

 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 8.10	Effective Date 1/1/2008	Page 1 of 5
	Supersedes Quality Assurance and Improvement, dated 10/12/1999		
Approved By <i>Theresa C. Lantz</i>	Title Quality Assurance and Improvement		

1. Policy. The Department of Correction (DOC) shall monitor the quality of health services provided to inmates.

2. Authority and Reference.
 - A. Connecticut General Statutes, Sections 18-81, 21a-262 and 52a-174.
 - B. Doe v. Meachum, Civil Action No. H-88-562 (PCD), November 2, 1990.
 - C. Lareau v. Manson, Civil Action No. H-78-145, September 17, 1981.
 - D. West v. Manson, Civil Action No. H-83-366 (AHN), April 23, 1987.
 - E. Smith v. Meachum, Civil Action No. H-87-221 (JAC), August 8, 1989.
 - F. State of Connecticut, Office of Protection and Advocacy v. Choinski, Civil Action No. 3:03CV1352 (RNC)(DFM).
 - G. Joint Commission on Accreditation of Health Organization, Quality Improvement, 1991.
 - H. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
 - I. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4409 and 4-4424.
 - J. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-7D-25 and 3-ALDF-7D-26.
 - K. National Commission on Correctional Health Care, Standards for Health Care in Prisons, 2004, Standard P-A-06.
 - L. National Commission on Correctional Health Care, Standards for Health Care in Jails, 2004, Standard J-A-06.
 - M. Administrative Directives 8.7, Health Records Management; and 10.11, Addiction Services.

3. Definitions. For the purposes stated herein, the following definitions apply:
 - A. Benchmark. Defines the 100 percent mark on the measurement scale to gauge performance on a defined product or service against the best existing products or services of the same type.
 - B. Clinical Performance Enhancement Review. The process of having a health professional's work reviewed by another professional of at least equal training within the same general discipline.
 - C. Continuous Quality Improvement (CQI). A program model that supports the continuous review and improvement of services and corrective actions related to health care.
 - D. Evaluation. A health appraisal of an individual.
 - E. Local QA/QI Committee. A multi-disciplinary team that represents the various types of care provided (e.g., laboratory, nursing, psychology, custody, etc.).
 - F. Monitoring. An ongoing systematically planned collection, organization, compilation and review of collected data.

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- G. Monitoring Panel. A multi-disciplinary team composed of DOC employees that monitor the quality of care, develop action plans for improvement based on findings, and assesses the effectiveness of these plans after implementation.
 - H. Outcome. The degree to which output meets the needs and expectations of the patient.
 - I. Quality. A level of health care service intended to increase the probability of desired treatment outcome and reduce the opportunity of undesired outcome.
 - J. Quality Assurance and Quality Improvement (QA/QI) Program. A process by which health care delivery is monitored and evaluated to assess the quality and appropriateness of care and to identify features of the health care delivery system requiring improvement. QA/QI Programs shall follow the CQI program model.
4. Quality Assurance and Quality Improvement Program Management. The Director of Health and Addiction Services or designee shall supervise a comprehensive QA/QI Program for health and addiction services in accordance with this Directive. The Director of Health and Addiction Services shall designate appropriate oversight and reporting related to the QA/QI Program.
5. Components of the Quality Assurance and Quality Improvement Program. The QA/QI Program shall, at a minimum, contain the following components:
- A. Safety. To monitor the safety of the environment for the public, staff and inmates by recommending or implementing safeguards against accidents and injuries.
 - B. Consent Decree Compliance. To direct compliance with court ordered consent decrees, identify areas of potential liability, and to make recommendations for corrective action.
 - C. Infection Control. To prevent, identify and control infections.
 - D. Health Care. To monitor all aspects of health care including admission, screening and evaluations of sick call services, chronic disease services, infirmary care, nursing services, pharmacy services, diagnostic services, psychiatric services, dental services, and adverse patient occurrences.
 - E. Critical Incident Case Review. To conduct a review in the event of an inmate death or other serious clinical event as determined by the Director of Health and Addiction Services in order to determine if a pattern of symptoms exist, which if identified during the course of treatment, might have resulted in earlier diagnosis and intervention, and to examine events immediately surrounding each death or other serious clinical event to determine if appropriate interventions were applied.
6. Statewide Quality Assurance and Quality Improvement Committee. The Director of Health and Addiction Services shall ensure that a Statewide QA/QI Committee is established as follows:
- A. Committee Members. Committee members shall include Monitoring Panel and ad hoc members as appointed by the Director of Health and Addiction Services. Committee members from the contracted health services provider shall include the provider's Clinical Director, Administrator of Quality Assurance and Improvement,

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Health Service Program Directors and facility-based health service supervisors.

B. Committee Duties. The QA/QI Committee shall:

1. oversee and direct the overall QA/QI Program;
2. review standards and monitoring systems;
3. develop quality of care standards;
4. review and assess collected data to identify patterns or trends;
5. identify needs for corrective action;
6. monitor the resolution of identified problems;
7. evaluate the effectiveness of the QA/QI Program; and,
8. document QA/QI Program activities and serve as a resource to local QA/QI Programs.

The committee shall convene at least quarterly and submit minutes to the Director of Health and Addiction Services or designee.

7. Local Quality Assurance and Quality Improvement Committee. Facilities shall establish either individually or regionally with other facilities, a QA/QI Committee to ensure that the provisions established by the QA/QI Program are adhered to in accordance with this Directive.

