REPORT TO THE LEGISLATURE
Pursuant to P.A. 124 of 2007
Section 811
Quality Assurance Report

Introduction

Section 811 requires the Department to provide to the Senate and House Appropriations Subcommittees on Corrections, the Senate and House Fiscal Agencies, and the State Budget Director a copy of the Bureau of Health Care Services (BHCS) Quality Assurance Report. Since the Quality Assurance Office has only recently been established and the BHCS quality assurance (QA) system is currently under construction, a data-driven QA report can not be provided to the legislature at this time. Instead, this report describes the BHCS Quality Assurance System Architecture which is currently being planned and provides a timeline for its implementation. Once the BHCS QA System is implemented, the Quality Assurance Office will be able to provide comprehensive data-driven QA Reports describing health care system performance and quality improvement efforts.

Development of the Quality Assurance Office

In April 2008, the MDOC established the Quality Assurance Office (QAO) by developing the Quality Administrator position for health care. Although the Quality Administrator is focused solely at this time on improving the quality of health care for Michigan prisoners, the position has been located in the Director's Office rather than in the BHCS. Location of the position in the Director's Office means that the Quality Administrator is not situated within the BHCS chain of command and can therefore provide an independent, unvarnished view of health care system performance as needed. The Quality Administrator meets with the Director weekly and works in partnership with the Health Services Administrator daily. In April 2008, Angela Martin, Ph.D. was hired by the department to serve as the first Quality Administrator for health care.

Embracing a "Culture of Quality" in Health Care and the Role of the QAO

One of the most important functions of the QAO is to foster a "culture of quality" throughout the BHCS. The concept of a "culture of quality" refers to a management philosophy wherein producing quality products and services is one of the main organizing goals of the business or agency. The QAO is working to foster a culture of quality in corrections health care in a number of ways. We are developing a QA System that is more transparent – one that is able to achieve and report clear, supportable results. The detail included in this report is proof of our commitment to transparency in operations.

The QAO is currently implementing a new complaints review process that considers the system as a whole before process changes are designed and implemented. Improvement efforts must be prioritized based on criteria, such as, how common the issue is, what level of risk it presents to the patient population, the volume of prisoners it effects, and the significance of the barriers to process change. Taking a systematic approach makes it possible for health care and the QAO to focus limited quality improvement resources where they will have the greatest impact on quality of care for the largest number of prisoners.

The QAO is working with the BHCS to implement new methods of communicating with families and other stakeholders. This is an essential aspect of embracing a culture of quality in corrections. For example, the BHCS has included advocacy group members on an interagency mental health work group charged with developing a series of recommendations for redesigning and improving the mental health care prisoners receive. In addition, the BHCS and QAO are conducting a series of family focus groups aimed at gathering feedback from families on the challenges they encounter while interfacing with the corrections health care system on behalf of a loved one. We are working creatively to gather feedback on the system and to be responsive to what we are learning. All of the work described above has informed our design of health care's new Quality Assurance System Architecture.

Developing a BHCS Quality Assurance System Architecture

A "Quality Assurance System Architecture" is a system design in which a series of processes, with supporting infrastructure and resources, are arrayed in such a way as to efficiently achieve the goal of monitoring system performance in key areas. The purpose of Quality Assurance (QA) monitoring is to reveal the processes in the system that are working well and those that are in need of improvement. Once opportunities for improvement are identified, they are prioritized for action based on a number of factors, including availability of resources, the risk posed to those served by the process, the difficulty of achieving process improvements in the area, and the volume of those served that will be impacted by an improvement in the process.

