MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS A-06.0 CONTINUOUS QUALITY IMPROVEMENT PROGRAM**
Effective Date:	11/01/2010 Page 1 of 3
Revision Date(s):	10/01/2020; 10/29/2021; 06/30/2026
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I. PURPOSE

Implement a structured Continuous Quality Improvement (CQI) program for MSP health care services operations to monitor and improve those services as delivered at the facility. The program process will examine specific root causes and analyze data to identify needed improvements in organizational structure and function.

II. DEFINITIONS (see Glossary)

III. GENERAL REQUIREMENTS

A. The CQI Program

1. The MSP Health Services Manager:
   a. will establish a multidisciplinary CQI committee that meets at least quarterly and designs quality improvement monitoring activities, discusses the results, and implements corrective action; and
   b. is responsible to assure an annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI committee meetings.

2. Health record reviews are done under the guidance of the responsible physician to ensure that appropriate care:
   a. is ordered and implemented; and
   b. is coordinated by all health staff, including:
      1) medical;
      2) dental;
      3) mental health; and
      4) nursing.

3. The identification of health care problems and high-risk, high volume, or problem-prone aspects of health care provided to patients will occur through quality improvement monitoring and the establishment of thresholds by the CQI committee.
   a. Analysis of factors leading to less than threshold performance and implementation of improvement strategies of targeted areas of concern will occur through process and outcome studies (as per the applicable definitions).
      1) A process and/or outcome study will be deemed successful by the relevance of the problems examined and the effectiveness of the corrective action plan or improvement strategies from the study.

4. The following quality performance measures will be used to guide evaluating and identifying health care problems:
   a. accessibility;
   b. appropriateness of clinical decision making;
   c. continuity;
   d. timeliness;
   e. effectiveness (outcomes);
   f. efficiency;
   g. quality of clinician-patient outcome; and
   h. safety.

5. All problems addressed by process and/or outcome studies need to be restudied in follow-up to assess the effectiveness of the corrective plan or improvement strategies.

6. At least one CQI process and/or outcome quality improvement study is completed per year.

7. The CQI Program Coordinator will prepare monthly statistical reports of health services.
   a. This data may also allow for identification of problem areas to be studied through process and outcome studies.
   b. The statistical data may also be used during Administrative meetings.

8. The number and types of statistics to be documented include, at minimum:
   a. the number of inmates receiving health services by category of care;
   b. referrals to specialists;
   c. deaths;
   d. incidence of certain illnesses, diseases, and injuries targeted for risk management
   e. infectious disease monitoring (for example, hepatitis, HIV, STDs, and TB);
   f. emergency services provided to patients;
   g. dental procedures performed; and
   h. access, timeliness, and follow-up.

9. In addition to the required areas, CQI activities may be selected from previous quality assurance activities or reports, and ideas or concerns raised by staff, inmates, or others.

10. As much as possible, CQI activities should always involve representatives from various disciplines, including custody staff, who have an interest or responsibility for the subject selected.

11. The results of the CQI studies are discussed during CQI committee meetings as an agenda item.

12. CQI minutes:
    a. need to be thorough and provide enough detail in order to be used to guide future decisions; and
    b. will be made available for review by all health staff.

13. The format for reporting CQI studies is to include the following areas:
    a. identification of a facility problem and how the topic was selected;
    b. question to be analyzed;
    c. methodology;
    d. baseline study;
    e. plan for improvement;
    f. implementation; and
    g. outcome/restudy of the problem to assess effectiveness of plan for improvement.

14. The Medical Director is a member of the CQI committee and is responsible for the selection and review of clinical services using CQI methodology.
    a. Clinical events such as acute care hospital admissions, medical emergencies, and deaths must be reviewed routinely.
        1) These reviews are discussed at meetings of the prescribing providers.
15. The CQI Program Coordinator will complete an annual review of the effectiveness of the CQI program by reviewing:
    a. CQI studies; and
    b. minutes of CQI, administrative and/or staff meetings, or other pertinent written materials.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *NCCHC Standard P-A-06, 2018 Continuous Quality Improvement Program*