



Virginia Department of Corrections

Health Services

Operating Procedure 701.2

Health Services Continuous Quality Improvement Program

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Adverse Medical Event - Involves unintended harm to an inmate or CCAP probationer/parolee receiving care in a state correctional facility.

Close Call - A close call (also known as a near miss or good catch) is an incident that could have resulted in an adverse medical event but did not reach an inmate or CCAP probationer/parolee either by chance or through timely intervention by staff.

Health Authority – The health administrator responsible for the provision of health care services at an institution or system of institutions.

Health Services Continuous Quality Improvement (CQI) Committee - Central Office staff tasked with (i) identifying appropriate criteria for evaluation of the quality of health care services provided by the DOC, (ii) monitoring and evaluating the quality of health care services provided by the DOC utilizing the criteria identified, and (iii) developing strategies to improve the quality of health care services provided by the DOC; reference COV §53.1-17.1, *Continuous quality improvement committee; report*.

Health Services Safety Work Group - Provides guidance for our overall Health Services Safety Improvement Program. The work group will provide ongoing operational leadership of inmate and CCAP probationer/parolee safety activities for improving organizational performance in which optimal standards of practice are sought through measurable improvements. The work group will guide the facilities to a point where the staff feel comfortable receiving data, sharing data, using data and seeing it as something that is important and key to their work rather than something that is punitive.

Health Services Safety Improvement Team - Facility level representative health staff from various disciplines (e.g., medical, nursing, mental health and wellness, dentistry, dialysis, etc.) who are responsible for monitoring and improving the delivery of health care and inmate or CCAP probationer/parolee safety at the facility through the process of quality improvement projects, studies, and outcome improvement measures.

Health Services Safety Improvement Program - A framework of organized activities that creates cultures, processes, procedures, behaviors, technologies, and environments in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make errors less likely and reduce the impact of harm when it does occur.

Just Culture - An environment which seeks to balance the need to learn from mistakes and the need to take disciplinary action.

Performance Improvement Plan (PIP) - A document that provides guidance for the delivery of safe and quality health care through continuous improvements.

Project Charter - Clearly establishes the goals, scope, timing, milestones, and team roles and responsibilities for an improvement project.

Quality Improvement - Systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted inmate and CCAP probationer/parolee groups.

STEEEP - Criteria developed by the Institute of Medicine to evaluate the quality of health care services. The six aims of STEEEP evaluate care that is Safe, Timely, Efficient, Effective, Equitable, and Patient Centered.

Storyboard - A tool that can be used to simply and clearly communicate the story of a performance improvement project. The aim of a storyboard is to allow audiences to quickly grasp the main points of the story by providing only the most essential information and including one or more easy-to-understand charts that demonstrate the impact of the effort.

PURPOSE

This operating procedure provides guidance for a Health Services Safety Improvement Program that takes a proactive approach to continually monitor and improve the safety and quality of health care services provided to inmates and Community Corrections Alternative Program (CCAP) probationers/parolees in all Department of Corrections (DOC) facilities. (2-CO-4E-01)

