

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-C-02**

SUBJECT: CLINICAL PERFORMANCE ENHANCEMENT

POLICY: All direct patient care clinicians (see definition below) will be reviewed by their peers on a regular basis. The goals are: to maintain a high quality of practice standards among all physicians and mid-level providers, to assure consistent quality of care, to encourage learning from peers, and to provide a method of standard evaluation. Peer review will be confidential. Clinical performance enhancement and/or peer review is not the same as program supervision done by management.

REFERENCE: NCCHC Standard P-C-02  
ORS 41.675

DEFINITIONS: Direct patient care clinicians includes, Physicians, Mid-Level Practitioners, RNs, Health Services Techs (HST), Dentists, Qualified Mental Health Professionals

PROCEDURE:

- A. Clinical performance enhancement review is to be done in a confidential manner and clearly delineated as “Peer Review” so that it is covered by ORS 41.675. Clinical performance enhancement review will incorporate at least the following elements: the name of the individual being reviewed; the date of the review; the name and credentials of the person doing the review; confirmation that the review was shared with the clinicians; and a summary of the findings and corrective action, if any.
- B. A basic chart review (Peer Review QA Assessment) will be done at least annually. These will come from a selection of each clinician’s charts. Results will be shared only with the reviewed and the appropriate manager or supervisor.
  1. An appropriate number of clinical encounters will be reviewed.
  2. Assessments will be based on “community standard” and will include: Completeness/relevancy of present and past history; physical exam pertinence; lab/diagnostics; procedures; treatment plan; appropriateness of consults and charting legibility.
  3. Direct patient contact clinician’s will be involved in the annual review process.

- C. Inmate grievances may be reviewed for any relevant pattern.
- D. Peer case reviews may be done on selected Individual cases.
- E. A log or other written record providing the names of the direct patient contact clinician's and the dates of their most recent reviews are maintained.

Effective Date: \_\_\_\_\_  
Review date: August 2014  
Supersedes P&P dated: October 2013

OREGON DEPARTMENT OF CORRECTIONS  
HEALTH SERVICES SECTION  
QUALITY ASSURANCE CHART AUDIT

Audit Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of Staff Reviewed: \_\_\_\_\_

AUDIT CRITERIA		SID #					
1. Dates/ illness reviewed.	Dates reviewed						
2. Legibility	Good/Fair/Poor						
3. Was the exam appropriate to the patient's complaint?	Yes / No Not applicable						
4. Were on site lab tests, EKG's, vital signs appropriate?	Yes / No Not applicable						
5. Were appropriate lab tests, diagnostic studies, and/or consults ordered?	Yes / No Not applicable						
6. Was the assessment consistent with the subjective and objective notes?	Yes / No Not applicable						
7. Were abnormal lab or other diagnostic test results acknowledged and acted upon?	Yes / No Not applicable						
8. If treatment was prescribed was it consistent with the diagnosis?	Yes / No Not applicable						
9. Were follow up instructions noted?	Yes / No Not applicable						
10. Consults appropriate?	Yes / No Not applicable						
11. Were housing, work, and patient education documented as needed?	Yes / No Not applicable						
12. Overall communication, completeness.	Yes / No Not applicable						
Comments							

**PROVIDING PRIMARY CARE MEDICAL SERVICES**

- Ambulatory Care Visits
- Routine Physicals
- Special Needs Physicals
- Infirmity Care
- Other

Clinical Diagnostic Skills

Documentation

Treatment Orders

Procedure Skills

Ordering Consults

Confidentiality

Informed Consent/Refusals

Patient Education & Consultation

Patient Rapport & Relationships

Staff Relationships

-- Health Services

-- Institution

On-Call Support

Time Management

**OREGON DEPARTMENT OF CORRECTIONS  
Health Services Division  
Behavioral Health Services Policy and Procedure # MH-C-02.1**

I. SUBJECT: Multidisciplinary Professional Ethical Guidelines

II. POLICY: This set of values, principles, and standards will guide clinical staff in their decision making and conduct, particularly when ethical issues arise. Ethical decision making is a process. Decisions and actions should be consistent with the spirit as well as the letter of the code.

III. REFERENCE: NCCHC Standard: MH-C-02 Clinical Performance Enhancement  
ORS: Chapter 244 Government Ethics  
DOC Policy: 20.1.3 Code of Conduct

IV. DEFINITIONS:

V. PROCEDURE:

A. General

Acts in accordance with the highest standards of professional conduct, integrity and competence. Uphold the standards of professionalism; be honest in all professional interactions. Respect the dignity of clients. Consult when you have questions regarding ethical obligations or professional practice. Guided in their work by evidence of the best professional practices. Accountable at all times for their behavior – accept responsibility for their behavior. Uphold the law. Use knowledge to improve the conditions of individuals, organizations and society. Enhance human well-being and help meet the basic needs of all people.

B. Respect to clients and colleagues:

Dedicated to providing competent care with compassion and respect for human dignity. Respect the rights of clients, colleagues and other health professionals. Respect and protect civil and human rights. Respect inherent dignity and worth of the person. Strive to benefit those for whom they work - do no harm. Promote welfare of clients. Treat colleagues with respect; avoid unwarranted negative criticism of colleagues. Enhance the capacity of people to address their own needs.

