

CHAPTER 2

Quality Management System Policy and Procedure

I. POLICY

The Governing Body requires the development, maintenance, and operation of an ongoing Quality Management (QM) system, offering its full support through the provision of resources designed to enhance the system and assist in creating a more effective and meaningful process throughout the institution.

II. PURPOSE

The purpose of QM is to provide systematic and ongoing monitoring and evaluation of the access, quality and continuity of medical, dental and mental health care services; to assure these services are optimal within available resources, as provided by the taxpayers of the State of California; to diminish risk by preventive measures; to produce quality outcomes; to identify opportunities to improve the quality of services provided; to evaluate and suggest improvement of systems; and to resolve problems that are identified in a timely, effective, and efficient manner.

The objectives of this policy are:

- To better serve the patient population by working together collaboratively as a team.
- To implement a mechanism in which health care services are systematically monitored and evaluated for access to care, quality of care and continuity of care, with particular emphasis given to activities occurring in high volume and which place patients at greatest risk.
- To coordinate the flow of information obtained through quality improvement activities and to facilitate optimum communication between all departments, services, and disciplines involved, including the Governing Body.
- To see that results of QM activities are documented, that they are considered, and that appropriate actions are taken to improve the access, quality and continuity of medical, dental and mental health care services provided, and to prevent negative outcomes.

III. PROCEDURE

All Health Care staff have the responsibility for implementing a mechanism to facilitate achievement of optimal standards of care, and are directed to participate in quality improvement activities and processes as delineated in this system. QM activities will be integrated, coordinated and designed to minimize duplication of effort. The scope of care/services is delineated by:

- The individual needs of patients served.
- The types and ages of patients served.
- The conditions and diagnoses treated.
- The treatments or interventions performed.

- The types of practitioners providing care.
- The sites where care is provided.
- The times of provision of care.
- Outcomes of care.

The goal of Health Care Services is to provide medical, dental and mental health services in the custodial environment, ever mindful that the delivery of such services may require adjustments for security concerns.

A. QUALITY IMPROVEMENT ACTIVITIES

The scope of the QM system includes medical, dental and mental health services / activities. The scope also includes services provided by facility outpatient clinics, the Correctional Clinical Case Management System (CCCMS), the Mental Health Crisis Beds (MHCB) program, and in cases where resources or medical expertise is not available, services provided by consultants and appropriate contracted acute care facilities.

The scope of the policy also encompasses all departments, services, programs, disciplines, and committees that directly or indirectly affect the quality of medical and mental health care. Each of these entities has the responsibility to monitor and evaluate the quality and appropriateness of care and/or services provided under its purview; to identify opportunities to improve care/services; and to require responsible parties to implement corrective action, as appropriate, within the established organizational structure of Health Care Services Division.

When a need for process (system) improvement is identified which affects a number of departments, services, and/or disciplines, a Quality Improvement Team (QIT) is formed to work towards system improvement and resolution of identified problems utilizing the FOCUS-PDCA process outlined in Volume III, Chapters 3 and 4. Once a QIT has been approved for implementation and the various roles are assigned, it is recommended that meetings be held at least once a week until the team has thoroughly reviewed the process and has developed recommendations on how to improve the process and resolve identified problems within the process. The length of time a QIT may be together will vary depending on the complexity of the process being studied and the amount of time needed to collect necessary data.

When the team has completed its review of the process, they will submit their recommendations for improvement to the Quality Management Committee (QMC). If the QMC agrees, the recommendations will be sent to the Health Care Manager or Local Governing Body for approval. For those actions approved for implementation, a mechanism will be put in place whereby the actions are monitored for effectiveness and outcome to provide follow-up and ascertain whether the desired result has occurred.

Tools used by QITs to collect data and work towards process improvement may include, but are not limited to flow charts, cause/effect diagrams, graphs, charts, checksheets, questionnaires, observation and interviews. Utilizing these tools provides a visual picture of the process and problems identified, which aids in pinpointing where improvement is needed.

B. QUALITY MANAGEMENT FOCUSES ON THESE IMPORTANT ASPECTS OF HEALTH CARE

1. Health Care Services shall demonstrate involvement in QM by collecting data, measuring, assessing, and improving dimensions of performance through focus on important functions, including:
 - a. Access to services
 - b. Timeliness of services
 - c. Adequacy of services
 - d. Adequacy of follow-up
 - e. Appropriateness of services provided
 - f. Effectiveness, efficiency and outcomes of services provided
 - g. Quality/accuracy/completeness of documentation
 - h. Adherence to established policies and procedures
 - i. Continuity of care
 - j. Training
 - k. Safety and security of practices performed
2. Measurement of processes and functions will take place continually, determined by high volume, high risk areas and those considered to be problem prone, in addition to new and existing processes.
3. Health care services that have been identified for ongoing monitoring and evaluation may include, but are not limited to the following:
 - a. Medical
 1. Deaths
 2. Bus Screening
 3. Chronic Disease Care
 4. Medically Directed Special Diets
 5. Emergencies and emergency response
 6. Outside referrals and transfers for medical care
 7. Dental Services
 8. Inmate Health Care Services Requests
 9. Sick Call
 10. Medication Administration
 11. Laboratory Services
 12. X-ray Services
 13. Infectious Disease Control and Prevention
 14. Physical Therapy
 - b. Mental Health