PROCEDURE

- I. Health Services Unit (HSU) Mission
 - A. The mission of the HSU is to demonstrate excellence in health care by recruiting and retaining quality staff who promote the well-being of our inmates and CCAP probationers/parolees.
 - B. The HSU is committed to providing safe quality health care services to inmates and CCAP probationers/parolees that respects their dignity and provides for the continuity of care. The DOC recognizes that health care is preventative as well as curative and encourages inmates and CCAP probationers/parolees to develop a responsible attitude toward their own well-being.
 - C. The HSU systematically plans, implements, monitors, and assesses all health care services provided to inmates and CCAP probationers/parolees through the Health Services Safety Improvement Program to ensure organizational performance in which optimal standards of practice are sought and improved.
- II. Health Services Safety Improvement Process
 - A. The Chief Physician, with assistance from the Health Services Quality Improvement (QI) Specialist, will be responsible for oversight and coordination of the Health Services Safety Improvement Program. Specific responsibilities include:
 1. Overseeing the day-to-day operations of the Health Services Safety Improvement Program to include serving as the custodian of all documents.
 2. Assigning tasks to assist in the development of training to enhance the Health Services Safety Improvement process.
 3. Assisting facilities/disciplines in developing, implementing, and reviewing Health Services Safety Improvement Plans.
 4. Ensuring facility meeting minutes contain pertinent information on the progress in implementing inmate and CCAP probationer/parolee safety improvement initiatives and that meeting minutes are filed electronically within the HSU shared folder.
 5. Providing input, advice, and consultation to the Health Services Director or Regional Health Care Administrator/Contract Monitor Manager, and/or Facility Health Services Safety Improvement Team on inmate and CCAP probationer/parolee safety improvement activities to improve organizational performance.
- III. Health Services Safety Improvement Plans
 - A. All levels of the HSU will work together in an ongoing effort to monitor and improve inmate and CCAP probationer/parolee health care in facilities through the development and implementation of a Health Services Safety Improvement Plan and facility specific Health Services Safety Improvement Plans.
 - B. The Health Services Safety Improvement Work Group will develop a department level Health Services Safety Improvement Plan annually for submission to and approval by the Health Services Director.
 1. Once approved by the Health Services Director, the Health Services Safety Improvement Plan will be made available for review on iDOC.
 2. The Health Services Safety Improvement Work Group will report quarterly to the HSU Chiefs.
 3. The Health Services Safety Improvement Work Group can call for sub-committees as needed and as

identified in the yearly Health Services Safety Improvement Plan.

IV. Facility Health Services Safety Improvement Plan and Team

- A. The Health Authority at each facility including all contracted medical services facilities and on-site Dialysis providers will be responsible for the development of a Facility Health Services Safety Improvement Plan that is updated annually and scaled to the health care services provided at that facility.
- B. The Facility Health Services Safety Improvement Plan will conform to the *Health Services Safety Improvement Plan 701_F9*, which is based on the information needed for the Health Services Safety Improvement Work Group.
- C. The Health Authority at each facility including all contracted medical services facilities will maintain a Facility Health Services Safety Improvement Team comprised of the following staff: (5-ACI-6D-02)
 1. The Facility Unit Head or designee
 2. Health Authority
 3. Medical Authority
 4. Dental Authority
 5. Chief of Security
 6. Chief of Housing and Programs
 7. Operations Manager
 8. Food Service Director
 9. Grievance Coordinator
 10. Safety Officer
 11. Transportation Officer
 12. Facility Americans with Disabilities Act Coordinator
- D. The responsibilities of the Facility Health Services Safety Improvement Team are as follows: (5-ACI-6D-02)
 1. Monitor, review, and continuously improve the facility's internal review process and Health Services Safety Improvement Plan.
 2. Collect, trend, and analyze data combined with planning, intervening, and reassessing.
 3. Evaluate defined data, which will result in more effective access, improved quality of care, and improved utilization of resources.
 4. Identify at least one or more as needed safety and quality improvement initiative(s) for the facility and complete one Health Services Safety Improvement Project to accomplish the initiative.
 5. Complete at least one, or more as needed, process/outcome study(s) per year utilizing the six aims of STEEEP.
 6. Evaluate on-site monitoring of health care performance/outcomes at least quarterly through:
 - a. Reviewing charts
 - b. Reviewing prescribing practices, administration of medications, prescribing errors, and medication errors
 - c. Investigation of complaints and grievances
 - d. Monitoring *Performance Improvement Plans*
 7. Identify significant patterns that may be a potential harm or an opportunity to improve services.
 8. Incorporate findings of internal review activities into the organization's education and training.

