

POLICY A-06 CONTINUOUS QUALITY IMPROVEMENT PROGRAM

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-06	TOTAL PAGES 5
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-A-06 (Essential), J-A-06 (Essential), MH-A-06 (Essential), O-A-06 ACA: 5-ACI-6D-02, 5-ACI-6D-08, 5-ACI-6D-09, 4-ALDF-7D-02, 4-ACRS-7D-02	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	SUBJECT: Continuous Quality Improvement Program	
APPROVED BY THE BUREAU CHIEF: Bureau Chief, Michael Records (signature on file with BHSAMH)		
APPROVED BY THE COMMISSIONER AND EFFECTIVEDATE Acting Commissioner Terra Taylor October 16, 2023 (signature on file with BHSAMH)		
APPROVED FOR PUBLIC RELEASE		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To establish continuous quality improvement programs that will monitor and improve healthcare services delivered in all facilities by establishing structured processes to find areas in need of improvement in a facility’s healthcare delivery system early enough to find resolutions before those areas worsen.
- III. **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. **DEFINITIONS:** See Glossary
- V. **SUMMARY OF CHANGES:** This policy was changed to require the facility CQI Committee to review and report on all offender work-related injuries that occurred since the last CQI meeting.
- VI. **POLICY:**
 - A. It is the policy of the DDOC that there is a Continuous Quality Improvement (CQI) Program that monitors and improves healthcare services (including MAT services) delivered in all facilities. These healthcare services generally fall into one of thirteen major service areas. Those areas are as follows:
 - 1. Intake Processing
 - 2. Acute Care (sick call for general population and segregated housing)
 - 3. Medication Services
 - 4. Chronic Care Services
 - 5. Intra-system Transfers services
 - 6. Scheduled Off-site Services (consults and procedures)
 - 7. Unscheduled On-site and Off-site Services (urgent/emergent care)
 - 8. Behavioral Health Services
 - 9. Dental Services

10. Ancillary Services (e.g. lab and x-ray)
 11. Dietary Services
 12. Infirmary Services
 13. Discharge Planning Services
 14. Medication Assisted Treatment (MAT) Services
- B. The Responsible Health Authority (RHA) will establish a statewide CQI Program that includes multidisciplinary CQI committees at each facility and a statewide CQI committee.
1. These committees shall meet at least once quarterly or more often as needed.
 2. These committees shall have representatives from all major healthcare service areas including but not limited to medical, dental, mental health, substance use treatment, the responsible physician, medical records, pharmacy, and security.
 - a. Other representatives may be included depending on the issues identified.
- C. The CQI committees (statewide and facility level) shall:
1. Collect, trend, and analyze data from various aspects of the healthcare system.
 - a. Includes planning, interventions, and reassessment when necessary.
 - b. Includes the evaluation of data that will result in more effective access, improved quality of care, and better utilization of resources.
 2. Identify aspects of healthcare (includes MAT services) to be monitored and establish thresholds.
 3. Design quality improvement monitoring activities.
 4. Analyze the results for factors that may have contributed to below threshold performance.
 5. Design and implement improvement strategies to correct the identified healthcare concern.
 6. Monitor the performance after implementation of improvement strategies.
 7. When the committee identifies a specific healthcare concern from its monitoring, a process and/or outcome quality improvement study is designed, initiated, and documented.
 - a. At least one process and/or outcome quality improvement study must be conducted each year (at least one must deal specifically with MAT services).
 8. Conduct a patient satisfaction survey at least annually.
 9. Ensure that education and training programs are updated to reflect improvement findings as needed.
 10. Document a written annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent written materials.
 11. Conduct an annual review of deaths and serious incidents involving offenders with mental illness to identify trends and needed corrective action.
- D. Statewide CQI Committee
1. The Bureau Chief of Correctional Healthcare Services (BHSAMH) or designee will chair the statewide CQI Committee.
 2. The Statewide CQI Committee shall have the following members, at a minimum:
 - a. Bureau Chief of BHSAMH - chair
 - b. BHSAMH Medical Director

- c. BHSAMH Director of Community Health
 - d. BHSAMH Medical Treatment Services Director
 - e. BHSAMH Behavioral Health Treatment Services Director
 - f. BHSAMH Director of Policy and Standards Compliance
 - g. BHSAMH Quality Assurance Administrator
 - h. Chief Medical Officer – Medical Provider
 - i. Statewide Health Services Administrator (HSA)
 - j. Chief Nursing Officer – Medical Contract
 - k. Statewide Behavioral Health Director – Behavioral Health Contract
 - l. Statewide Substance Use Disorder (SUD) Program Director
 - m. Statewide Pharmacy Administrator
 - n. Performance Improvement Director – Medical Contract
 - o. Performance Improvement Director – Behavioral Health Contract
 - p. Other staff members as deemed necessary by the BHSAMH Bureau Chief
3. Confidentiality of peer review is maintained at all times.
 4. The Bureau Chief of BHSAMH, or designee, shall provide and maintain CQI agendas, meeting minutes, and/or summaries for future reference. Copies are available and reviewed by appropriate personnel.
- E. Facility specific CQI Committee
1. The Health Services Administrator (HSA) at each Level 5 and Level 4 facility shall establish a facility level CQI committee at each facility.
 - a. Level 5 and Level 4 facilities may not be combined.
 2. The facility level CQI Committee shall have the following members:
 - a. Facility Health Services Administrator (HSA) – chair
 - b. Facility Medical Director, or designee
 - c. Facility Director of Nursing, or designee
 - d. Facility Behavioral Health Director, or designee (if there is one assigned to the facility)
 - e. Facility Mental Health Director, or designee (if there is one assigned to the facility)
 - f. Facility Substance Use Treatment Director (if there is one assigned to the facility)
 - g. Pharmacist, or designee
 - h. Infection Control Nurse/Patient Safety Committee
 - i. Medical records staff member
 - j. Security Representative designated by the warden
 - k. Other staff as deemed necessary
 3. Facility level CQI shall include health record reviews (including MAT services records) conducted under the guidance of the responsible physician or designee. The health record reviews are done to ensure that appropriate care is ordered and implemented, and that care is coordinated by all healthcare staff, including medical, dental, behavioral health, and nursing.
 4. The responsible physician is involved in CQI beyond just conducting chart reviews. They may identify certain events such as acute care hospital admissions, medical emergencies, and deaths that must be reviewed routinely.
 5. Confidentiality of peer review is maintained at all times.

