

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety Prisons
Health Services

SECTION: Administrative – Performance
Improvement & Risk Management

POLICY # AD II-10

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SUBJECT: Health Services Comprehensive Program
Reviews

EFFECTIVE DATE: March 2013
SUPERCEDES DATE: October 2007

PURPOSE

To provide a method in which to evaluate the ongoing standards and practices at a facility based on standards of care, Health Services policy and procedures and accreditation requirements.

POLICY

All Health Services Facilities will be reviewed by a multidisciplinary health services review team every two years. Facilities will conduct an operational program review on the years the Health Services Central Office does not conduct a comprehensive program review.

PROCEDURE

I. Types

Follow-up Health Services Program Review

- To verified implementation of a performance improvement plan that addresses issues identified and initiated as a result of findings gathered from a Comprehensive Health Services Program Review, Health Services Focus Review, or Health Services Statutory or Regulatory Review. A member of the multidisciplinary health services team shall complete this review.

Health Services Focus Review

- Sentinel event, investigation of a compliant, reports of programmatic issues. Staff may initiate a Comprehensive Health Services Review if substantial non-compliance with standards of care and practices are identified during a Health Services Focus Review. A member of the multidisciplinary health services team shall complete this review.

Health Services Statutory or Regulatory Review

- Program reviews that are mandated by state, federal or applicable accreditation body. Staff can incorporate these reviews with a Comprehensive Health Services Program Review, Follow-up Health Services Program Review, or a Health Services Focus review. A member of the multidisciplinary health services team shall complete this review.

Operational Program Review

- To provide a method in which to evaluate the ongoing standards and practices at a facility based on standards of care, Health Services policy and procedures and accreditation requirements. Staff at the facility shall complete this program review on the years in which the Comprehensive Health Services review is not completed.

II. Introduction

Task 1 - Off-Site Preparation

Task 2 - Entrance Conference:

- with the Warden/Superintendent/Administrator, Nurse Manager/Supervisor, Region Assistant Director of Nursing, Region Nurse Supervisor III, Region Health Treatment Administrator, Assistant Superintendent for Programs, Mental Health, Director of Nursing (CPHC & NCCIW) and others designated by the Warden/Superintendent/Administrator.

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Task 3 - Information Gathering/Investigation: The team will review:

- Health Information Management
- Provision of Care
- Pharmacy
- Dental Services
- Radiology Services & Radiation Safety
- Laboratory Services
- Mental Health
- Resources
- Safety
- Oversight
- Infectious Disease
- Quality Improvement – Improving Organizational Performance
- Credentials Verification/Clinical Privileges/Practice Agreements/Peer Review
- Food and Nutrition Management
- Climate

Task 4 – Review Team Preliminary Decision Making and Analysis of Findings

Task 5 - Exit Conference:

- with the Warden/Superintendent/Administrator, Nurse Manager/Supervisor, Region Assistant Director of Nursing, Region Nurse Supervisor III, Region Health Treatment Administrator, Assistant Superintendent for Programs, Mental Health, Director of Nursing (CPHC & NCCIW) and others designated by the Warden/Superintendent/Administrator.

Task 6 - Post Review Activities:

■ **Determination of Compliance with the Conditions of Participation**

- **Compliance:** Health Services is in compliance with Standards of Care, Health Services policies and procedures, accreditation, statutory or regulatory requirements.
- **Non-compliance:** Health Services is out of compliance with one or more standards
- **Substantial non-compliance:** A situation in which Health Services non-compliance has scope and/or severity and has or has the potential for negative outcomes.
- **Immediate Jeopardy (IJ):** A situation in which health services non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm. The threat must be present when you are onsite and must be of such magnitude as to seriously jeopardize an inmate's health and safety.

■ **Notice of Determination of Compliance with Findings -** Notification to the facility of the determination of compliance with findings shall be submitted to the facility Warden/Superintendent/Administrator within **fourteen business days** of the exit date from the program review with the exception of findings consistent with an Immediate Jeopardy, which will require a response within **three business days**. The facility Quality Improvement (CQI) Team shall submit a DC 201 Plan of Correction/Performance Improvement Plan as applicable to the level of non-compliance.

