

Idaho Department of Correction 	Standard Operating Procedure Operations Division Operational Services	Control Number: 401.06.03.006	Version: 2.2	Page Number: 1 of 7
		Title: Continuous Quality Improvement Program		Adopted: 11-12-1998 Reviewed: 6-11-2012 Next Review: 6-11-2014

This document was approved by Shane Evans, director of the Education, Treatment, and Reentry Bureau, on 6/11/12 (signature on file).

Open to the general public: Yes No

If no, is there a redacted version available: Yes No

BOARD OF CORRECTION IDAPA RULE NUMBER 401

[Medical Care](#)

POLICY CONTROL NUMBER 401

[Clinical Services and Treatment](#)

DEFINITIONS

[Standardized Terms and Definitions List](#)

Contract Medical Provider: A private company or other entity that is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the IDOC's incarcerated offender population.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish a program to ensure facilities use a structured process to find areas in the healthcare delivery system that need improvement and implement strategies for improvement.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

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RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services; and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance to include, but not limited to, reviewing processes, procedures, forms, and protocols employed by the contract medical provider, and ensuring compliance with healthcare-related requirements provided in respective contractual agreements, this SOP, **and** in *National Commission on Correctional Health Care (NCCHC) standard P-A-06, Continuous Quality Improvement Program*. (See [section 5](#) of this SOP.)

Contract Medical Provider

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP **and** *NCCHS standard P-A-06* are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-A-06*, **or** as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

Facility Medical Director

The facility medical director will be responsible for:

- Overseeing the continuous quality improvement (CQI) process and ensuring that events such as acute care hospital admissions, medical emergencies, and deaths are reviewed routinely;
- Completing monthly reviews of patient healthcare records, documenting the reviews on approved forms, and maintaining the completed reviews on-site for review by the health authority; and

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- Deciding (in conjunction with the facility health authority) whether or not corrective action is necessary based on the findings of the monthly reviews.

Facility Health Authority

The facility health authority will be responsible for:

- Ensuring healthcare services staff responsible for the CQI program are appropriately trained in CQI principles and processes to adequately perform their duties;
- Providing CQI program staff with additional training opportunities needed to enhance their skills;
- Preparing and submitting continuous quality improvement (CQI) meeting minutes to the health authority;
- Ensuring CQI meeting minutes provide sufficient detail (e.g., identify the problems, solutions agreed upon, person(s) responsible for corrective action and the timeframe for carrying out the corrective action) to guide future decisions;
- Deciding (in conjunction with the facility medical director) whether or not corrective action is necessary based on the findings of his monthly reviews.
- Preparing a narrated report (on a quarterly basis) and submitting the report to the health authority by the last day of the month following the end of the quarter (e.g., If the quarter ends on March 31, the report would need to be submitted by the last day of April).
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and** *NCCHC standard P-A-06* are accomplished as required.

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GENERAL REQUIREMENTS

The quality of the delivery of healthcare services in the IDOC will be monitored through CQI activities, which include program reviews, inquiries regarding stakeholder satisfaction, and assessments of the relationship of healthcare services to other areas of offender management.

When new correctional facilities are constructed, the health authority reviews the mission of the facility in the context of *NCCHC standard P-A-06* to determine if the new facility is required to establish a comprehensive CQI program, or whether a basic CQI program is appropriate.

1. The Basic Continuous Quality Improvement (CQI) Program

The basic CQI program was designed for the following:

- Monitoring the fundamental aspects of a facility's healthcare system through one Process Quality Improvement Study and one Outcome Quality Improvement Study, and
- Reviewing physicians' clinical charts.

Note: Both studies are meant to identify areas in need of improvement and bring about remedial actions or strategies. See [section 3](#) for further information.

The following facilities have an average daily population of 500 or less and are therefore required to have a basic CQI program:

- South Boise Women's Correctional Center (SBWCC);
- East Boise Community Work Center (EB-CWC), (shall be conducted by SBWCC);
- North Idaho Correctional Institution (NICI);
- Correctional Alternative Placement Program (CAPP) facility; and
- St. Anthony Work Camp (SAWC).

