

State of Iowa Department of Corrections Policy and Procedures

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Chapter 6: Health Services

Sub Chapter: Health Records

Related DOC Policies: N/A

Administrative Code Reference: N/A

Subject: Quality Assurance/Improvement

ACA Standards: 5-ACI-1A-10, 5-ACI-6D-02

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1. PURPOSE

To improve the quality of health care provided to patients in the Iowa Department of Corrections (IDOC) through a comprehensive Quality Management program.

2. POLICY

It is the policy of Health Services to utilize a formal system of monitoring, evaluating and improving the healthcare to patients in the IDOC.

3. DEFINITIONS - See IDOC Policy AD-GA-16 for Definitions.

- A. Health Services Quality Management (QM) Program – A multi-level, multi-faceted strategy for examining and improving any aspect of health care delivery in the IDOC.
- B. Health Services QM Committee (The Committee) – The multidisciplinary committee responsible for the development and implementation of the QM Program. The Committee shall be composed of the DOC Health Services Administrator, DOC Medical Director, DOC Nursing Administrator and DOC Pharmacy Director, and the IDOC Deputy Director.

- C. Continuous Quality Improvement (CQI) – A central priority of the QM Program that seeks to improve organizational processes using standard QCI methodology.
- D. Quality Assurance (QA) – A retrospective study of compliance with standards of care in the Health Services.
- E. QM Records – All documents used in any part of the QM program.
- F. Occurrence – An event in the process of providing health care that placed a patient’s health and safety at risk.
- G. Quality Management Coordinator (QMC) – The designated individual who is responsible for Health Services QM at the institutional level.
- H. ICON Medical – the IDOC electronic medical record system.

4. PROCEDURES

- A. The QM Program operates under the direction of the Health Services Administrator (HSA).
- B. The Committee shall consist of the IDOC HSA, Medical Director, Director of Nursing Services, Pharmacy Director, and IDOC Deputy Director. The Committee meets monthly (???)
- C. QMC – Each institution shall develop QM procedures for the collection of Occurrence data, Peer Review reports, and CQI results. The QMC shall forward this information to The Committee monthly.
- D. CQI – The Committee shall employ explicit CQI principles as a core component of the QM program. Elements of a CQI plan include:
 - 1. Establish outcome goals for Health Services.
 - 2. Develop a CQI process to achieve these goals.
 - 3. Design CQI data collection metrics.
 - 4. Coordinate data collection assignments.
 - 5. Review and summarize CQI findings.

6. Identify deficiencies and recommend corrective interventions for each CQI plan.
 7. Update outcome goals after a specified interval of time to determine the efficacy of the interventions.
- E. Occurrence – The Committee shall perform regular QA reviews of Occurrence data from all institutions in the IDOC, including, but not limited to, Incident Reports, Medication Errors, and Adverse Drug Events. Root cause analysis investigations shall be initiated as appropriate.
 - F. Utilization Review – The Committee shall perform regular QA reviews of institutional provider stewardship of healthcare resources in the IDOC, including, but not limited to, Pharmaceutical Costs, Noncompliance with Medications, and Off-Site Referrals.
 - G. Peer Reviews – All disciplines in Health Services shall conduct regular peer reviews and share the findings with The Committee.
 - H. Ad Hoc Reviews – The Committee may conduct CQI or QA reviews as indicated for select areas of healthcare such as Adherence to Clinical Practice Guidelines, Sentinel Events, Grievance or Complaints.
 - I. Health Services Staff – All members of the health care team are encouraged to participate in self-evaluation and give input to the QM committee about organizational systems and processes for any discipline at any level of care.
 - J. Patient Reports – The Committee welcomes feedback from patients and their families for issues in the provision of healthcare that could benefit from a QM review.
 - K. The Committee’s findings and recommendations shall be shared with all appropriate Health Services staff. Implementation of corrective action plans shall be monitored through The Committee and the QMC as part of an overall strategy for risk management.
 - L. The Committee shall maintain confidentiality of QI Records.