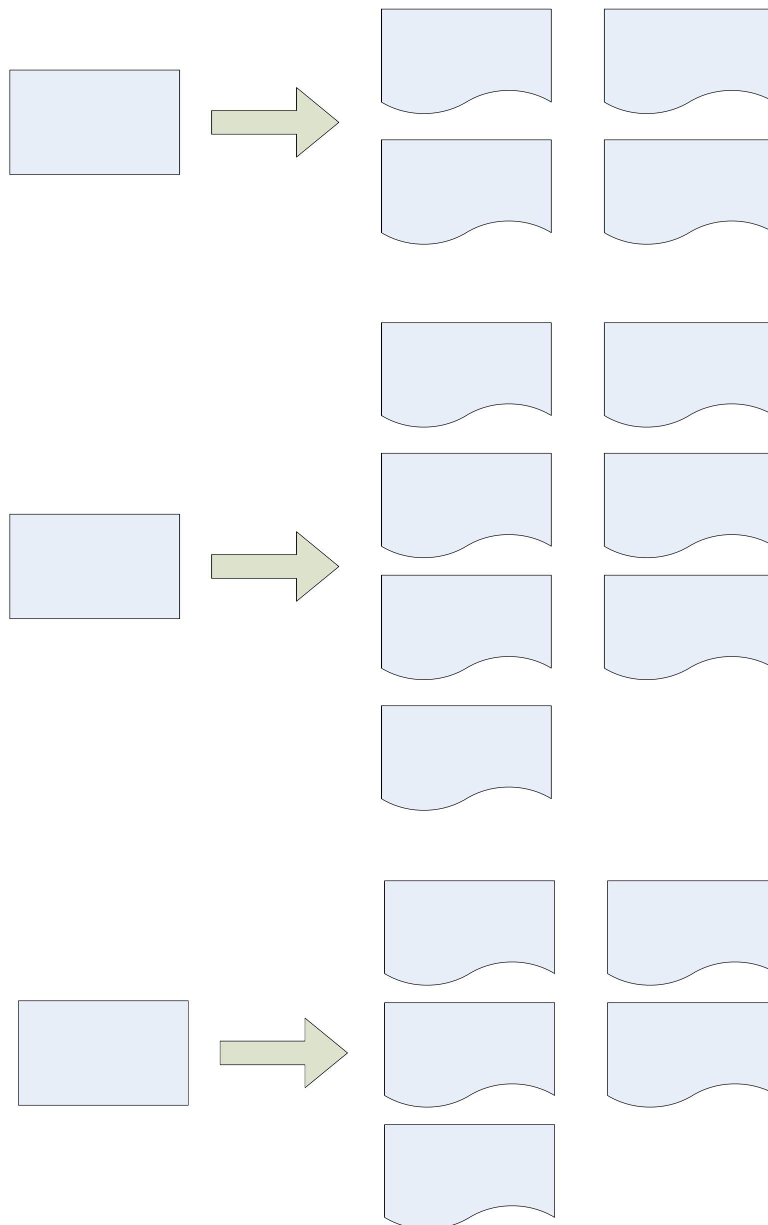
The MDOC prisoner health care system over time has developed what would generally be considered individual QA processes, such as the Mortality Review process or the prisoner grievance process. Now, the MDOC in the form of the QAO, in collaboration with new administrative and planning staff in health care, has the experience and expertise necessary to develop and implement a logical, efficient, and effective BHCS Quality Assurance System Architecture and is committed to doing so.

Even with the necessary expertise and commitment, there are many challenges involved in successfully designing and implementing such a system, not the least of which is the fact that planning and implementation of complex system changes do not typically occur concurrently. The MDOC does not have the luxury of a protracted period of planning followed by seamless, phased implementation of QA. We also do not have the luxury of taking health care services and systems "off line" while better processes are designed and implemented. Instead we have to plan and implement new processes, while assessing and improving existing processes, and pulling them all together into a new seamless system. In addition, the infrastructure needed to support the QA systems we are designing is typically not already in place. For example, we are designing data monitoring processes while trying to also implement a new EMR, and we are attempting to impose a logical, proven health care facility staffing model, while also implementing QA processes that rely on the staffing model for success.

Description of the BHCS Quality Assurance System Architecture

There are three key areas of the BHCS QA System Architecture: Services, Infrastructure, and Certifications (see Diagram 1, High Level BHCS QA System Architecture). A functioning and effective QA System involves more than a focus on services; it also includes an appropriate infrastructure necessary to achieving quality services, and various certification processes that lend credibility and an additional layer of standardized benchmarking and monitoring to the system. The BHCS QA System Architecture must therefore also provide for monitoring and improving system infrastructure and certifications, in addition to services.

