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Implementation of Performance Improvement Program	ACA Standards: 4-4410M		
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Procedure for Implementation of Performance Improvement Program

- I. Procedure
 - A. Facility performance improvement audits is the process by which the quality and appropriateness of care is assessed and improved on an on-going basis.
 - B. Sample size will be 10% of the population for review, but not more than 50 records. If less than 10 records all records will be reviewed.
- II. Performance Improvement (PI) Activities (4-4410M b. 4 & 5)
 - A. The performance improvement is accomplished through on-site monitoring of health services outcomes which include;
 1. High Volume Aspects of Care
 - a. Receiving Screening
 - b. Initial Health Assessments
 - c. Dental Assessments
 - d. Mental Health Assessments
 - e. Diagnostics and Laboratory Tests
 - f. Periodic Health Assessments
 - g. Inmate Health Education
 - h. Medical Providers Orders

- i. Pharmacy and Therapeutics
 - j. "Keep on Person" Medication
 - 2. High Risk Aspects of Care
 - a. Invasive Procedures
 - b. Emergency Visits
 - c. Infirmary Admissions and Discharges
 - d. Local Hospital Admissions and Discharges
 - e. Nursing Triage of Sick Call Requests
 - f. Access to Care
 - g. Consultation Referrals
 - h. Waiver of Treatment
 - i. Nursing Protocols
 - 3. Problem Prone Aspect of Care
 - a. Deaths
 - b. Injuries
 - c. Chronic Illness Management
 - d. Communicable Disease
 - e. Inmates Grievance
 - f. Terminal Care – Palliative
 - g. Medical Record Documentation
 - h. Inmate Transfers
 - i. Medical Diets
 - j. Peer Review
 - k. Medication Administration
- B. Once annually a comprehensive audit will be performed to cover all aspects of care. The PI council will select focus activities for the remaining quarters based on the comprehensive audit.

III. PI Council Members (4-4410M)

The PI Council members will be in accordance with [OP140139](#), entitled "Performance Improvement Program".

IV. Meetings / Schedule

- A. The PI council will meet once a quarter, the month following completion of the audits. (4-4410M b. 1)
- B. Results of the performance reviews will be provided to the members of the Council and the facility correctional health services administrator (CHSA) according to the Activity Calendar (attachment A). (4-4410M b. 10)

V. Organization/ Responsibility

A. Responsibilities of the Clinical Director Medical Services

The clinical director, medical services will be responsible for the oversight of the PI program.

B. Responsibilities of the PI Council

- 1. Provide oversight of the PI activities including selection of focus quarterly reviews based on the comprehensive audit.
- 2. Collect, analyze, trend and evaluate PI data. Plan system interventions and reassessment. (4-4410M b.2, 3)
- 3. Provide guidance and support to the PI program.
- 4. Analyze performance improvement data to compare to bench marks.

C. Responsibilities of the Office of Medical Services PI Nurses

- 1. Establish clearly defined PI data collection indicators/criteria for use in monitoring the quality and appropriateness of care. Indicators are to be medically accepted standards of practice as determined by the PI Council.
- 2. Thresholds for acceptable outcome of PI indicators/standards will be established by the PI nurses with approval by the PI council. If benchmark thresholds exist nationally or locally, these will be used as approved by the PI council.
- 3. Establish the time frame for re-evaluation of performance indicators/standards, which fall below the desired threshold.
- 4. Report findings of performance improvement data to the PI Council quarterly.

5. Maintain process improvement through on-going evaluation, education and training. (4-4410M b. 8)
6. Provide consultative support and education to the facilities.
7. Develop or revise medical services departmental policy and procedures and other documents.

D. Responsibilities of CHSA

1. Designate appropriate personnel to assist with facility based reviews.
2. Share data gathered through facility based system-wide reviews with all staff -clinical and administrative through minutes, inservices, meetings etc. (4-4410M b. 9)
3. Develop PI action plans which will be monitored by the CHSA and the PI nurses until the desired outcome has been reached. (4-4410M b. 6 & 7)
4. Maintain all specific PI activities.

VI. References

OP-140139 entitled "Performance Improvement Plan" dated May 05, 2005

VII. Action

The medical services administrator will be responsible for compliance with this procedure.

The chief medical officer, Office of medical services will be responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure will be effective as indicated

Replaced: Medical Services Resource Manual 140139.01 entitled "Procedure for Implementation of Performance Improvement Program dated January 1, 2005.

Distribution: Office of Medical Services Resource Manual