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- **Non-compliance:** The facility shall submit a performance improvement plan within **thirty calendar days** of receipt of the findings that notes implementation of the improvement plan within **sixty calendar days** of the exit date of the program review.
 - **Substantial non-compliance:** The facility shall submit a performance improvement plan within **fifteen calendar days** of receipt of the findings that notes implementation of the improvement plan within **forty-five calendar days** of the exit date of the program review.
 - **Immediate Jeopardy:** The facility shall provide a preliminary performance improvement plan **immediately** upon notification of immediate jeopardy by reviewers while on site that removes the threat. The facility shall then submit a performance improvement plan within **ten** days of receipt of the complete findings that notes implementation of the performance improvement plan within **twenty-three** days of the exit date of the program review.
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The DC 201Plan of Correction/Performance Improvement Plan will be submitted to the Health Services Risk Manager, and Region Health Treatment Administrator. CPHC and NCCIW will also submit to their facility Risk Manager.

The Risk Managers (CPHC & NCCIW) and the Health Treatment Administrator will follow up, monitor and review progress from the Plan of Correction/Performance Improvement Plan and will submit a report to the Health Services Risk Manager every quarter (January, April, July and October).

III. Conditions of Participation

A. Condition of Participation: Governing Body (facility's management staff)

Standard: Coordination of Health Services

Standard: Emergency Services

Standard: Grievance Process

Interpretive Guidelines:

The facility's management:

- *demonstrates a proactive posture to assure effective delivery of health services in a cost effective manner;*
- *has practices in place to assure the coordination of health services among different disciplines;*
- *shall assure there are sufficient numbers of trained staff to respond to medical or psychiatric emergencies; and*
- *shall have policies and procedures in place to address inmate grievance regarding health services and such grievances are addressed in accordance with the Division and facility's policy.*

B. Condition of Participation: Patient's Rights

Standard: Notice of Rights

Standard: Exercise of Rights

Standard: Privacy and Safety

Standard: Confidentiality of Patient Records

Standard: Restraint or Seclusion

Standard: Death Reporting Requirements

Interpretive Guidelines: Rights

Inmates:

- *must be informed and shall have the ability to exercise their rights to consent or deny health services;*

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- *should have reasonable expectations of care and services; and*
 - *has the right to have health care provided in a safe manner that ensures their privacy as adheres to standard of care.*

The Facility shall:

- *address health care needs in a timely, reasonable, and consistent manner;*
- *establish a process for resolution of inmate grievances and must inform each inmate how to file a grievance;*
- *ensure the confidentiality of patient's health information within the confines of the prison system*
- *develop and implement policies and procedures to assure the safe use of restrictive interventions; and*
- *report deaths to the Division of Prisons' Risk Manager, Medical Director and as applicable to the Director of Mental Health Services.*

C. Condition of Participation: Quality Assessment and Performance Improvement Program

Standard: Program Scope

Standard: Program Data

Standard: Program Activities

Standard: Performance Improvement Projects

Standard: Executive Responsibilities

Interpretive Guidelines:

The facility:

- *must ensure that the scope of the health services are met;*
- *health services' performance improvement program to include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors;*
- *must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, service and operations within the facility;*
- *must incorporate quality indicator data including patient care data, and other relevant data, for quality improvement purposes;*
- *must use the data collected to monitor the effectiveness and safety of services and quality of care;*
- *uses the data collected to identify opportunities for improvement and changes that will lead to positive outcomes;*
- *must set priorities for its performance improvement activities that: focuses on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those area; and affect health outcomes, patient safety, and quality of care.;*
- *performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.;*
- *must conduct initiatives and projects that improves organizational performance; and*
- *health care authority is responsible and accountable for ensuring that clear expectations for safety are established, that there is an on going program for patient safety, including the reduction of medical errors, that it is defined, implemented, and maintained.*

D. Condition of Participation: Medical Staff

Standard: Composition of Medical Staff

Standard: Medical Staff Organization and Accountability

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Standard: Medical Staff Adheres to Standard of Care Practices, Health Services policies and procedures and applicable accreditation requirements

Interpretive Guidelines:

The facility must:

- have adequate number of medical staff to meet the health services needs of the inmates; and
- have an organized medical staff that operates in an efficient manner to provide cost effective quality medical care and services.

The medical staff must:

- periodically conduct appraisals of its members through peer review with annual privileging; and
- adhere to standard of care practices, Health Services policies and procedures and applicable accreditation requirements.

E. Condition of Participation: Nursing Services

Standard: Organization and staffing

Standard: Delivery of care

Standard: Nursing Staff Adheres to Standard of Care Practices, Health Services policies and procedures and applicable accreditation requirements

Standard: Preparation and Administration of Drugs

Interpretive Guidelines:

Nursing services:

- must have adequate numbers of nursing staff to meet the health services needs of the inmates;
- organizes themselves in a manner to assure the safe and cost effective delivery of health services;
- must assure staffing schedules are reviewed and revised as necessary to meet the patient care needs and to make adjustments for nursing staff absenteeism;
- staff shall adhere to standards of care practices, Health Services policies and procedures and applicable accreditation requirements; and
- staff shall implement standard of care when preparing and administering medications.