Diagram 1 - High Level BHCS QA System Architecture



Health Services Area

Health services include the following service areas: Medical, Mental Health, Dental, and Pharmacy services (see Diagram 2, Low Level Health Services QA System Architecture). Each service area requires implementation of a series of QA processes to monitor health services. Diagram 2 displays a series of columns: Quality Assurance Processes; Documentation/Reports; and Data Sources. The Quality Assurance Processes are those processes either already in place or needed to fully monitor the health services system. Documentation/Reports refer to the sources of written information used to inform the QA process. Data Sources refers to the electronic data sources used to inform the QA process. Those forms that are shaded represent processes, sources of information, databases, and reports that already exist in the system. Those forms that are not shaded represent processes, sources of information, databases, and reports in development. The following are the Quality Assurance Processes selected for inclusion in the health services area of the BHCS QA System Architecture:

Mortality Review: All prisoner mortalities are reviewed, first at the regional level, then by the statewide Mortality Review Panel which meets monthly and is chaired by the Chief Medical Officer (CMO). The documentation of Mortality Review includes the regional review reports and the minutes of the statewide panel meetings. The data sources populated by Mortality Review include the Death Log reported to the Federal Government and the Risk Management Database. The QAO participates in Mortality Review and will use the process documentation and data sources to produce a quarterly Mortality Report for health care. This process already exists in health care, but an assessment revealed some opportunities for improvement that are currently in implementation. For example, the QAO and CMO are currently producing a new electronic Regional Mortality Review form whose contents can be dumped into a database to collect more detailed data on each review.

Morbidity Review: This process does not yet exist. It will include a review of important morbidity cases by a panel composed at a minimum of a QAO representative, the CMO and the Regional Medical Officers (RMOs). Cases important to review will likely be selected via the Complaints and Grievance processes. Documentation will include an electronic Morbidity Review form that can be dumped into the Risk Management Database. The QAO will use this data to produce a quarterly Morbidity Review Report for health care.

Prisoner Grievance Review: A prisoner Grievance process already exists in which Prisoner Affairs accepts or rejects Step 1 and 2 health care grievances, while the BHCS answers Step 3 grievances. An assessment revealed some opportunities for improvement that are currently in implementation. First the Step 3 grievance process was moved to the QAO. Now we are working to move the Step 1 and 2 grievance processes from Prisoner Affairs to health care (with support from the QAO) where they can be answered with greater expertise and consistency. Another improvement awaiting implementation is an electronic grievance tracking system which will greatly improve the efficiency with which grievances are answered and the ability of the QAO to look for trends in grievance data. The QAO will use this database to generate quarterly Grievance Reports for health care.

Critical Incident Review: This process already exists in which the Correctional Facilities Administration (CFA) receives hardcopy critical incident summary forms from the facilities and then forwards health care and the QAO copies for review. An assessment revealed some opportunities for improvement in this process that are currently in implementation. An interagency work group has been formed and the QAO is working with this group to develop a new electronic critical incident form that can be dumped into a database. The QAO will use this database to produce quarterly Critical Incident Reports for health care.

Miscellaneous Complaint Review: This process already exists in which the BHCS receives complaints from family members, advocates and other stakeholders, enters information about the case into the risk management database, researches the case, and responds. An assessment revealed some opportunities for improvement in this process that are currently in implementation. First, the health care complaints process has been moved under the QAO where the Director's Office has ready access to feedback about the health care system. Secondly, the complaints process will be used by the QAO to identify process problems in the system, in addition to responding to individual cases. The QAO will use the Risk Management database to produce quarterly Complaints Reports for health care.

Vendor Complaints Review: This process already exists in which health care staff submits vendor complaint forms to the regional office when they have a complaint against CMS, Pharmacor or MDCH staff that cannot be resolved at the facility level. The complaint forms are then forwarded to BHCS staff and the contract compliance coordinator in central office whether or not the complaint is resolved at the regional level. Unresolved complaints are then addressed by central office with the vendors and entered into the Vendor Complaints database once resolved. An assessment revealed some opportunities for improvement in this process that are currently in implementation. First, the QAO has asked that all vendor complaints be collected and entered into the database in central office, including those resolved at the facility level. This practice will give a more complete picture of the vendor issues occurring throughout the system. Second, the QAO has asked that vendor complaints be entered into the database when they are received, and then updated, rather than when they are resolved. This change will allow for better tracking and follow-up on unresolved issues. Once the process is fully in place, the QAO will use the database to produce quarterly Vendor Complaints Reports for health care.

Lawsuits Review: This process already exists in which the Health Services Administrator (HSA) regularly receives a report from Legal Affairs detailing the lawsuits being pursued by individuals against health care and/or health care staff. The HSA forwards this report to the QAO. The QAO will use this report and the Legal Log to inform other reports when appropriate.