C. Cultural competence:

Sensitive to cultural and ethnic diversity. Communicate information in ways that are developmentally and culturally appropriate. Understand culture and its function in human behavior and society. Recognize the strengths that exist in all cultures.

D. Integrity:

Promote accuracy, honesty and truthfulness. Do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Avoid false or deceptive statements. Should not permit private conduct to interfere with ability to fulfill professional responsibilities. Work toward the maintenance and promotion of high standards of practice. Should uphold and advance the values, ethics, knowledge and mission of the profession

E. Reporting ethical violations or impairment/incompetence of colleagues:

In cases of impairment or incompetence, consult with the colleague when feasible and assist with taking remedial action. If the colleague fails to address the problem, take action through appropriate channels. In cases of unethical conduct, take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues. Cooperate in ethics investigation, proceedings and resulting requirements

F. Commitment to employers:

Adhere to commitments made to employers and employing organizations. Alert employers of inappropriate policies or practices and work to improve agencies' policies and procedures and the efficiency and effectiveness of their services. Attempt to affect change in such policies or procedures through constructive action within the organization. Be diligent stewards of the resources of the agency, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes. Strive to assist the agency in providing competent and ethical professional services.

**G. Competence:**

Recognize personal limitations and provide services only within boundaries of competence. Ongoing efforts to develop and maintain competence, openness to new procedures, and to keep current with the diverse populations and specific population with whom working. Critically examine and keep current with emerging knowledge. Base practice on knowledge, including empirically based knowledge.

**H. Personal problems/impairment:**

Alert to signs of personal impairment. When becoming aware of personal problems that may interfere with professional judgment or performing work related duties adequately, or jeopardize the best interest of people for whom they have professional responsibility - should take appropriate measures such as obtaining professional consultation or assistance and determine whether they should limit, suspend, or terminate their work related duties. Obligation to withdraw from practice if they violate the Code of Ethics, or if mental or physical condition renders it unlikely that a professional relationship will be maintained.

**I. Unfair discrimination:**

Do not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any other basis proscribed by law.

**J. Harassment:**

Do not knowingly engage in or condone behavior that is harassing or demeaning to persons with whom they interact.

**K. Conflict of interest:**

Avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Should not take unfair advantage of any professional relationship or exploit others to further their professional, religious, political or business interest.

**L. Derogatory language:**

Use accurate and respectful language. Should not use derogatory language in their written or verbal communications to or about clients.

**M. Exploitative relationships:**

Do not exploit persons over whom they have supervisory, evaluative, or other authority such as patients/clients, students, supervisees.

**N. Cooperation with other professionals:**

Know and take into account the traditions and practices of other professional disciplines with whom they work and cooperate fully with such in order to serve their clients effectively and appropriately. Work to strengthen interdisciplinary relations with colleagues. Clarify professional and ethical obligations of the team as a whole and of its individual members.

**O. Clients who lack decision making capacity:**

Take reasonable steps to safe guard the interests and rights of these clients.

## Medical Performance Review

\_\_\_\_\_ has had his/her medical care reviewed and the results and findings have been shared with them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have received feedback based on review of medical care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OREGON DEPARTMENT OF CORRECTIONS  
DENTAL PERFORMANCE REVIEW CERTIFICATE

I acknowledge that I have had my performance as a dentist reviewed, and the results and findings have been shared with me. I have received feedback based on review of care.

*Signature*

*Dentist name and degree*

Date

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I acknowledge that I have reviewed the dentistry of (*Insert dentist name*).

*Signature*

Greg Shook, DMD, ODOC Chief Dental Officer

Date

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OREGON DEPARTMENT OF CORRECTIONS  
HEALTH SERVICES SECTION  
Nursing (RN/HST) QUALITY ASSURANCE CHART AUDIT

Audit Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of Staff Reviewed: \_\_\_\_\_

AUDIT CRITERIA		SID #					
1. Dates/ illness reviewed.	Dates reviewed						
2. Legibility	Good/Fair/Poor						
3. Was the exam appropriate to the patient's complaint?	Yes / No Not applicable						
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5. Were appropriate lab tests, diagnostic studies, and/or consults ordered?	Yes / No Not applicable						
6. Was the assessment consistent with the subjective and objective notes?	Yes / No Not applicable						
7. Were abnormal lab or other diagnostic test results acknowledged and acted upon?	Yes / No Not applicable						
8. If treatment was prescribed was it consistent with the diagnosis?	Yes / No Not applicable						
9. Were follow up instructions noted?	Yes / No Not applicable						
10. Consults appropriate?	Yes / No Not applicable						
11. Were housing, work, and patient education documented as needed?	Yes / No Not applicable						
12. Overall communication, completeness.	Yes / No Not applicable						
Comments							

OREGON DEPARTMENT OF CORRECTIONS  
HEALTH SERVICES  
NURSING STAFF PERFORMANCE REVIEW CERTIFICATE

I acknowledge that I have had my performance as a registered nurse/health services technician reviewed, and the results and findings have been shared with me. I have received feedback based on review of care.

*Signature:*

\_\_\_\_\_  
*Nurse's name and title*

\_\_\_\_\_  
Date

I acknowledge that I have reviewed the nursing care provided by (*Insert nurse's name*).

\_\_\_\_\_  
MSM/NM Signature

\_\_\_\_\_  
Date

Institution: \_\_\_\_\_