9. Implement measures to address and resolve important problems and concerns identified by any *Performance Improvement Plan*.
 10. Re-evaluate problems or concerns to determine objectively whether the performance improvement measures achieved and sustained the desired results.
 11. Meet at least quarterly to review and evaluate the Health Services Safety Improvement Program components and document findings, actions, and follow-up through team minutes documented on the *Quarterly Health Services Safety Improvement/ Multi-Disciplinary Meeting Minutes 701_F10*.
 12. Maintain appropriate records (meeting minutes) of internal review activities.
 13. Communicate findings and actions quarterly to the Health Services Safety Improvement Work Group or Regional Health Care Administrator/Contract Monitor Manager and Facility Unit Head.
 14. Provide a quarterly report to the HSU Chiefs of the findings of internal review activities.
 15. Ensure that records of internal review activities comply with legal requirements on confidentiality of records.
 16. Review all deaths in custody, suicide or suicide attempts, and illness outbreaks.
 17. Work closely with DOC and facility administration through regular meetings or administrative representation on the Health Services Safety Improvement Work Group, as needed.
 18. Work with the QI Specialist to implement a comprehensive Health Services Safety Improvement Plan that will yield a uniform level of excellence throughout health services, as needed.
 19. Provide the Health Services Continuous Quality Improvement Committee with information necessary for the committee to perform its statutorily required duties.
 20. Educate and promote a just culture as it pertains to reporting and discussing adverse medical events while also educating staff on events that may be addressed through disciplinary actions.
- E. The Chairperson of the Facility Health Services Safety Improvement Team will be responsible for annual completion of the ACA Health Care Outcome Measures Worksheet.
- F. The Facility Health Services Safety Improvement Team will evaluate the Health Services Safety Improvement Plan at the end of the year to ensure the goals and objectives were accomplished, and attach the Health Services Safety Improvement Plan evaluation to the quarterly Health Services Safety Improvement/Multi-Disciplinary meeting minutes for the completion quarter. (5-ACI-6D-09)
- G. Facilities will be grouped into Hub Work Groups in order to collaborate and review adverse medical events, close calls and other inmate or CCAP probationer/parolee safety errors. Hub Work Groups will perform a root cause analysis, develop a *Performance Improvement Plan 701_F13*, and report findings to the Health Services Safety Improvement Team.
1. Hub Work Groups should not perform a root cause analysis on a case that they are familiar with and/or is associated with their home facilities.
 2. The QI Specialist will assign a Hub Work Group to perform the root cause analysis and organize the meeting(s).
 3. Team leaders of Hub Work Groups will be chosen by the QI Specialist based on subject matter knowledge of and/or experience with event process and versed in root cause analysis process.
 4. Hub Work Group team members will include but are not limited to Health Authorities, Medical Practitioners, medical, dental, and mental health and wellness services staff.
 - a. Hub 1- Augusta CC, Cold Springs CU, Cold Springs CCAP, and Harrisonburg CCAP
 - b. Hub 2- Green Rock CC, Patrick Henry CU, Halifax CU and Red Onion State Prison
 - c. Hub 3- Marion CTC, Pocahontas CC, Bland CC, Chesterfield Women's CCAP

- d. Hub 4- Keen Mountain CC, Central Virginia CU, Wallens Ridge State Prison, Wise CU, and Appalachian CCAP
- e. Hub 5- Baskerville CC, Lawrenceville CC, Lunenburg CC, Brunswick CCAP
- f. Hub 6-Buckingham CC, State Farm WC, Nottoway CC, Nottoway Work Center
- g. Hub 7- Virginia Correctional Center for Women, Dillwyn CC, River North CC, Rustburg CU
- h. Hub 8- State Farm CC, State Farm Infirmery and Infirmery Annex, Beaumont CC
- i. Hub 9- Coffeewood CC, Stafford CCAP, Caroline CU, Haynesville CC, Haynesville CU
- j. Hub 10- Greenville CC, Greenville WC, Sussex 1 State Prison, Sussex 2 State Prison
- k. Deerfield CC, Deerfield Men's WC, Deerfield Women's WC, St. Brides CC, Indian Creek CC

V. Facility Health Services Safety Improvement Implementation Steps

- A. Develop a Health Services Safety Improvement Plan and update annually or as needed
 1. Establish a facility specific purpose, goals, and objectives.
 2. Submit the Health Services Safety Improvement Plan to the QI Specialist each year by March 1.
- B. Identify at least one or more as needed inmate and CCAP probationer/parolee safety improvement initiative(s) and decide on one Health Services Safety Improvement Project to accomplish the initiative (5-ACI-6D-08)
 1. Utilize a *Project Charter* 701_F14 for every Health Services Safety Improvement Project and attach to the facility Health Services Safety Improvement meeting minutes for the completion quarter.
 2. Complete a *Storyboard* 701_F12 for each Health Services Safety Improvement Project and attach to the facility Health Services Safety Improvement meeting minutes for the completion quarter.
 3. Utilize the methodology of Model for Improvement which includes the Plan Do Study Act (PDSA) and document use on the *Plan, Do, Study, Act Template* 701_F16.
- C. Identify and complete at least one process/outcome study utilizing one of the six aims of STEEEP. (5-ACI-6D-08)
- D. Report all Health Services Safety Improvement Project recommendations, conclusions, actions, and follow-up through monthly staff meeting minutes and Health Services Safety Improvement/Multi-Disciplinary quarterly meetings.

