors program and adherence to BCHS policies.
  - B. Each Level 4 and Level 5 facility will develop a site-specific procedure for implementing this policy and coordinating the procedure with BCHS.
- VI. PROCEDURES:
- A. Each vendor will implement the Quality Improvement Program developed by their corporate leadership, will report the results at the monthly Medical Advisory Committee (MAC) meeting and will provide a copy of their audit criteria, raw data of the audits, the analysis of the data and any follow-up recommendations, education plans, etc. to the BCHS facility liaison.
  - B. BCHS will develop a separate Quality Improvement Program to evaluate the vendor's adherence to the BCHS policies to determine if changes to policy, resources, or education would be beneficial.

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1. BCHS audits will focus on medical care, dental care, mental health care and pharmacy management; will have a reasonable sample size for at least an 80% confidence level of accuracy (Attachment A); and will be based upon definable and objective criteria such as BCHS policy, NCCHC or ACA standards.
2. BCHS audits will be performed by BCHS personnel, vendor personnel will not be requested to collect data, but may be requested to deliver records to BCHS personnel at the facility for audit purposes.
3. BCHS audits will be developed, approved and scheduled at the beginning of the year. For medical and dental audits each site liaison will be responsible for identifying offender records, arranging a room to perform the audits and scheduling a time with the other liaisons for all to participate in collecting data. For mental health and substance abuse audits the BCHS mental health staff will identify and obtain for the records and perform the data collection. This division of labor within BCHS recognizes the more extensive number of records per audit of medical and dental care than does the mental health and substance abuse audits.
4. Once the data is collected the BCHS liaison for that facility, BCHS mental health or substance abuse staff will produce a report to be submitted to the Medical Director which will outline the criteria being evaluated, the raw data, an analysis of the data, with special emphasis on areas that appear to have a statewide impact, including any fiscal impact, and will include any recommendations for changes in policy, resources or education.
5. Audits that show substantial compliance with the standard will be acknowledged to the vendor leadership and identify a different standard criteria to be audited in the future. Audits that do not show substantial compliance will be brought to the vendor's attention, a corrective action plan developed and a repeat audit will be performed at an appropriate time after the corrective action plan has been implemented.
6. All Quality Improvement Audits will be maintained by the Medical Director for reference purposes as needed and inclusion in annual reports as appropriate.
7. All aspects of this program, criteria, raw data, any analysis, etc. as a result of this policy are created for the purpose of analyzing and reviewing the delivery of healthcare services and as such, are intended to be "peer review committees" as set forth at 24 *Del. C.* § 1768. This process may also be covered by other state and federal laws, such as the quality assurance privilege, Accordingly, the records and proceedings of the committee are confidential and may be used by the committee and the members thereof only in the exercise of the proper functions of the committee.

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Confidentiality of information will be consistent with Title 16, Delaware Code §§ 1230, 1231 and 1232, and any other applicable state and federal laws. Each page of the Quality Improvement Program document, data collection sheet, analysis and recommendation will carry the statement, **“This document is protected from disclosure pursuant to state and federal peer review and quality assurance privileges.”**

James Welch, RN, HNB-BC BCHS Bureau Chief	Date	Robert Coupe Commissioner	Date
	12/11/2013		12/16/2013

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, 4-442

Attachment A

Sample Size Estimation Grid

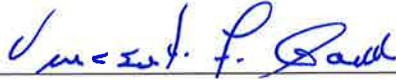
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is population size  
"S" is sample size.

Krejcie, Robert V., Morgan, Daryle W., "Determining Sample Size for Research Activities", Educational and Psychological Measurement, 1970.

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> A-06	<b>PAGE NUMBER</b> Review Addendum
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I have reviewed this policy and found it to be current.



Acting BCHS Bureau Chief  
Vincent F. Carr, DO, FACP

6/15/15  
Date