Quality Indicators Review: This process is in development. QAO staff is meeting with the HSA and BHCS Planner to select the quality indicators health care and the QAO will use to measure health care system performance. Quality indicators are process and outcome measures that provide a quantifiable measure of system performance in specific areas. A quantifiable measure can be used to compare BHCS performance to accepted benchmarks or standards of care. For example, if the community standard is that 90% of patients should receive a specialty care appointment within 60 days of referral, we must be able to pull a data report that reliably and

validly documents the percentage of prisoners that received specialty care appointments within 60 days of referral. The quality indicators used by the BHCS will be a combination of ACA, JCAHO, HEDIS, and MDOC process and outcome indicators. The BHCS and QAO will work together to pull indicator data from various reports and databases, such as the new EMR, on a quarterly basis and the QAO will use that data to produce a quarterly Quality Indicator report.

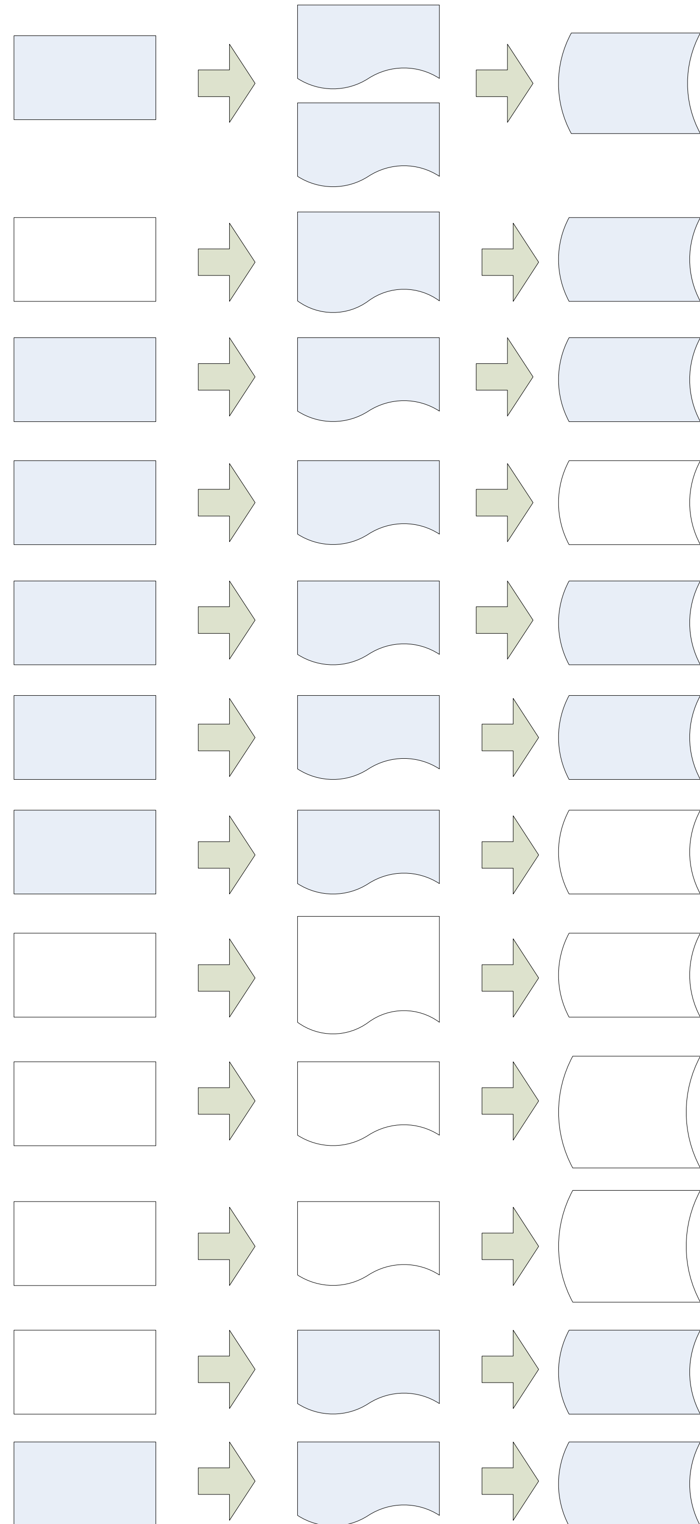
Health Services Utilization Review: This process is currently being developed. When the process is in place, BHCS and QAO staff will be able to pull data from multiple sources of information, such as the new EMR, OMNI, the new Data Warehouse, and vendor reports, to obtain an accurate view of the utilization of medical services over time in the prisoner health care system. It is important for the BHCS to have the capacity to produce its own utilization reports for a number of reasons, including: verification of vendor reports of services provided, reconciliation of vendor charges with services delivered, and prediction of need for various services in the system over time. The QAO will work with the BHCS to design the utilization reports and data retrieval and analysis processes. A Health Services Utilization Report will be produced on a quarterly basis.

