

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE 12/16/2019	NUMBER 03.04.106
SUBJECT CONTINUOUS QUALITY IMPROVEMENT PROGRAM	SUPERSEDES 03.04.106 (11/15/2004)	
AUTHORITY MCL 15.243; 331.531 - 533; 333.20175; 333.21515		
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POLICY STATEMENT:

The Michigan Department of Corrections (MDOC) operates a Continuous Quality Improvement (CQI) team within the Bureau of Health Care Services (BHCS) that is the central point for managing and measuring activities related to quality assurance and quality improvement.

POLICY:

GENERAL INFORMATION

- A. The CQI team is responsible for developing and implementing programs and strategies that improve quality of care, enhance medical and behavioral health care operations, and ensure responsible management of offsite services. The CQI team shall incorporate the four-quadrant model developed by the National Counsel for Behavioral Health and the Wagner chronic care model into its initiatives, through the use of an integrated care model approach.
- B. The CQI 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 recognized accredited bodies.
- C. The CQI program shall be driven by the MDOC, BHCS strategic plan, and its respective goals and objectives.
- D. CQI teams shall be established at the statewide and facility level.
- E. Completion of peer reviews for contracted medical providers is the responsibility of the MDOC contract vendor for health services.
- F. The MDOC contract vendor for health services is an integral participant in CQI team activities at the facility and the statewide level. The contractor must act as a resource on relevant CQI projects to develop objectives that ensure high quality, medically necessary, cost-effective, medical and behavioral health care is available to all prisoners. The contractor shall also ensure that protocols developed by the CQI team are followed.

STATEWIDE BHCS CQI TEAM

- G. The BHCS CQI team shall be chaired by the BHCS Administrator or designee and include at least the following members:
 1. Chief Medical Officer
 2. Assistant Chief Medical Officer
 3. Director of Nursing (DON)
 4. Assistant Health Services Administrator

5. Warden of the Charles E. Egeler Reception and Guidance Center (RGC) or designee
 6. Warden of the Woodland Center Correctional Facility (WCC) or designee
 7. Warden of the Women's Huron Valley Correctional Facility (WHV) or designee
 8. Mental Health Services Director
 9. BHCS Planning Manager
 10. Health Informatics Manager
 11. MDOC contract vendor for health services
 12. Dental Director or designee
 13. Procurement Monitoring and Compliance Division representative
 14. BHCS infection control nurse
 15. Other members as needed.
- H. The BHCS CQI team shall meet at least quarterly to address issues regarding the delivery of health care to prisoners throughout the state. The team shall work to support BHCS CQI activities and shall provide a commitment to key initiatives by increasing accountability, transparency, standardization, and the use of evidence-based practices. This shall include developing, monitoring, and reporting annually on quality indicators. The quality indicators shall be based on the goals of the MDOC and BHCS with the priorities established by facility teams. Recommended changes to policy or procedure shall be made in accordance with PD 01.04.110 "Administrative Rules, Policies and Procedures."

FACILITY CQI TEAMS

- I. Each facility shall have a CQI team. The teams are responsible for implementing the CQI Program on a facility level. Team members shall include at least the following:
 1. Health Unit Manager (represents administration and ancillary services)
 2. Medical Provider
 3. Dentist/designee;
 4. Nursing Supervisor (represents nursing)
 5. Unit Chief or designee
 6. Health Information Manager
 7. Warden/designee
 8. Other members as needed.
- J. Led by the HUM, each team shall meet at least quarterly to review and analyze the results of Health Care audits and studies and shall identify patterns and trends to determine any necessary improvements to Health Care procedure or practice. The team shall recommend appropriate courses of action and forward their findings to the statewide team. Teams shall keep minutes from their

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meetings using the CQI meeting minutes worksheet.

K. Components of the facility CQI meeting shall include the following:

1. Health Care - Review of timeliness of care, waiting lists, kited complaints, grievances, infirmary and inpatient bed space, specialty service appointments, annual health screens, chronic care clinics, and prisoner accident reports.
2. Mental Health - Review of written complaints, grievances, timeliness of referrals, increase in crisis or observation cells, use of restraints (inpatient setting only), suicide risks, self-injurious behavior, and available bed space.
3. Dental Services - Review of written correspondences from prisoners, grievances, appointment lists, and audit results.
4. Communicable Disease and Infection Control - Staff shall identify, evaluate, and monitor occurrences of infectious disease within facilities and identify ways to prevent and control the spread of infections.
5. Risk Management - Existing and potential health risks within the institution shall be identified and addressed to minimize the risk of potential liability of the Department.
6. Pharmaceuticals/Medications - Staff shall monitor and evaluate prescribing trends, medication requests, use of offsite pharmacy services, timeliness, medication error review, medication non-compliance, medication transfers, and use of psychotropic medications.
7. Grievance Tracking - Each facility Health Care shall track step 1 grievance numbers quarterly and group them by topic/concern and report them at the facility CQI meetings.
8. Peer Review - Each facility shall have a peer review audit every other year. The DONs shall coordinate the schedule and place it on the master CQI calendar. The results of the audit shall be reported at the statewide BHCS CQI meetings by the DON that is a member of that committee.
9. Audits - Staff shall review all deficiencies found during audits.

WORK GROUPS

- L. The facility CQI team may develop work groups to conduct CQI studies. The study may either review a process or procedure, or the outcome of a process or procedure. Facility CQI project ideas shall be sent to the statewide BHCS CQI team for consideration.
- M. 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 facility team for review and referral, as necessary. The team shall review the studies and report this information to the statewide BHCS CQI team.

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

- N. Pursuant to MCL 333.21515, all CQI 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.

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OPERATING PROCEDURES

- O. If necessary, to implement requirements set forth in this policy directive, the BHCS Administrator shall ensure that procedures are developed/updated.

AUDIT ELEMENTS

- P. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self-audit of this policy pursuant to PD 01.05.100 "Self-Audits and Performance Audits."

APPROVED: HEW 11/06/2019