

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.10.27	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 06/24/11	<b>New Effective Date:</b> 02/16/18
	<b>Supersedes:</b> 500.10.27	<b>Dated:</b> 08/01/15
	<b>Administrator's Approval:</b>	
<b>Required Posting or Restricted:</b>		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Continuous Quality Improvement Program		

**POLICY**

All Division of Adult Institution facilities shall have a Continuous Quality Improvement Program to monitor and improve health care delivery.

**REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-A-06 – Continuous Quality Improvement Program

**DEFINITIONS, ACRONYMS, AND FORMS**

BHS – Bureau of Health Services

Continuous Quality Improvement (CQI) – System of self-auditing to objectively identify problems, implement and monitor corrective action and study effectiveness.

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-3652 – Continuous Quality Improvement Team Registration

DOC-3652A – Continuous Quality Improvement Team Registration Addendum

DOC-3653 – Continuous Quality Improvement Team Process Report

Facilitator – Oversight for DAI CQI Program

RHA – Responsible Health Authority

**PROCEDURE****I. General**

- A. The CQI Systems Plan consists of three councils:
  1. Facility.
  2. Administrative.
  3. Executive.
  
- B. The DOC DAI BHS shall develop and maintain a continuous quality improvement program plan.
  
- C. The CQI Systems Plan shall:

<b>DAI Policy #:</b> 500.10.27	<b>New Effective Date:</b> 02/16/18	<b>Page</b> 2 of 4
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Continuous Quality Improvement Program		

1. Guide best practice initiatives and provide a culture of safety while ensuring the delivery of safe patient care.
  2. Be supported at all levels of the DOC, including Divisional Wardens, Center Superintendents, Nursing Coordinators and RHA.
  3. Be facility specific, except where DAI/BHS studies initiatives are implemented across the system.
- D. CQI initiatives implemented in the Center System shall be an umbrella approach, except where specific CQI initiatives/problems are identified per center.

## II. Facility CQI Program

- A. The CQI Systems Plan shall be facilitated as outlined in the BHS/DAI initiatives. The Facility Health Authority shall be responsible to establish the CQI Council.
- B. Each facility shall establish a Facility CQI Council.
1. The Facility CQI Council shall be multi-disciplinary.
  2. The Facility responsible physician shall be involved in the CQI Council.
- C. Each Facility CQI Council shall identify health care aspects to be monitored, implemented and receive corrective action when necessary and study the effectiveness of the correction action plan.
- D. Thresholds shall be established for CQI outcome initiatives and measures.
- E. Each facility shall participate in the established DOC state-wide dashboard measures.
- F. To enhance patient care services each facility shall conduct, at a minimum, a CQI process and outcome study annually that looks at systems, care delivery and process. Each facility shall implement CQI process and/or outcome study when there are identified concerns with patient safety, patient care delivery, environment of care, or patient outcomes.
- G. CQI studies for the WCCS shall be determined at the level of the WCCS Warden and Superintendents with input from the Health Services Nurse Coordinator and CQI Council.
- H. All CQI studies shall be submitted in writing to the CQI Facilitator/Director of Nursing utilizing the DOC-3652 – Continuous Quality Improvement Team Registration. Inter-facility and/or research projects also require DOC-3652A – Continuous Quality Improvement Team Registration Addendum.
- I. Facility CQI Council progress reports shall be submitted, at a minimum of quarterly to the CQI Facilitator/Director of Nursing using the DOC-3653 – Continuous Quality Improvement Team Process Report Form.

<b>DAI Policy #:</b> 500.10.27	<b>New Effective Date:</b> 02/16/18	<b>Page</b> 3 of 4
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Continuous Quality Improvement Program		

J. Facility CQI Councils shall conduct an annual review of the effectiveness of the CQI program. The annual review shall be submitted to the CQI Facilitator/ Director of Nursing.

**III. Administrative and Executive CQI Councils**

- A. The Administrative CQI Council shall meet bi-annually to review submitted CQI studies.
  
- B. The Executive CQI Council shall meet and review effectiveness of the CQI program annually.
  
- C. Shall make recommendations for system wide studies.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Paul Bekx, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.10.27	<b>Page</b> 4 of 4
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Continuous Quality Improvement Program		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other