Mental Health Services Utilization Review: This process is currently being developed. When the process is in place, BHCS and QAO staff will be able to pull data from multiple sources of information, such as the new EMR, CMIS, the new Data Warehouse, and MDCH vendor reports, to obtain an accurate view of the utilization of mental health services over time in the prisoner health care system. The QAO will work with the BHCS to design the utilization reports and data retrieval and analysis processes. A Mental Health Services Utilization Report will be produced on a quarterly basis.

Specialty Care Review: This process is currently being developed. When the process is in place, BHCS and QAO staff will be able to pull data from multiple sources of information, such as the new EMR and Data Warehouse, and health services vendor reports, to obtain an accurate view of the utilization of specialty care services over time in the prisoner health care system. The QAO will work with the BHCS to design the utilization reports and data retrieval and analysis processes. A Specialty Care Utilization Report will be produced on a quarterly basis.

Pain Management Review: This process already exists in which the CMO chairs a committee composed of the RMOs and an expert consultant that reviews requests to prescribe controlled medications and narcotics to individual prisoners to control pain. This process is currently being assessed and the QAO anticipates that several improvements to the process will be recommended to health care for implementation. Once changes are implemented, the QAO will work with the BHCS to produce a quarterly Pain Management Review Report.

Diagram 2 - Low Level Health Services QA System Architecture



Infrastructure Area

As stated previously, a functioning and effective QA System involves more than a focus on services; it also includes an appropriate infrastructure necessary to achieving quality services. The BHCS health services delivery infrastructure must include the following to achieve services of consistently high quality: Staffing by Acuity; Communications; Process Standardization; Electronic Data Systems; Contract Management; Education and Training; and Systematic CQI (see Diagram 3, Low Level Infrastructure QA System Architecture). Each infrastructural area is an underlying element essential to the successful delivery of high quality health services. Implementing efficient and effective health care processes in prison facilities, for example, does little to improve services if the facilities do not have a mix of staff competencies appropriate to the population being served and a sufficient number of staff hours available to meet the demand for care. Since these infrastructural areas are essential to the health services system, they must also be included in the BHCS QA System Architecture and monitored. As evidenced by the columns on the right side of Diagram 3, most of the QA review processes for Infrastructure do not exist and are currently being designed by the QAO in partnership with BHCS leadership.

Staffing Review: The BHCS has formed a workgroup to establish the measures that will be used to determine the acuity level of each health facility's prison population. The acuity level is determined by considering a number of factors, such as the chronic disease burden in the facility. The goal is to achieve a reliable and valid measure of acuity so that staffing levels and mix of expertise at facilities can be adjusted as acuity levels change, and also so that prisoners can be located at facilities where their health care needs can best be met. The Staffing Review process will include a regular audit of acuity level and facility staffing to ensure that appropriate staffing is being achieved. Information will be collected from facility staffing reports and the new EMR and a Staffing Review Report will be produced at an interval to be determined.

Contract Management Review: A Contract Management process already exists in the BHCS. BHCS and Finance leadership meet regularly with representatives from CMS and utilize the Vendor Complaint process to address issues. A formalized meeting scheduled with other vendors (Pharmacor and MDCH) and a more formalized Contract Management process needs to be implemented. The QAO is working with the BHCS to design a more comprehensive process. Once the process is in place, it will be regularly reviewed by the QAO.

Process Standardization Review: This review process is currently being developed. Although the MDOC has a comprehensive set of policies and procedures offering a standardized guide to most health care processes, over time the Regions have also developed many of their own operating procedures. In addition, variations on procedures have evolved over time at individual facilities. To successfully monitor and improve quality of care, it is essential that standardized, proven best practices be followed in every region and at every facility. Where there is significant variation amongst facilities in a process, improvements to that process are not far-reaching and fail to impact the largest number of patients possible. The QAO is working to develop a Process Standardization Review that will involve regularly assessing variation across facilities in key service delivery processes that have been targeted for improvement. Where significant variation is found, the QAO will work with the BHCS to standardize the process and

implement improvements.

