

 <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> 500.10.31	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 11/05/12	<b>New Effective Date:</b> 02/04/19
	<b>Supersedes:</b> 500.10.31	<b>Dated:</b> 06/01/16
	<b>Administrator's Approval:</b> Makda Fessahaye, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Clinical Performance Enhancement		

**POLICY**

The Division of Adult Institutions shall have individuals delivering patient care are reviewed through a clinical performance enhancement process.

**REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-C-02 – Clinical Performance Enhancement

**DEFINITIONS, ACRONYMS, AND FORMS**

BHS – Bureau of Health Services

Clinical Director – Medical Director, Dental Director, Mental Health Director, Psychiatry Director, Psychology Director or Nursing Director.

Clinical Performance Enhancement – The process of having a health professional's clinical work reviewed by another professional of at least equal training in the same general discipline, such as the review of the facility's physicians by the responsible physician.

Direct Patient Care Clinician – All licensed practitioners providing the facility's medical, dental, and mental health care including physicians, dentists (e.g., nurse practitioners, physician assistants) and qualified mental health professionals.

Dental Clinicians – Dentists and dental hygienists

HSM – Health Services Manager

HSU – Health Services Unit

Mental Health Staff – Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

PPD – Performance Planning and Development

Primary Care Clinicians – Physicians, nurse practitioners and physician assistants

PSU – Psychological Services Unit

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RHA – Responsible Health Authority

## **PROCEDURE**

### **I. General**

- A. Designated staff shall coordinate peer review activities on at least an annual basis.
  1. The Medical Director and Associate Medical Directors shall coordinate peer review activities for primary care clinicians.
  2. The Psychiatry Director shall coordinate peer review activities for psychiatrists.
  3. The Psychology Director/designee shall coordinate peer review activities for PSU staff.
  4. The Dental Director and Dental Supervisors shall coordinate peer review activities for dental clinicians.
  5. The Nursing Director, Nursing Coordinators and Health Services Nursing Managers shall coordinate peer review activities for Registered Nurses and Licensed Practical Nurses.
  
- B. Peer review activities shall be kept confidential to the extent possible under state and federal law.
  
- C.
  1. Clinical performance enhancement reviews are conducted, at a minimum, on all full-time, part-time, or per diem:
    - a. Providers.
    - b. RNs.
    - c. LPNs.
    - d. Psychologists.
    - e. Licensed clinical social workers.
    - f. Dentists.
  2. The clinical performance enhancement review is conducted annually.
  3. Clinical performance enhancement reviews are kept confidential and incorporate at least the following elements:
    - a. The name of the individual being reviewed.
    - b. The date of the review.
    - c. The name and credentials of the reviewer.
    - d. Confirmation the review was shared with the individual being reviewed.
    - e. Summary of the findings and corrective actions, if any.
  4. A log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews is available. A standardized review form is recommended.
  5. The responsible health authority (RHA) implements an independent review when there is concern about any individual's competence.
  6. The RHA implements procedures to improve an individual's competence when such action is necessary.
  7. All aspects of the standard are addressed by written policy and defined procedures.

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D. Clinical Directors/designees or HSMs shall review health care services when there is a serious concern about any health care clinician’s competence and implement corrective action when necessary.

**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:** \_\_\_\_\_  
Makda Fessahaye, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Clinical Performance Enhancement		
<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.
    - 1.
      - a.
  - B.
  - C.
- II.
  - A.
  - B.
  - C.