1. Bus Screening
2. Mental Health Screening and Evaluation
3. Use of 4/5 Point Restraints
4. Use of Psychotropic/Heat Medications/Polypharmacy
5. Compliance with Health Care Services SHU “at risk” exclusion criteria
6. Correctional Clinical Case Management System (CCCMS)
7. Enhanced Outpatient Program (EOP)
8. Psychiatric Services Unit (PSU)
9. Level of Care Transfers (EOP, PSU, MHCB, DMH)
10. Mental Health Crisis Bed (MHCB) Use
11. Treatment of Suicidal Inmates
12. Deaths

C. QUALITY MANAGEMENT DATA SOURCES

Data is collected routinely based on representative sampling of information on important health care functions to be monitored and evaluated. Frequency of data collection depends upon the significance of the monitored event or service, and the degree to which it poses a significant risk to patient outcome. When a health care service is shown to be relatively problem-free, the frequency of data collection may be reduced. Data is derived from multiple sources, which include, but are not limited to the following:

1. Unit Health Records, including inpatient records
2. Central Files
3. Committee minutes and reports
4. Interdisciplinary Treatment Team Minutes
5. Psychiatric Activities Reports (PARs)
6. Unit Activity Logs
7. Training Records
8. Policies and Procedures
9. Expired Medication Lists
10. Heat Medication Lists
11. Medically Directed Diet Lists
12. Chronic Care Lists
13. Infirmary Log Books (e.g., for Restraints, Emergencies, etc.)
14. Health Care Census Summary
15. Infirmary Daily Census Report
16. Daily Operational Log
17. Daily Movement Sheets
18. Inmate Appeals
19. Management Reports
20. Office of the Inspector General and other pertinent survey reports

D. RETENTION OF DATA AND REPORTS

Records of all QM activities are maintained by the Health Care Manager or designee and include (but are not limited to) minutes and reports of the Governing Body, QMC, QITs, Quality Review Committee, Patient Care Policy Committee, Emergency Response and Review Committee, Suicide Prevention Committee, Infection Control Committee, Utilization Management Committee, Pharmacy & Therapeutic Committee / Pharmacy Services Committee and reports of the Death Review Committee.

E. MEDICAL QUALITY ASSESSMENTS

Assessments of health care services are conducted on an ongoing basis by the Standards Compliance Coordinator and/or other assigned staff. Emphasis is on adherence to established policies and procedures as well as the quality of documentation. Assessments conducted on an ongoing basis include (when the function exists at the local institution) but are not limited to:

1. Bus Screening
2. Chronic Care Clinics
3. Medically Directed Diets
4. Physical Examinations
5. Use of 4/5 Point Restraint
6. Treatment of Suicidal Inmates
7. Mental Health Screens and Evaluation
8. Psychotropic/Heat Medication Use
9. Correctional Clinical Case Management (CCCMS)
10. Enhanced Outpatient Program (EOP)
11. Psychiatric Services Unit (PSU)
12. Transfers from PSU

F. CONFLICT OF INTEREST

No individual shall be permitted to perform a quality management review for which there is an apparent conflict of interest.

G. COMMUNICATION

Integration of relevant QM monitoring and evaluation information begins with regular reporting of activities and findings. All areas assigned QM responsibility for monitoring and evaluation activities submit written reports of all findings, conclusions, recommendations, and actions to the QMC. This contributes to the detection of trends and patterns, potential problems, or opportunities to improve care / services that affect more than one department, program, service, or discipline. A quarterly summary of all QM activities will be submitted by the QMC to the HCSQMC for review, approval, and action as needed.

H. CONFIDENTIALITY

California Code of Evidence Section 1157 provides discovery protection for certain QM System information. It provides qualified immunity from liability for institutions, administrative staff, medical staff, and others serving on committees performing quality

improvement responsibilities and those providing services to such committees. The goal of the statutory protections for quality review participants is to encourage uninhibited investigation and evaluation of professional activities.

HCSD wishes to reaffirm the confidential nature of quality improvement information and the protection of such information from being used inappropriately. It is essential that all health care quality improvement data, analysis findings, conclusions, recommendations, and actions developed by or for the use of the institution, not be available to unauthorized persons or organizations, or used for other than internal or comparative quality improvement functions.