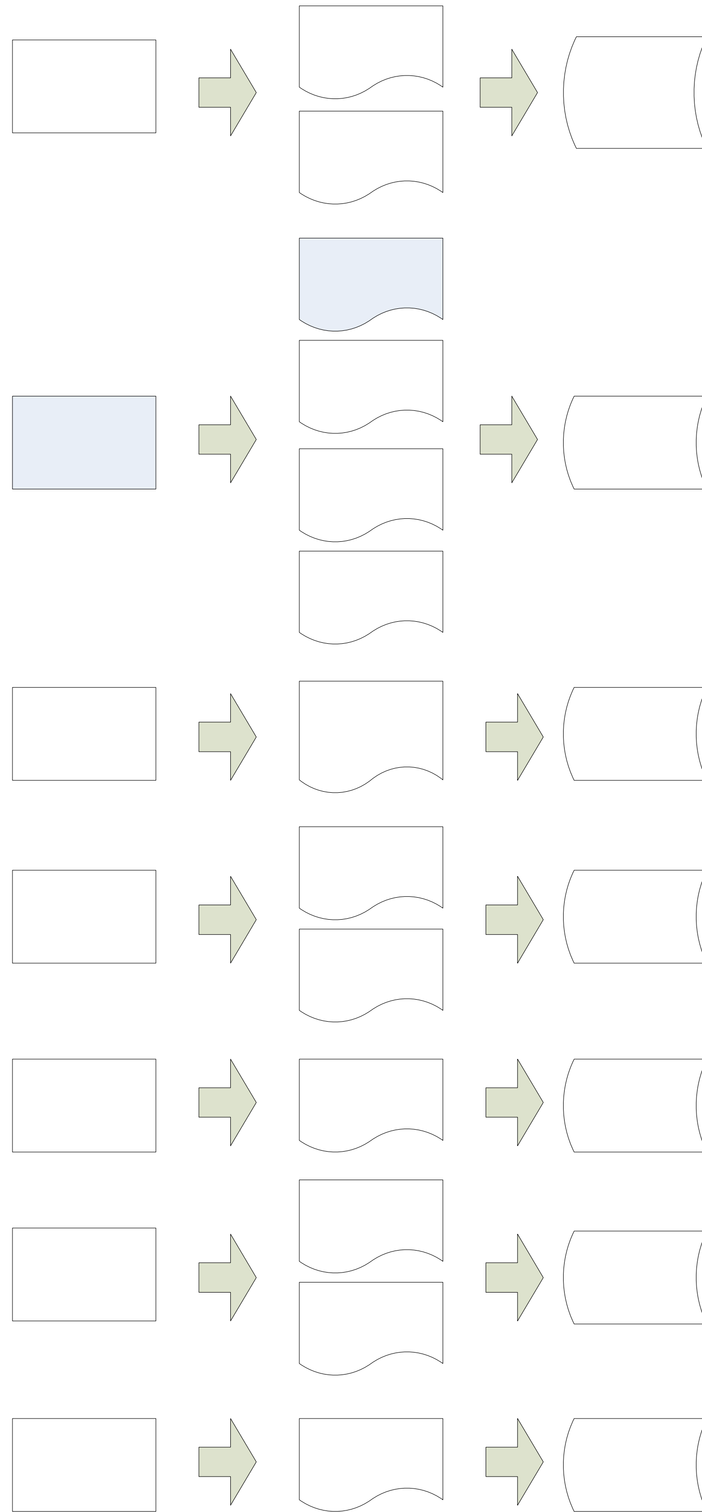
Data System Review: This review process is currently being developed. The success of the health care QA monitoring and improvement system hinges almost entirely on the ready availability of the data systems that house the information needed to monitor different aspects of the services system. Without a functioning, flexible EMR and Data Warehouse, the QAO and BHCS cannot access the data needed to monitor the system. The absence of a good EMR also inhibits the delivery of quality services on the front end of care, as providers are less likely to have access to all of the medical record information they need to evaluate a patient. The BHCS is currently in the process of implementing a new EMR much superior to the one currently used. The QAO is working with the BHCS to assess all data system needs. Once new data systems are up and running, the QAO will regularly review the utility of the systems and recommend appropriate improvements.

