



# Virginia Department of Corrections

## Health Services

### Operating Procedure 701.2

#### *Health Services Continuous Quality Improvement Program*

#### **Authority:**

Directive 701, Health Services Administration

**Effective Date:** June 1, 2020

#### **Amended:**

#### **Supersedes:**

Operating Procedure 701.2, February 1, 2017

**Access:**  Public  Restricted

Incarcerated Offender

#### **ACA/PREA Standards:**

5-ACI-6D-02, 5-ACI-6D-03, 5-ACI-6D-09; 4-4410, 4-4411, 4-4423; 2-CO-4E-01

<b>Content Owner:</b>	Johnnette White-Cleaton Health Services Quality Improvement Specialist	<i>Signature Copy on File</i>	5/1/20
		Signature	Date
<b>Reviewer:</b>	Steve Herrick Health Services Director	<i>Signature Copy on File</i>	5/11/20
		Signature	Date
<b>Signatory:</b>	Joseph W. Walters Deputy Director for Administration	<i>Signature Copy on File</i>	5/21/20
		Signature	Date

### **REVIEW**

The Content Owner shall review this operating procedure annually and re-write it no later than three years after the effective date.

### **COMPLIANCE**

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## Table of Contents

DEFINITIONS .....	3
PURPOSE .....	4
PROCEDURE.....	4
I.    Health Services Unit Mission.....	4
II.   Continuous Quality Improvement (CQI) Process .....	4
III.  Quality Improvement (QI) Plans.....	4
IV.  Facility Quality Improvement Implementation Steps .....	6
V.   Health Services Continuous Quality Improvement (CQI) Unit .....	7
VI.  Peer Review Program.....	7
REFERENCES.....	7
ATTACHMENTS .....	7
FORM CITATIONS .....	7

## DEFINITIONS

**Continuous Quality Improvement (CQI) Program** - Systematic activities that are organized and implemented by a facility to monitor, assess, and improve the quality of health care

**Facility Continuous Quality Improvement (CQI) Committee** - Facility level representative health staff from various disciplines (e.g. medical, nursing, mental health, dentistry, dialysis, etc.) who are responsible for monitoring and improving the delivery of health care at the facility through the process of quality improvement projects, studies, and outcome improvement measures

**Health Authority** - The individual who functions as the administrator of the facility Medical Department

**Health Services Unit (HSU) Continuous Quality Improvement (CQI) Committee** – Central Office staff tasked with (i) identifying appropriate criteria for evaluation of the quality of health care services provided by the DOC, (ii) monitoring and evaluating the quality of health care services provided by the DOC utilizing the criteria identified, and (iii) developing strategies to improve the quality of health care services provided by the DOC; reference COV §53.1-17.1, *Continuous quality improvement committee; report*

**Quality Improvement** - Systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups

**Quality Improvement (QI) Plan** - A document that provides guidance for the delivery of safe and quality health care through continuous improvements

## PURPOSE

This operating procedure provides guidance for a Continuous Quality Improvement (CQI) Program that takes a proactive approach to continually monitor and improve the quality of health care services provided to offenders in all Department of Corrections facilities. (2-CO-4E-01)

## PROCEDURE

### I. Health Services Unit Mission

- A. The mission of the Department of Corrections Health Services Unit is to strive for excellence in health care by supporting and promoting the well-being of persons in its custody. The primary focus is providing quality health care while being good stewards of the Commonwealth's resources.
- B. The Health Services Unit (HSU) is committed to providing quality health care services to offenders that respects their dignity and provides for the continuity of care. The DOC recognizes that health care is preventative as well as curative and encourages offenders to develop a responsible attitude toward their own well-being.
- C. The HSU systematically plans, implements, monitors, and assesses all health care services provided to offenders through the Continuous Quality Improvement (CQI) Program to ensure organizational performance in which optimal standards of practice are sought and improved.

