

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER C-02	TOTAL PAGES 2
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-C-02 (important), J-C-02 (important), MH-C-02 (important), O-C-03 ACA: 5-ACI-6D-03 (Mandatory)	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	SUBJECT: Clinical Performance Enhancement	
APPROVED BY THE BUREAU CHIEF: Deputy Chief, Michael Records (signature on file with BHSAMH)		
APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE Commissioner Monroe B. Hudson Jr. July 25, 2021 (signature on file with BHSAMH)		
APPROVED FOR PUBLIC RELEASE		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To ensure that individuals delivering patient care in all Delaware Department of Correction (DDOC) facilities are reviewed through a clinical performance enhancement process to ensure that each healthcare professional’s clinical work is reviewed by another professional of at least equal training in the same general discipline in an effort to enhance patient care.
- III. **APPLICABILITY:** All 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 updated to include medication assisted treatment licensed providers as a category of staff requiring a review.
- VI. **POLICY:**
 - A. It is the policy of the DDOC that individuals delivering patient care are reviewed by the contracted provider (s) through a clinical performance enhancement process. This is otherwise known as a peer review process. It is neither an annual performance review nor a clinical case conference but is a process to evaluate the appropriateness of all licensed providers’ services.
 - B. This is completed in the following manner:
 - 1. Clinical performance enhancement reviews/peer review are to be conducted, at a minimum, on all professional staff that are involved in direct patient care including but not limited to:
 - a. Providers:
 - i. Physician (Medical Doctor (MD or Doctor of Osteopathic Medicine (DO), Dentist (DDS or DDM), Psychiatrist, Psychologist)
 - ii. Advanced Practice Registered Nurse (APRN), Nurse Practitioner (NP) or Nurse midwife

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- iii. Physician's Assistant (PA)
 - b. Nurses (RN and LPN)
 - c. Dental Hygienists, Dental Assistants
 - d. Licensed and non-licensed behavioral health staff
 2. The clinical performance enhancement review is conducted at least annually.
 3. The clinical performance enhancement review utilizes a standardized review form that includes at the minimum:
 - a. Dates covered by review
 - b. Number of patient charts evaluated as part of the review and initials of patients whose charts were reviewed
 - c. How patient charts were selected.
 - d. Types of encounters covered in review (Should include different encounter types for each professional being evaluated e.g.: Sick call, Intake, Infirmary rounds, Med-pass, Chronic Care)
 - e. Any areas needing improvement and plans to achieve this improvement
 - f. Any areas of significant concern that would require immediate action to ensure patient safety
 4. Clinical performance enhancement reviews are a professional practice review that focuses on clinical skills and the individual's practice. The purpose is to enhance competence and address areas in need of improvement. These reviews are kept confidential and incorporate at least the following elements:
 - a. The name and credentials of the person being reviewed
 - b. The date of the review
 - c. The name and credentials of the person conducting the review
 - d. A summary of the findings and corrective action if any
 - e. Confirmation that the review was shared with the individual being reviewed in a confidential manner along with any recommendations.
 - f. Documentation of any follow up, if needed
 5. A log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews is available.
 - a. A monthly log documenting all staff who received a review for the previous month will be provided to the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) monthly, or more often if requested.
 6. The Contractor Providers (s) maintain on file, copies of annual peer review for each direct patient care staff.
 7. The Responsible Health Authority (RHA) implements an independent review when there is a concern about an individual's competence
 8. The RHA implements procedures to improve an individual's competence when such action is necessary.
- C. The Contracted Provider(s) shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.