Monthly Requirements

Each month, the facility medical director (or designee) shall conduct physician clinical chart reviews of at least five percent (5%) of all patient healthcare records.

Annual Requirements

To assess the effectiveness of the program, each year the facility medical director (or designee) shall conduct a review of the following areas:

- Access to care,
- Receiving screening,
- Health assessment,
- Continuity of care,
- Emergency care and hospitalizations, and
- Adverse patient occurrences, including all deaths.

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Note: CQI studies, minutes from administrative and/or staff meetings, and other pertinent written materials shall also be used to assess the effectiveness of the program.

2. The Comprehensive Continuous Quality Improvement (CQI) Program

A Comprehensive CQI Program includes the following:

- A Multidisciplinary Quality Improvement Committee,
- Monitoring of the areas specified in the compliance indicators,
- An annual review of the effectiveness of the CQI program,
- Two (2) Process Quality Improvement Studies, and
- Two (2) Outcome Quality Improvement Studies.

Note: Both studies are meant to identify areas in need of improvement and bring about remedial actions or strategies. See [section 3](#) for further information.

The following facilities have an average daily population of 500 or more and are therefore required to establish a Multidisciplinary Quality Improvement Committee:

- Idaho Maximum Security Institution (IMSI);
- Nampa Community Work Center (NCWC), (shall be conducted by IMSI);
- Idaho State Correctional Institution (ISCI);
- South Idaho Correctional Institution (SICI);
- SICI Community Work Center (SICI-CWC), (shall be conducted by SICI);
- Idaho Correctional Institution-Orofino (ICI-O);
- Pocatello Women's Correctional Center (PWCC);
- Idaho Falls Community Work Center (IF-CWC), (shall be conducted by PWCC); and
- Idaho Correctional Center (ICC).

Quarterly Requirements

On at least a quarterly basis, the Multidisciplinary Quality Improvement Committee shall meet to design quality improvement monitoring activities, discuss the results, and implement corrective actions.

Note: The Committee is a group of healthcare services staff members from various disciplines (e.g., medicine, nursing, mental health, dentistry, healthcare records, pharmacy, laboratory).

The results of the quarterly CQI studies are discussed at the monthly Medical Audit Committee (MAC) meetings. (See [section 4](#) for further details.)

Annual Requirements

To assess the effectiveness of the program, each year, the facility medical director (or designee) shall conduct a review of the following areas:

- Admission evaluations,

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- Sick call services,
- Chronic disease management,
- Infirmary care,
- Nursing services,
- Pharmacy services,
- Diagnostic services,
- Dental services,
- Disaster drills,
- Environmental inspection reports,
- Inmate grievances, and
- Infection control practices.

3. CQI Studies

There are two (2) types of CQI studies:

- **Outcome Quality Improvement Study**—Examines whether expected outcomes of patient care were achieved.
- **Process Quality Improvement Study**—Examines the effectiveness of the healthcare delivery process.

In addition to the Outcome and Process Quality Improvement Studies, the subjects studied may be selected from ideas or concerns raised by staff, offenders or others, and quality assurance studies **or** from the review of grievances, audits, program reviews, or other reports.

The method used to conduct the CQI studies should involve representatives from the various disciplines that have an interest or responsibility for the subjects selected.

The format for reporting CQI studies shall include the following areas:

- How the topic was selected,
- Question to be analyzed,
- Methodology,
- Findings,
- Plan for improvement,
- Implementation, and
- Outcome.

4. Medical Audit Committee (MAC) Meetings

The MAC shall meet on a monthly basis. The purpose of the MAC is to bring together contract medical provider staff and IDOC staff to discuss medical and offender issues within the facility.

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5. Compliance

Compliance with this SOP and all related IDOC-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits per year, per facility (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider, IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-A-06, *Continuous Quality Improvement Program*

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