VI. Health Services Continuous Quality Improvement (CQI) Committee

- A. The Chief Physician will serve as the chairperson for the Health Services CQI Committee, which is comprised of designated staff, see COV §53.1-17.1, *Continuous quality improvement committee; report*:
 1. DOC Director or designee
 2. Health Services Director
 3. Chief of Mental Health and Wellness Services
 4. Chief Dentist
 5. Chief Nurse
 6. Infection Control Coordinator
 7. HSU Grievance Coordinator
 8. Chief Pharmacist
 9. Chief Psychiatrist

- B. When requested by the CQI Committee, ancillary staff will attend CQI Committee meetings as well as provide data analytics at the request of the CQI Committee. Ancillary staff includes but is not limited to the following: Health Services Quality Improvement Specialist, Chief of Health Services Operations, Health Services Data Analyst, Health Services Finance Lead, and a representative from the Research and Forecasting Unit.

VII. CQI Program Goals and Objectives

- A. The CQI Program's emphasis is on studying health care delivery and outcomes in areas involving, (i) high risk, (ii) high acuity, and (iii) high volume.
- B. Goal 1: Identify appropriate criteria to evaluate the quality of health care services provided by the DOC.
- C. Goal 2: Monitor and evaluate the quality of health care services provided by the DOC utilizing the identified criteria.
- D. Goal 3: Develop strategies to improve the quality of health care services provided by the DOC.

VIII. Health Services Inquiry Unit

- A. The Health Services Inquiry Unit will receive, track, investigate, and monitor all inquiries regarding inmate and CCAP probationer/parolee health care received at headquarters.
- B. Central Office and Regional Office staff will forward all incoming letters, emails, and phone calls to the Health Services Inquiry Unit for investigation and resolution.
 - 1. Emails will be forwarded to the DOC Health Services Inquiries mailbox.
 - 2. Letters must be scanned and submitted by email to the DOC Health Services Inquiries mailbox.
 - 3. Phone calls will be forwarded to the Health Services Inquiry Unit at 804-887-8118.
- C. All letters, emails, and a summary of any phone calls received by Health Services Inquiry Unit staff related to inmate and CCAP probationer/parolee health care will be logged into the Correspondence Unit's electronic Correspondence Log.
 - 1. A unique log number will be assigned along with the inmate or CCAP probationer/parolee name, DOC number, current facility, the name of the staff responsible to take action on the correspondence, and a due date for the HSU.
 - 2. Whenever possible, Health Services Inquiry Unit staff will preserve an electronic copy or scan of the correspondence in the electronic Correspondence Log.
 - 3. Health Services Inquiry Unit staff will conduct an inquiry in consultation with facility medical staff and provide a written response directly to the inmate or CCAP probationer/parolee.

IX. Peer Review Program

- A. The Chief Physician, Chief Psychiatrist, Chief of Mental Health and Wellness Services, and the Chief Dentist will manage a peer review program for DOC medical, psychiatric, mental health and wellness, and dental staff. Contracted medical services facilities will be responsible for implementing the Peer Review Program at their facilities.
- B. A documented external peer review program will be utilized for all Physicians, Psychologists, and Dentists every two years. (5-ACI-6D-03)
- C. An immediate review may be initiated by the DOC Chief Physician, Chief Psychiatrist, Chief of Mental Health and Wellness Services, or the Chief Dentist in response to perceived problems of practice. Contract medical providers may initiate an immediate review for contract medical facilities.

REFERENCES

COV §53.1-17.1, *Continuous quality improvement committee; report.*

ATTACHMENTS

None

FORM CITATIONS

Health Services Safety Improvement Plan 701_F9

Health Services Safety Improvement/Multi-Disciplinary Meeting Minutes 701_F10

Storyboard 701_F12

Performance Improvement Plan 701_F13

Project Charter 701_F14

Plan, Do, Study, Act Template 701_F15

ACA Health Care Outcome Measures Worksheet