Continuous Quality Improvement (CQI) Review: This review process is currently being developed. Monitoring quality is not an end in itself; we monitor quality to facilitate continuously improving the system of care. An important part of infrastructure is thus a systematic means of ensuring that potential improvements in process are identified, designed, piloted, and then implemented widely when successful. The QAO is working with the BHCS to design a means whereby improvements are continually designed and tested in the field, and then implemented when appropriate. The QAO will regularly review this process and report on its status.

Education and Training Review: This review process is currently being developed. All health care systems must invest in continuing education and training for staff to ensure continued delivery of quality services. Although the MDOC provides training to all staff, very little training specific to health care is provided to BHCS staff. The BHCS is working to assess the training needs of staff and to develop a system of prioritizing these needs. The QAO will also be developing QA and CQI training to provide to health care staff. Once trainings are in place, the QAO will regularly review the system to assess that it continues to meet staff needs and is effective at increasing quality.

Communications Process Review: This review process is currently being developed. Effective communications is an essential part of a health care system’s infrastructure. The ability to communicate accurately and efficiently throughout the system, from central office to regions to facilities and vice versa, to vendors, to prisoners, and to other stakeholders, makes it possible to collect needed information and disseminate improvements. The QAO is currently designing a new communication system for use in investigating and responding to health care complaints. We are also working with the BHCS to improve communications through out health care. Once new systems are in place, the QAO will regularly assess the effectiveness of the communications systems, probably through the use of surveys.

Diagram 3 - Low Level Infrastructure QA System Architecture



Certifications Area

As mentioned earlier, Certification processes lend credibility and an additional layer of standardized benchmarking and monitoring to the health care system. The Certifications area of the BHCS QA System Architecture includes the following: Credentials; Peer Review; Accreditation Review; Reporting Compliance Review; and Third Party Review (see Diagram 4, Low Level Certifications QA System Architecture). All of these areas are traditional components of health care QA systems. They must also be reviewed on a regular basis to verify that they are functioning as intended and the information is used as necessary to improve the system.

Credential Review: This review process is currently being developed. It involves regular review of the credentials of health care staff. The BHCS already requires credential review of some vendor staff and contractors, but this process is neither comprehensive nor regularly monitored. The QAO will work with the BHCS to improve this process and to incorporate regular credential review of BHCS health care staff. The QAO will regularly assess the Credential Review process once it is implemented and produce a Credential Review report for the BHCS.

Peer Review: This review process is currently being developed. It involves regular review of a provider's work by his or her peers. Peer Review is usually accomplished via chart review. The QAO is currently working with the BHCS to assess its Peer Review process and the processes its vendors use. Existing processes will be modified as needed to ensure they are effective. Once the BHCS Peer Review process is in place, the QAO will regularly assess the process on a regular basis and produce a report for the BHCS.

