

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE 11/15/2004	NUMBER 03.04.106
	SUBJECT PERFORMANCE IMPROVEMENT PROGRAM	
SUPERSEDES 03.04.106 (05/10/99)		
AUTHORITY MCL 15.243; 331.531 - .533; 333.20175; 333.21515		
ACA STANDARDS 4-4410; 4-4411; 2-CO-4E-01		
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POLICY STATEMENT:

The Performance Improvement Program shall serve to identify ways to improve health care services in an effective and cost efficient manner.

POLICY:

GENERAL INFORMATION

- A. The Performance Improvement Program is an ongoing data-driven process to monitor and evaluate health care services provided to prisoners, including documented internal and external review of those services. This enables the Department to identify necessary improvements to those services in order to provide quality health care to prisoners. Opportunities for improvement shall be identified using standards set forth by the American Correctional Association (ACA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission for Accreditation of Healthcare Organizations (JCAHO) and other recognized organizations.
- B. The Performance Improvement Program shall include the following components:
 - 1. Mortality Review - A peer review of each prisoner death shall be conducted to determine if appropriate and timely diagnosis and treatment were provided, as set forth in OP 03.04.106 "Mortality Review".
 - 2. Risk Management - Existing and potential health risks within the institution shall be identified and addressed to minimize the risk of potential liability to the Department.
 - 3. Infection Control - Bureau of Health Care Services (BHCS) staff shall monitor and evaluate occurrences of infectious disease within Department institutions and identify ways to prevent, identify and control the spread of infections, including use of universal precautions and other effective measures.
 - 4. Utilization Review - Health care services, procedures and facilities shall be evaluated, using objective criteria, to determine how best to provide high quality yet cost-effective care to prisoners. This review shall address the overutilization, underutilization and scheduling of available resources.
 - 5. Job Safety - Institution health care staff shall provide assistance and advice to the safety officer/committees established pursuant to PD 04.03.101 "Job Safety – Institutions".
- C. In addition to the above, institutional BHCS staff from each discipline and major health care service (i.e., medical, dental, mental health, psychological, nursing, health information) shall be responsible for continually monitoring, through data collection, important aspects of health care provided to prisoners in their respective institutions and identifying opportunities for improvement.

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PERFORMANCE IMPROVEMENT COMMITTEES/TEAMS

OVERSITE COMMITTEE

- D. The Oversight Committee is responsible for oversight of the Performance Improvement Programs operating out of the BHCS regions and the Jackson Medical Complex. The committee shall be chaired by the BHCS Administrator and include at least the following members:
1. The Chief Medical Officer;
 2. The Administrator of the Central Operations Division, BHCS;
 3. The Risk Management Coordinator, BHCS;
 4. Regional Health Administrators and the Administrator of the Jackson Medical Complex.
- E. The Oversight Committee shall meet at least quarterly to address issues regarding the delivery of health care to prisoners throughout the state. This shall include reviewing and analyzing audits, performance plans and other information received from regional teams. The committee shall identify Department-wide patterns and trends, and recommend any changes in policy, procedure or practice which will improve the delivery of health care to prisoners. Recommended changes in practice may be implemented with the approval of the BHCS Administrator or designee. Recommended changes to policy or procedure shall be made in accordance with PD 01.04.110 "Administrative Rules, Policies and Procedures".

REGIONAL TEAMS

- F. Each BHCS region and the Jackson Medical Complex shall have a regional performance improvement team. Teams shall be responsible for oversight of the Performance Improvement Program in their respective region or complex. Each team shall be chaired by the Regional Health Administrator or the Administrator of the Jackson Medical Complex, as appropriate, and include at least the following members:
1. The Medical Officer;
 2. The Dental Director;
 3. The Nursing Director;
 4. The Psychology Director;
 5. A Health Information Manager designated by the Regional Health Administrator or Administrator of the Jackson Medical Complex, as appropriate;
 6. A representative from Correctional Facilities Administration (CFA), as designated by the CFA Regional Prison Administrator.
- G. Each team shall meet at least quarterly to address issues regarding the delivery of health care to prisoners in its region or complex. This shall include reviewing and analyzing information received from institutional performance improvement teams and other staff in the region or complex. Each team also shall review and analyze issues raised by its members relevant to their respective discipline or health care service. Each team shall identify patterns and trends in its region or complex and determine needed changes in health care procedure or practice which will improve delivery of health care to prisoners in the region or complex. Issues which cannot be resolved or which impact on statewide care shall be forwarded to the Oversight Committee, along with recommended solutions. Each team shall ensure appropriate action and follow-up is completed on issues affecting its region or complex. Each