A. Committee Members. Committee members shall include a designee(s) as determined by the Unit Administrator. Committee members from the contracted health services provider shall include a representative from various health disciplines and/or facility specific programs.

B. Committee Duties. The local QA/QI Committee shall:

1. meet regularly, but quarterly at a minimum;
2. ensure regular development and revision of the local QA/QI Program;
3. review and assess collected data to identify patterns or trends within a given facility or facilities;
4. plan for corrective action;
5. monitor the resolution of identified problems;
6. evaluate the effectiveness of the QA/QI Program;
7. document QA/QI Program activities; and,
8. participate in Statewide QA/QI Committee activities as needed.

Minutes from committee meetings shall be disseminated to facility health and addiction services staff, the contracted health services provider (Administrator of Quality Assurance and Improvement), and the Director of Health and Addiction Services or designee. The contracted health services provider shall develop policies and procedures for all local QA/QI committees tailored to each facility or group of facilities based on size, structure and/or need.

8. Quality Assurance and Quality Improvement Information Confidentiality. Copies of minutes, monitoring and evaluation activities including status reports, inmate complaints and other related QA/QI Program data shall be maintained in accordance with Administrative Directive 8.7, Health Record Management.

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9. Accountability.

- A. The QA/QI Committee shall submit a comprehensive annual report of QA/QI Program activity and outcomes to the Director of Health and Addiction Services.
- B. The CQI program shall be consistent with the quality standards established by the National Commission on Correctional Health Care (NCCHC).
- C. A local QA/QI Committee corrective action plan shall be developed, agreed upon and signed off by at least three (3) people from the local QA/QI Committee and submitted for review to the Director of Health and Addiction Services or designee.
- D. Continuous QA/QI studies shall be conducted in all facilities where health and addiction services are provided. Each facility may decide the necessary studies to provide quality care in that facility. QA/QI studies shall relate to the scope of services set forth in Chapter 8 of the Administrative Directives and with Administrative Directive 10.11, Addiction Services.

10. Clinical Performance Enhancement Reviews. The Department shall require the contracted health services provider to conduct annual clinical performance enhancement reviews of all providers, psychiatrists, physicians and advanced practice registered nurses, consistent with current NCCHC standards. Reports of these clinical performance enhancement reviews shall be submitted to the Director of Health and Addiction Services quarterly.

11. Performance-Based Measures. Performance-based measures shall be conducted annually and may include any health care item from the scope of services that can be measured against nationally known evidence-based practices or internally developed benchmarks. Areas may include, but are not limited to:

- A. chronic disease management (e.g., asthma, diabetes, hypertension, etc.);
- B. dental services;
- C. emergency services;
- D. infectious disease management;
- E. inpatient psychiatric/crisis management;
- F. medication/pharmacy services;
- G. medical or mental health consolidation plans;
- H. on-site inpatient services;
- I. outpatient primary care;
- J. risk management; and,
- K. specialty services.

12. Audit Requirements, Timetables and Trends Analysis. Health service audits shall be conducted in accordance with the following:

- A. Audit Requirements. The contracted health services provider shall appoint a QA/QI liaison to work with the DOC Health and Addiction Services' Director of Quality Improvement to develop and/or improve compliance audit tools. Performance thresholds shall be established for each category. The contracted health services provider shall pilot test 'new' quality improvement instruments before use, including data collection, staff impact, sample size and feasibility of the data collection itself. The contracted

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health services provider shall train all staff performing QA/QI studies on the use of each instrument and shall provide the results of all pilot tests and proof of training to the Statewide QA/QI Committee and the DOC Director of Health and Addiction Services as requested.

All relevant health information must be available in the health record on the day of the audit. Only approved DOC and/or contracted health services provider forms shall be permitted in the health record. A grace period of 14 days shall be allowed at the site for the implementation of new forms. Issues of legibility shall be addressed and documented on a case by case basis. Each site shall have a grace period of 14 days to resolve or correct service or documentation problems identified with any inmate health record. All documented corrections, alterations and late entries shall be consistent with the contracted health services provider policies and count as part of the audit.

B. Audit Timetables.

1. Health Care Performance. The DOC Health and Addiction Services Unit shall conduct a comprehensive performance audit of each facility-based health care program every six (6) months.
2. Mental Health Programming. The DOC Health and Addiction Services Unit shall conduct an audit regarding mental health programming at each facility with designated housing units for mental health (level 3 and above) and infirmaries. Mental health audits shall include as necessary a review of the treatment program, treatment plans, staffing levels, and outcomes.
3. Health Care Records. The DOC Health and Addiction Services Unit shall conduct an audit related to health records management at each facility every six (6) months in accordance with Administrative Directive 8.7, Health Records Management.

C. Trends Analysis. The Department shall require the contracted health services provider to monitor and track for emerging trends in inmate complaints. The contracted health services provider shall provide a monthly status report to the Director of Health and Addiction Services or designee.

13. Corrective Action Plans. All audits shall require a corrective action plan for any deficiencies noted. A corrective action plan shall be required within 14 days of receiving the written results of the audit. The audit results and the corrective action plan shall be reviewed at the next local QA/QI Committee meeting. The contracted health services provider shall have three (3) months to implement the corrective action plan.
14. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.