



CORRECTIONS MEDICINE
Continuous Quality Improvement Program
ACA Standard: 4 ALDF – 4C – 01

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CM – 06

- I. **PURPOSE:** To promote a culture of quality improvement (QI) within the Saint Louis County Department of Public Health (DPH) Corrections Medicine Program that includes a program-wide philosophy of improving health outcomes and overall patient and employee experiences.
- II. **POLICY:** The DPH Corrections Medicine program shall accomplish its program objectives by supporting a QI program that systematically and continuously assesses, monitors, and improves quality of and access to care.
- III. **DEFINITIONS:** For purposes of executing this policy within the Corrections Medicine Program, the following nationally-accepted public health definitions will be used:
 - **Quality Improvement (QI) Plan:** Use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, focused on activities that raise quality, are responsive to population needs and improve population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community (Accreditation Coalition 2009, Public Health Foundation, et.al.).
 - **Quality Improvement (QI) Program:** A program designed to systematically and continuously monitor, review and evaluate fundamental aspects and processes within a program to improve health care and services.
 - **Outcome Study:** Examines whether expected outcomes of patient care were achieved.
 - **Plan-Do-Check-Act (PDCA):** A quality improvement method used to address evaluation results and patient and/or customer recommendations to improve program operations. The process involves: a) identifying opportunities for improvement; 2) creating ideas or a theory for improvement; 3) make changes for improvement, initially on a small or experimental scale (to minimize disruption of routine activities while testing the changes) and; 4) standardizing successful improvements. If the change was not an improvement, develop a new theory and repeat tests.
 - **Process Study:** Examines the effectiveness of the health care delivery process.
 - **Quality:** In public health terms, quality is the degree to which policies, programs, services and research for the population increase desired health outcomes and conditions in which the population can be healthy (Public Health Quality Forum, 2009).
 - **Quality Improvement (QI):** is a process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and health outcomes with an organization.

- **Corrections Medicine Quality Improvement Committee (CM-QIC):** (In earlier versions of Corrections Medicine Program Policies, referred to as the *Quality Assurance Committee*). A group of health staff from various disciplines (e.g., medicine, nursing, mental health, dentistry, health records, pharmacy, laboratory) that designs quality improvement monitoring activities, discusses the results and implements corrective action.
- **Saint Louis County Department of Public Health Quality Council (DPH-QC)**
A council of representatives from each division in DPH, designed to assist and support ongoing performance management and quality improvement endeavors, and provide training to all staff regarding QI tools and techniques.

IV. **RESPONSIBILITY:** All Corrections Medicine staff and contracted staff are responsible for the content of this policy and procedure as well as adherence to the policy.

V. **PROCEDURE:**

1. Corrections Medicine Quality Improvement Committee (CM-QIC) and Project Team
 - a. Corrections Medicine Quality Improvement Committee Roles and Responsibilities CM-QIC shall provide oversight and guidance for QI projects and assessment of standards in the Corrections Medicine program. The Corrections Medicine CQI Nurse chairs the CM-QIC and is a representative on the DPH-QC. As a representative of the Corrections Medicine program the CQI nurse participates in training and high-level project reporting to the DPH QI program.
 - b. The CM-QIC shall meet at least quarterly to report on project progress and identify opportunities for improvement. The DPH-QC usually meets monthly to discuss overall DPH performance management and quality improvement endeavors and ongoing division progress and events. (Refer to DPH’s PM QI Plan and Policy 1.19.)
 - c. The CM-QIC shall be a multidisciplinary committee, with participation of the Lead Physician and appropriate supervisor or nurse manager, as well as line staff.
 - d. Project team membership changes depending on current projects.
 - e. Primary CM-QIC responsibilities include:
 - i. Encouraging and fostering a supportive QI environment;
 - ii. Championing QI activities, tools and techniques;
 - iii. Selecting and supporting QI projects.
2. Performance Management and Quality Improvement (PM-QI) Plan
 - a. The Corrections Medicine Program shall operate under the auspices of the DPH’s Annual PM-QI Plan.
3. Internal Reviews, Program Monitoring and Incident Tracking

- a. The CM-QIC shall review QI activities and provide updates on the progress of QI projects.
 - b. Program internal reviews, monitoring and incident tracking shall be conducted on a regular basis using data collection tools.
4. Selecting Quality Improvement Projects
- a. Data analysis of performance measures will used to identify QI projects.
 - b. Proposed projects shall be reviewed by the CM-QIC and prioritized to improve the quality of patient care, accessibility to services, patient safety, and clinician/patient interactions.
 - c. Chosen projects shall consider data collection and analysis, testing and measuring of performance to ensure that changes will in fact be improvements, then continuous review over time.
 - d. A list of Corrections Medicine areas for improvement shall be included in the annual PM and QI Plan.
5. Evaluation of Continuous Quality Improvement Plan
- a. An evaluation of the PM QI Plan shall be completed at the end of each year in coordination with the DPH-QC. Before the end of the year in which the plan is implemented, the CM-QIC will review the QI activities conducted during the year, including the targeted process or outcome, the performance measures utilized, the findings, data collection, assessment, and the initiatives taken in response to the findings.
6. Confidentiality
- a. All documents, reports, meeting minutes, findings, conclusions and recommendations developed by the CM-QIC shall be privileged and confidential. Discretion of information is governed by HIPAA regulations.
 - b. QI project documentation shall be maintained in accordance with current St. Louis County government, state and federal laws related to record retention and security policies and procedures.

VI. **REFERENCES:**

American Correctional Association. (2004). Performance-Based Standards for Correctional Health Care for Adult Correctional Institutions. Alexandria, VA: American Correctional Association.

American Public Health Association. (2003). Standards for Health Services in Correctional Institutions. Washington, D.C.: American Public Health Association.

National Association of City and County Health Organizations (2009).
<http://www.naccho.org/topics/infrastructure/accreditation/quality.cfm>

National Commission on Correctional Health Care. (2011). Standards for Health Services in Juvenile Detention and Confinement Facilities. Chicago, IL: National Commission on Correctional Health Care.

Public Health Foundation, et.al. (2009). Accreditation Coalition.

US Department of Health & Human Services. (2009). Public Health Quality Forum.