

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Performance
Improvement and Risk Management

POLICY # AD II-7

PAGE 1 of 2

SUBJECT: Internal Medical Review

EFFECTIVE DATE: April 2009
SUPERCEDES DATE: October 2007

References

Related ACA Standards

**4th Edition Standards for Adult Correctional
Institutions 4-4410**

PURPOSE

To assure the provision of appropriate medical care to inmates within each facility of the Division of Prisons by systematic monitoring and evaluation of patient care provided

POLICY

Performance Improvement Indicators and Quality Control Monitors shall be developed which provide an ongoing collection, screening, and evaluation of important aspects of patient care. These indicators/monitors will identify opportunities for improving care and identifying problems that impact care, clinical performance, and policy compliance.

PROCEDURE

A. The Director of Health Services is authorized to develop and maintain health care procedures which will provide a system of care that enables inmates to maintain their basic health, Section 5 NCAC 2E .0200 of the North Carolina Division of Prisons Policy and Procedures Manual.

B. Committees:

The Medical Review will be coordinated by several committees responsible for ensuring the adequacy and the appropriateness of health care in the Division. These committees shall be named Quality Council/Executive Roundtable and Medical Peer Review

1. The Quality Council/Executive Roundtable is composed of the Chief of Health Services and Section Chief for Medical, Mental Health, Nursing, Pharmacy, Medical Records, Social Work, and Operations or their designee. The Standards Director and the Quality Assurance Coordinator for Mental Health will also be members of the committee.

The Quality Council/Executive Roundtable evaluates reports submitted by prison facilities and performance improvement. As appropriate, the council will make recommendations for problem resolution to the Division of Prisons Director. The committee meets at least quarterly and maintain permanent record of proceedings and actions.

2. The Medical Peer Review Committee will be composed of the Director of Health Services, the Section Chief for Mental Health, Nursing, Medical Records, along with the Medical Directors for CP, NCCIW and McCain. The Standards Director and the QA Coordinator for Mental Health, along with a representative from the pharmacy will also be members of the Medical Peer Review Committee. The committee will meet at least quarterly. They will:

- Review all deaths
- Review all cases with unexpected outcomes
- Oversee Peer Review Process.

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C. Organization of Reviews:

Internal medical reviews will be ongoing and system-wide. The review will consist of three components: Quality Control Monitors, Performance Improvement, and Peer Review.

Each month all facilities, under the leadership of the Facility Health Authority, within the Division shall complete an evaluation of Quality Control monitors and forward the results through the appropriate Regional Nurse Staff to the Director of Nursing for review. The Dental Division will forward Monthly Quality Control Monitors to the Office of the Dental Director.

The Facility Health Authority is responsible for monitoring the Performance Improvement Indicators on a monthly basis. These Performance Improvement Indicators are outlined in the Health Services Performance Improvement Plan that is reviewed yearly. The appropriate Supervisor will review the data generated from the Performance Improvement Indicators and a Plan of Correction shall be implemented. Staff education and communication are necessary in order to implement Performance Improvement measures.

Peer Review will be accomplished as outlined in Division of Prisons Health Services Peer Review Policy (#AD II-2.)

D. Disposition of Reports

The Facility Health Authority will forward Quality Control monitors to the Regional Nurse Staff as appropriate. The reports will be collated and tabulated as appropriate by the Regional Nurse Staff and forwarded to the Director of Nursing and the facility administrator.

Performance Improvement Indicators will be forwarded to Standards Director for evaluation and presentation to Quality Council/Executive Roundtable and Nurse Executive Team for recommendations and follow-up. The Director of Nursing and the Standards Director will evaluate report findings and communicate recommendations for problem resolution and continued monitoring to the appropriate medical supervisory personnel, facility administrator, and Director of Health Services/designee.

The Standards Director, in consultation with the Director of Health Services/designee will request a meeting of the Quality Council/Executive Roundtable to examine report results. and The committee shall meet at least quarterly and review reports from the previous three months.

The Section Chief for Medical, Mental Health, Dental or Nursing in conjunction with the Director of Health Services, will issue Administrative Memorandums and Health Care Manual Revisions to resolve identified problems.



4/3/09

Paula Smith MD, Director of Health Services

Date

SOR: Standards Director