### II. Continuous Quality Improvement (CQI) Process

- A. The Chief Physician, with assistance from the Health Services Quality Improvement (QI) Specialist, will be responsible for oversight and coordination of the CQI Program. Specific responsibilities include:
  1. Overseeing the day-to-day operations of the CQI Program to include serving as the custodian of all documents
  2. Assigning tasks to assist in the development of training to enhance the CQI process
  3. Assisting facilities/disciplines in developing, implementing, and reviewing Quality Improvement (QI) Plans
  4. Ensuring facility meeting minutes contain pertinent information on the progress in implementing quality improvement initiatives and that meeting minutes are filed electronically within the Health Services Unit shared folder.
  5. Providing input, advice, and consultation to the Health Services Director or Regional Health Care Administrator/Contract Monitor Manager, and/or Facility Continuous Quality Improvement (CQI) Committee on quality improvement activities to improve organizational performance

### B. Continuous Quality Improvement (CQI) Program Goals and Objectives

1. The CQI Program's emphasis is on studying health care delivery and outcomes in areas involving, (i) high risk, (ii) high acuity, and (iii) high volume.
  2. Goal 1: Identify appropriate criteria to evaluate the quality of health care services provided by the DOC
  3. Goal 2: Monitor and evaluate the quality of health care services provided by the DOC utilizing the identified criteria
  4. Goal 3: Develop strategies to improve the quality of health care services provided by the DOC.
- C. During the first quarter of the calendar year using data and studies from the previous years, the Health Services Quality Improvement Specialist will provide an annual report to the HSU CQI Committee.

### III. Quality Improvement (QI) Plans

- A. All levels of the Health Services Unit will work together in an ongoing effort to monitor and improve offender health care in facilities through the development and implementation of a HSU QI Plan and facility

specific QI Plans.

- B. The HSU CQI Committee will develop a Department level HSU QI Plan annually for submission to and approval by the Health Services Director.
1. Once approved by the Health Services Director, the HSU QI Plan will be made available for review on iDOC.
  2. The Chief Physician will serve as the chairperson for the HSU CQI Committee, which is comprised of designated staff, see COV §53.1-17.1, *Continuous quality improvement committee; report*:
    - a. DOC Director or designee
    - b. Health Services Director
    - c. Chief of Mental Health Services
    - d. Chief Dentist
    - e. Chief Nurse
    - f. Infection Control Coordinator
    - g. HSU Grievance Coordinator
    - h. Chief Pharmacist
    - i. Chief Psychiatrist
  3. When requested by the CQI Committee, ancillary staff will attend Committee meetings as well as provide data analytics at the request of the Committee. Ancillary staff includes but is not limited to the following: Health Services Quality Improvement Specialist, Chief of Health Services Operations, Health Services Data Analyst, Health Services Budget Analyst, and a representative from the Research and Forecasting Unit.
- C. Facility Quality Improvement (QI) Plan
1. The Health Authority at each facility including all contracted medical services facilities and on-site Dialysis providers will be responsible for the development of a facility QI Plan that is updated annually and scaled to the health care services provided at that facility.
  2. The facility QI Plan will conform to the [Quality Improvement Plan](#) 701\_F9, which is based on the information needed for the HSU CQI Committee.
  3. The Health Authority at each facility including all contracted medical services facilities will maintain a facility Continuous Quality Improvement (CQI) Committee comprised of the following staff: (5-ACI-6D-02; 4-4410)
    - a. The Facility Head or designee
    - b. Health Authority
    - c. Medical Authority
    - d. Dental Authority
    - e. Chief of Security
    - f. Chief of Housing and Programs
    - g. Operations Manager
    - h. Food Service Director
    - i. Grievance Coordinator
    - j. Safety Officer
    - k. Transportation Officer
    - l. Facility ADA Coordinator
  4. The responsibilities of the facility CQI committee are as follows: (5-ACI-6D-02; 4-4410)
    - a. Monitor, review, and continuously improve the facility's internal review process and QI Plan

- b. Collect, trend, and analyze data combined with planning, intervening, and reassessing
- c. Evaluate defined data, which will result in more effective access, improved quality of care, and improved utilization of resources
- d. Identify at least one or more as needed quality improvement initiative(s) for the facility and complete one QI Project to accomplish the initiative
- e. Complete at least one, or more as needed, process/outcome study(s) per year
- f. Evaluate on-site monitoring of health care performance/outcomes at least quarterly through:
  - i. Reviewing charts
  - ii. Reviewing prescribing practices, administration of medications, prescribing errors, and medication errors
  - iii. Investigation of complaints and grievances
  - iv. Monitoring corrective action plans
- g. Identify significant patterns that may be a potential harm or an opportunity to improve services
- h. Incorporate findings of internal review activities into the organization's education and training
- i. Implement measures to address and resolve important problems and concerns identified by any corrective action plan
- j. Re-evaluate problems or concerns to determine objectively whether the corrective measures achieved and sustained the desired results
- k. Meet at least quarterly to review and evaluate the CQI Program components and document findings, actions, and follow-up through committee minutes documented on the [Quarterly Continuous Quality Improvement/ Multi-Disciplinary Meeting Minutes](#) 701\_F10
- l. Communicate findings to appropriate staff to improve services
- m. Communicate findings and actions quarterly to the HSU CQI Committee or Regional Health Care Administrator/Contract Monitor Manager and Facility Unit Head
- n. Ensure confidentiality of records
- o. Review all deaths in custody, suicide or suicide attempts, and illness outbreaks
- p. Work closely with DOC and facility administration through regular meetings or administrative representation on the CQI Committee, as needed (should this be HSU CQI Committee)
- q. Work with the Health Services Quality Improvement Specialist to implement a comprehensive HSU QI Plan that will yield a uniform level of excellence throughout health services, as needed

