

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-A-06

SUBJECT: **CONTINUOUS QUALITY IMPROVEMENT PROGRAM**

POLICY: The quality of the delivery of health care in the Oregon Department of Corrections will be monitored through Continuous Quality Improvement activities, which include program review, inquiries regarding customer satisfaction, and assessment of the relationship of Health Services to other areas of inmate management.

REFERENCE: NCCHC Standard P-A-06
Policy and Procedure #P-A-04, Administrative Meetings and Reports

PROCEDURE:

1. Each institution Medical Service Manager is responsible for establishing a multi-disciplinary, including custody staff, continuous quality improvement committee to:
 - a. Identify health care aspects to be monitored and establish expected levels of performance.
 - b. Design quality improvement monitoring activities
 - c. Analyze the results
 - d. Design and implement improvement strategies to correct identified problems
 - e. Re-monitor the performance after implementation of the improvement strategies.
2. The committee meets at least quarterly and detailed minutes are kept and emailed to all health care staff. The results of all CQI studies are discussed during the CQI agenda item at all interdisciplinary staff meetings.
3. When the committee identifies a problem, a process and/or outcome quality improvement study is initiated.
 - A process quality improvement study examines the effectiveness of the health care delivery process.
 - An outcome quality improvement study examines whether the expected outcome of the patient care were achieved.
4. The minimum custody facilities conduct at least two studies annually and the other facilities a minimum of four.

5. The Chief Medical Officer participates on the committee and is also responsible for routinely reviewing:
 - a. Acute hospital admissions
 - b. Medical emergencies
 - c. Deaths
 - d. Provider/patient interactions
6. In addition to the required areas, CQI activities may be selected from ideas or concerns raised by staff, inmates or others, from previous quality assurance activities, or reports.
7. As much as possible, CQI activities should always involve representatives from various disciplines, which have an interest or responsibility for the subject selected.
8. The CQI committee is responsible for completing an annual review of the effectiveness of the CQI program by reviewing CQI studies and meeting minutes of the CQI, administrative, and/or staff meetings, or other pertinent written materials.
9. Each institution Medical Service Manager is responsible to prepare a narrative quarterly report (attachment 1) which includes a brief summary of quarterly CQI activities. These reports are due at the Health Services Administrator's office in October (July - September), January (October - December), April (January - March), and July (April - June).

Effective Date: _____
Review date: Review date: August 2014
Supersedes P&P dated: April 2014

Quarterly Report Template

Major Accomplishments and/or Activities: A brief description of all accomplishments and/or activities that have occurred within the institution's Medical Services area.

Problems: Brief description of any existing significant problems, what has been done to remedy the problems and what the next step is.

Inmate Deaths: Brief description of the information necessary to complete the report to the Legislature; date of death, age of the deceased, cause of death, and disposition of remains.

Continuous Quality Improvement: A brief discussion about your CQI activities including infection control and disaster drills.