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team also shall address any performance improvement training needs in its region or complex with the appropriate institutional training officer(s).

- H. Team members selected by the Regional Health Administrator or Administrator of the Jackson Medical Complex shall conduct an annual peer review audit on each institution in the team's region or complex. The Chief Medical Officer shall be responsible for determining the content and scoring of the audit. Additional audits shall be conducted as deemed necessary by the Regional Medical Officer, Regional Health Administrator or Administrator of the Jackson Medical Complex, as appropriate. In conjunction with the appropriate Health Unit Managers, regional teams shall be responsible for developing corrective plans addressing any deficiencies found in their region or complex. Audit results and corrective action plans shall be sent to the Oversight Committee within 30 business days after completion of the audit.

INSTITUTIONAL TEAMS

- I. Each institution shall have an institutional performance improvement team. The teams are responsible for implementing the Performance Improvement Program on an institutional level. Team members shall include at least the following:
1. A Health Unit Manager (represents administration and ancillary services);
 2. A medical services provider;
 3. A dentist;
 4. A nursing supervisor (represents nursing);
 5. A psychologist or social worker;
 6. The institution's Health Information Manager;
 7. The Warden or a designee authorized to act on the Warden's behalf;
- J. Each team shall appoint a team leader, subject to the approval of the Regional Health Administrator or Administrator of the Jackson Medical Complex, as appropriate. Each team shall meet at least every two months to review and analyze information regarding the delivery of health care to prisoners in its institution, including the results of health care audits and studies performed at the institution. The team shall similarly review and analyze issues raised by its members relevant to their respective discipline or health care service. The team also shall identify institutional patterns and trends and determine needed changes in health care procedure or practice which will improve delivery of health care to prisoners in the institution. Issues which cannot be resolved or which impact on regional, complex or statewide care shall be forwarded to the regional team along with recommended solutions. Teams shall ensure appropriate action and follow-up is completed on issues affecting their institution. Teams also shall be responsible for developing and updating as necessary the Performance Improvement Program plan for their respective institutions.

WORK GROUPS

- K. Work groups may be formed at the institutional level to conduct studies authorized by the regional or institutional performance improvement team. The study may either review a process or procedure, or the outcome of a process or procedure. Members of a work group shall be appointed by the institutional team, subject to supervisory approval. Employees from throughout the Department, as well as employees from the Department of Community Health, may be appointed.

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- L. Work groups shall conduct studies as authorized, analyze the outcome of the study, and submit its findings and recommendations for solutions to identified problems to the institutional team for review and referral, as necessary, to the regional team. The regional team shall review the studies and refer, as necessary, to the Oversight Committee.

EXEMPTION FROM PUBLIC DISCLOSURE, DISCOVERY, OR ADMISSION AS EVIDENCE IN A LEGAL PROCEEDING

- M. All Performance Improvement Program reports, findings, minutes, audits and proceedings are exempt from discovery and use as evidence in a legal proceeding. They shall be maintained as confidential and shall not be released pursuant to a Freedom of Information Act request.

OPERATING PROCEDURES

- N. There are no operating procedures required by this policy directive.

AUDIT ELEMENTS

- O. A Primary Audit Elements List has been developed and will be provided to the BHCS Administrator, Regional Health Administrators and the Administrator for the Jackson Medical Complex to assist with self audit of this policy, pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

PLC/OPH/11-05-04