D. The Chairperson of the facility CQI Committee will be responsible for annual completion of the [ACA Health Care Outcome Measures Worksheet](#).

E. The facility CQI Committee will evaluate the QI Plan at the end of the year to ensure the goals and objectives were accomplished, and attach the QI Plan evaluation to the CQI meeting minutes for the completion quarter. (5-ACI-6D-09; 4-4423)

#### IV. Facility Quality Improvement Implementation Steps

- A. Develop a QI Plan and update annually or as needed
  - 1. Establish a facility specific purpose, goals, and objectives
  - 2. Submit the QI Plan to the QI Specialist each year by March 1
- B. Identify at least one or more as needed quality improvement initiative(s) and decide on one QI Project to accomplish the initiative (5-ACI-6D-09; 4-4423)
  - 1. Utilize a project charter for every QI Project and attach to the facility CQI meeting minutes for the completion quarter
  - 2. Complete a storyboard for each QI Project and attach to the facility CQI meeting minutes for the completion quarter

3. Utilize the methodology of Model for Improvement which includes the Plan Do Study Act (PDSA) and document use on the PDSA cycle form

C. Identify and complete at least one process/outcome study (5-ACI-6D-09; 4-4423)

D. Report all QI Project recommendations, conclusions, actions, and follow-up through monthly staff meeting minutes and CQI quarterly meetings

#### V. Health Services Continuous Quality Improvement (CQI) Unit

A. The HSU Continuous Quality Improvement (CQI) Unit will receive, track, investigate, and monitor all inquiries regarding offender health care received at the Central Office and Regional Offices.

B. Central Office and Regional Office staff will forward all incoming letters, emails, and phone calls to the CQI Unit for investigation and resolution.

1. Emails will be forwarded to the [DOC Health Services Complaints](#) mailbox.

2. Letters must be scanned and submitted by email to the [DOC Health Services Complaints](#) mailbox.

3. Phone calls will be forwarded to the Health Services Continuous Quality Improvement Unit at (804) 887-8118.

C. All letters, emails, and a summary of any phone calls received by CQI staff related to offender health care will be logged into the Correspondence Unit's electronic Correspondence Log.

1. A unique log number will be assigned along with the offender's name, DOC number, current facility, the name of the staff responsible to take action on the correspondence, and a due date for the Health Services Unit.

2. Whenever possible, HSU CQI staff will preserve an electronic copy or scan of the correspondence in the electronic Correspondence Log.

3. HSU CQI staff will conduct an investigation in consultation with facility medical staff and provide a written response directly to the offender.

#### VI. Peer Review Program

A. The Chief Physician, Chief Psychiatrist, Chief of Mental Health Services, and the Chief Dentist will manage a peer review program for DOC medical, psychiatric, mental health, and dental staff. Contracted medical services facilities will be responsible for implementing the Peer Review Program at their facilities.

B. A documented external peer review program will be utilized for all physicians, psychologists, and dentists every two years. (5-ACI-6D-03; 4-4411)

C. An immediate review may be initiated by the DOC Chief Physician, Chief Psychiatrist, Chief of Mental Health Services, or the Chief Dentist in response to perceived problems of practice. Contract medical providers may initiate an immediate review for contract medical facilities.

## REFERENCES

COV §53.1-17.1, *Continuous quality improvement committee; report*

## ATTACHMENTS

None

## FORM CITATIONS

[ACA Health Care Outcome Measures Worksheet](#)

[Quality Improvement Plan](#) 701\_F9

[Quarterly Continuous Quality Improvement/ Multi-Disciplinary Meeting Minutes](#) 701\_F10