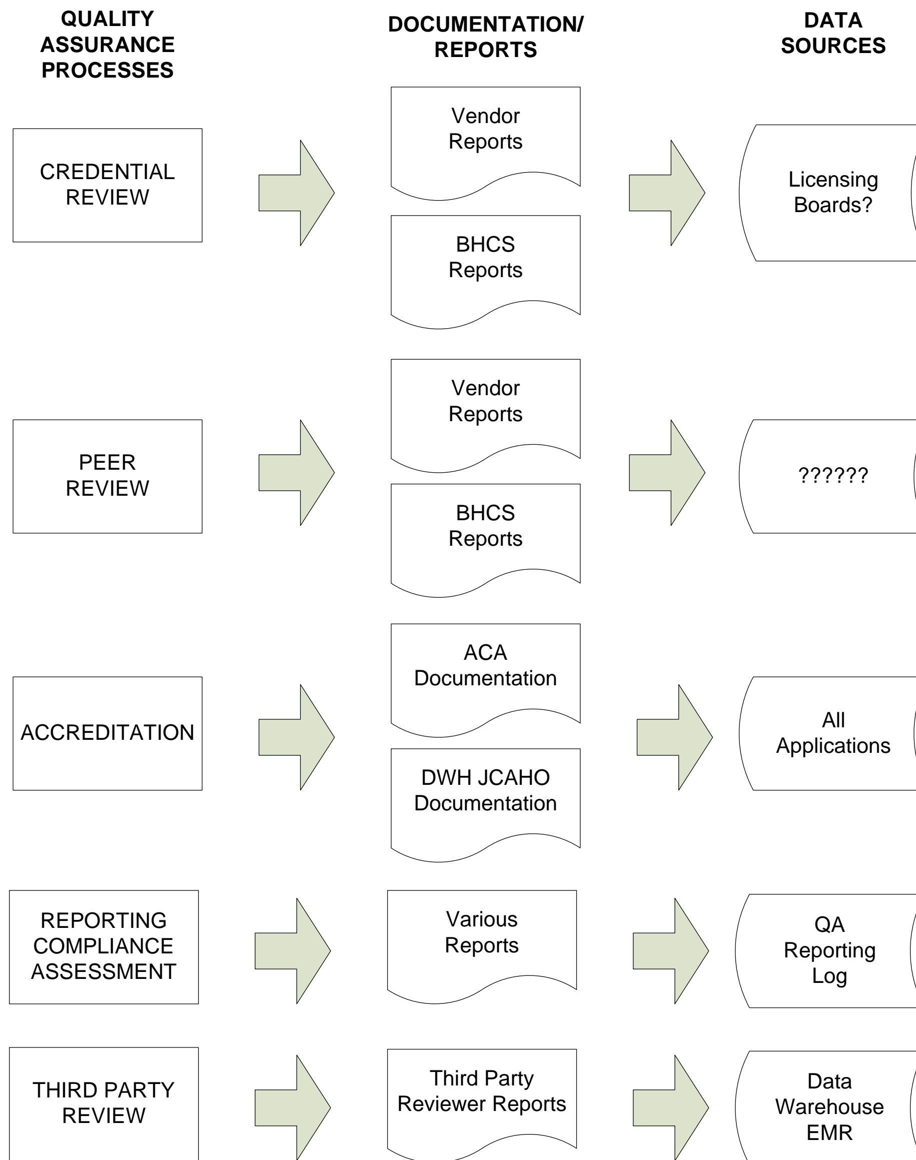
Accreditation Review: This review process is currently being developed. The BHCS currently participates in American Corrections Association (ACA). The QAO is currently assessing the pre-accreditation review processes used by the BHCS to ensure that they are effective in preparation for actual accreditation review. The Accreditation Review process will be conducted by the QAO on a regular basis and will verify the effectiveness of pre-accreditation audits and that the areas needing improvement revealed by accreditation processes are considered for CQI efforts.

Reporting Compliance Review: This review process is currently being developed. A QA monitoring system is only as good as the data available to monitor the health care system. Failure to enter data into data systems, such as the EMR, and to report data accurately and regularly as required, such as from facilities to regions, and regions to Central Office, compromises data quality. For this reason, the QAO will conduct a regular audit focused on timeliness and quality of data reporting and data entry and produce a report for the BHCS.

Third Party Review: This review process will be developed once the Third Party Review contract is in place. The QAO is currently working with the BHCS to develop an Independent Third Party Reviewer request for proposals (RFP). Once the RFP is released, the BHCS will select an independent reviewer, such as a university, to regularly review service utilization and cost using claims data from the new Data Warehouse. Once the third party reviewer is in place and functioning, the QAO will regularly assess the process to ensure that it meets BHCS needs

and that information from the reviewer is used to inform contract management and continuous quality improvement efforts.

Diagram 4 - Low Level Certifications QA System Architecture



Review of QAO Reports and Monthly Quality Review Meetings

Most reports produced by the QAO for health care will be generated on a quarterly basis. Some individual reports may eventually be combined into one, such as the Complaints Report and the Grievance Report, if it is found that doing so is more effective at revealing opportunities for improvement. The QAO has also begun holding Monthly Quality Review Meetings with BHCS leadership, including the HSA, the Operations Manager, the CMO and RMOs, and the regional Health Services Administrators. These meetings will be used to review and discuss quality of

care issues as they arise.

Estimated Timeline for QA System Implementation

October 15, 2008	Establish a Quality Assurance Office in the Director's Office
December 31, 2008	Develop the Health Care QA System Architecture
January 31, 2009	Assess and Improve the Grievance and Complaints Processes
March 31, 2009	Implement the QA System Architecture
April 30, 2009	Provide Health Care with Comprehensive Quality Reports