6. The HSA shall provide and maintain CQI meeting minutes or summaries for future reference. Copies are available and reviewed by appropriate personnel. CQI minutes should provide sufficient detail to guide future discussions.
 7. The CQI Committee shall review and report on all offender work-related injuries that occurred since the last CQI meeting.
 8. The CQI Committee at each facility shall prepare a quarterly report on the findings from their CQI internal review activities for the previous quarter. This report shall be submitted to the facility HSA, facility warden, and BHSAMH within 30 days of the end of the quarter.
- F. Process Quality Improvement Studies examine the effectiveness of the healthcare (including MAT services) delivery process by:
1. Identifying a healthcare system concern. Examples include, but are not limited to the following:
 - a. Delayed sick-call appointments
 - b. Discontinuity of medications
 - c. Lack of follow-up on an abnormal lab value
 - d. Long waiting room times
 - e. Lack of treatment continuity on admission or release
 2. Determining a threshold based on the problem identified.
 3. Conducting a baseline study.
 4. Developing and implementing a clinical corrective action plan.
 5. Restudying the problem to assess the effectiveness of the corrective action.
- G. Outcome Quality Improvement Studies examine whether expected outcomes of patient care were achieved by:
1. Identifying a patient clinical problem. Examples include, but are not limited to the following:
 - a. Poor asthma control
 - b. Poor diabetes control
 - c. High volume of off-site visits
 - d. Hypertension admission rate
 - e. Chronic Obstructive Pulmonary Disease (COPD) admission rate
 - f. Emergency room transfers of patients, including MAT patients
 - g. Other clinical problems as indicated
 2. Determining a threshold based on the problem identified.
 3. Conducting a baseline study.
 4. Developing and implementing a clinical corrective action plan.
 5. Restudying the problem to assess the effectiveness of the corrective action.
- H. CQI Programs shall use one or more of the following quality performance measures when designing studies:
1. Accessibility – Access to care is used to measure primary care, chronic care services, scheduled off-site services, dental services, mental health services, medication services, unscheduled on-site and off-site services, intake processing, and intrasystem transfer services.
 2. Continuity – Continuity of care is measured by the extent to which pre-existing conditions are identified and addressed during the intake process. Continuity can also be measured or follow-up of unscheduled on-site and off-site services as well as off-site services. This measurement would include the timeliness of

receipt of off-site service reports and the timeliness of the follow-up encounter with the primary care provider.

3. Timeliness – can be measured by use of logs and tracking systems. Some services that can be measured for timeliness include, but are not limited to the following:
 - a. Primary Care – time between the sick-call request being retrieved and the nurse face-to-face sick-call encounter.
 - b. Chronic Care – time between initial diagnosis of a chronic illness and the first chronic care visit.
 - c. Medication – time between ordering a critical medication and the receipt by the patient.
 - d. Emergency Services – time between contact with emergency services and arrival of the emergency services.
4. Efficiency – efficiency is usually measured in terms of cost efficiency. Analyses may include the average cost per patient, per year for services provided or the average cost for specific services. Comparisons should occur between various facilities. Efficiency may also be measured through studies of continuity of care.
5. Effectiveness (outcomes) – studies should focus on monitoring clinical outcome measures for certain common chronic diseases. Another method for measuring effectiveness is the percentage of patients with a given disease in a period of time whose disease is measured as in good control.
6. Prescriber-patient interaction – may be accomplished through patient satisfaction surveys that inquire about prescriber attentiveness, communication skills, and so forth. Monitoring the number and type of grievances is another effective method for measuring prescriber-patient interactions. Chronic care patients may also be questioned about their individual knowledge of their disease status.
7. Safety – it is important to review and monitor the safety of the physical environment and the adherence to security requirements. Safety inspections can identify safety concerns related to sanitation, trip hazards, and other potential problems in the physical environment. Other issues of patient safety are promoted by investigating and performing an analysis of all deaths as well as adverse events.
8. Appropriateness of clinical decision making - ensuring that all healthcare staff are up to date on licensing, credentialing, continuing education, as well as certifications is directly related to quality clinical decision making. A clinical performance enhancement program must be used to regularly review and provide feedback for prescribers, nurses, and other licensed practitioners to ensure the probability of clinically appropriate decision making.
9. Patient Satisfaction Survey
 - I. The responsible physician, or designee shall monitor health service outcomes on a regular basis through the following:
 1. Conducting chart reviews to include investigation of complaints and the quality of health records (includes MAT services).
 2. Reviewing prescribing practices and administration of medication practices.
 3. Systematic investigation of complaints and grievances.
 4. Monitoring of corrective action plans.

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- J. As a protected Peer Review Process, information from CQI activities shall not be shared outside of the CQI committee membership absent a directive from the Commissioner of the DDOC or a valid Court Order.
- K. The Contracted Medical Provider shall develop within 30 days of the effective date of this policy, a facility-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.