

 <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> 08/31/20
	<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 ensure 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, Important 2018, P-C-02 – Clinical Performance Enhancement

Wisconsin Statutes s. 302.38 - Medical care of prisoners

Wisconsin Statutes s. 302.385 - Correctional institution health care

Wisconsin Statutes s. 302.386 - Medical and dental services for prisoner and forensic patients

**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.

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PPD – Performance Planning and Development

Primary Care Clinicians – Physicians, nurse practitioners and physician assistants.

PSU – Psychological Services Unit

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. Clinical Performance Enhancement review is a professional practice review focused on clinical skills; its purpose is to enhance competency and address areas in need of improvement. 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 and the credentials of the individual being reviewed.
    - b. The date of the review.
    - c. The name and credentials of the reviewer.
    - d. Confirmation that the review was shared with the individual being reviewed.
    - e. Summary of the findings and corrective actions, if any.
    - f. 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.

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- g. The responsible health authority (RHS) implements an independent review when there is concern about any individual's competence.
  - h. The RHA implements procedures to improve an individual's competence when such action is necessary.
  - i. All aspects of the standard are addressed by written policy and defined procedures.
- C. Peer review activities shall be kept confidential to the extent possible under state and federal law. They are not a substitution for an annual performance review or clinical case conference.
- D. Clinical Directors, Nursing Coordinators and 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:** \_\_\_\_\_

Michael Rivers, Director of Administration

\_\_\_\_\_ **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		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.10.31	<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> 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.