F. Condition of Participation: Pharmaceutical Services

Standard: Delivery of Services

Standard: Adheres to Standard Practices set forth for by statutory or regulatory requirements, Health Services policies and procedure, applicable accreditation requirements.

Interpretive Guidelines:

The facility ensures:

- drugs and biologicals are stored, prepared, administered and accounted for in accordance with Federal and State laws;
- the orders of the practitioner or practitioners responsible for the patient's care meets accepted standards of practice.

G. Condition of Participation: Medical Record Services

Standard: Organization and staffing

Standard: Forms and Retention of Record

Standard: Content of Record

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Standard: Adheres to Health Services policies and procedure and applicable accreditation requirements

Interpretive Guidelines:

The facility must:

- have a medical record staff that implements an organized, unified medical record system that has administrative responsibility for all medical records;
- must create and maintain a medical record for every individual, evaluated or provided with treatment; and
- adheres to the Health Services policies and procedure and applicable accreditation requirements that relates to the medical record services.

H. Condition of Participation: Mental Health Services

Standard: Organization and staffing

Standard: Delivery of care

Standard: Mental Health Staff adheres to Standard of Care Practices, Health Services policies and procedures and applicable accreditation requirements

Interpretive Guidelines:

Mental Health Services must:

- have adequate numbers of staff to meet the mental health needs of the inmates;
- organize themselves in a manner to assure the safe and cost effective delivery of mental health services;
- review and revise staffing and programming as necessary to meet the patient care needs and to make adjustments for mental health staff absenteeism; and
- adhere to mental health standards of care and services, Health Services policies and procedures and applicable accreditation requirements.

I. Condition of Participation: Infection Control

Standard: Hand Hygiene

Standard: Staff adheres to Standard Precautions set forth by the Centers for Disease Control & Prevention (CDC)

Standard: Adheres to Health Services policies and procedure and applicable accreditation requirements

Interpretive Guidelines:

The facility shall have:

- a hand hygiene program; and
- evidence that the facility staff are complying with Standard Precautions set forth by the Centers for Disease Control & Prevention, Health Services polices and procedures and applicable standards.

J. Condition of Participation: Food and Nutrition Management

Standard: Delivery of services

Standard: Diets

Interpretive Guidelines: The facility staff shall demonstrate practices regarding safe food sanitation and that inmates are served meals and fluids that meet their nutritional needs.

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K. Condition of Participation: Radiologic Services (only applicable where services are provided on site)

Standard: Radiologic Services

Standard: Personnel

Standard: Records

Standard: Safety for Patients and Personnel

Standard: Adheres to Health Services policies and procedure and applicable accreditation requirements

Interpretive Guidelines:

The facility shall:

- maintain, or have available, diagnostic radiological services according to the needs of their patient;.
- have acceptable standards of practice include maintaining compliance with applicable Federal and State laws, regulations and guidelines governing radiological service;
- have services, including any contracted services, integrated into its facility-wide Performance Improvement Program;
- adopt and implement policies and procedures that provide safety for patients and personnel, that included but not limited to;
 - Adequate shielding for patients, personnel and facilities
 - Testing of equipment for radiation hazards
 - Maintenance of personal radiation monitoring devices
 - Proper storage of radiation monitoring badges when not in use
 - Methods of identifying pregnant patients
 - The hospital must implement and ensure compliance with its established safety standards.
- have policies and procedures in place to ensure that periodic inspections of radiology equipment are conducted, current and that problems identified are corrected in a timely manner;
- ensure that equipment is inspected in accordance with manufacturer's instructions, Federal and State laws, regulations, and guidelines, and hospital policy;
- have a system in place, qualified employees or contracts, to correct hazards;
- be able to demonstrate current inspection and proper correction of all hazards; and
- ensure radiological services are provided only on the orders of practitioners with clinical privileges and to practitioners outside the facility who have been authorized by the medical staff and the governing body to order radiological services, consistent with State law.

L. Condition of Participation: Laboratory Services

Standard: Adequacy of Laboratory Services

Standard: General blood and body secretions safety

Standard: Adheres to Health Services policies, and procedure and applicable accreditation requirements

Interpretive Guidelines:

The facility shall:

- maintain or have available laboratory services whenever its patients need those services;
- make laboratory services available directly, through contractual agreements, or through a combination of direct and contractual services;
- ensure the scope and complexity of the hospital laboratory service must be adequate to meet the needs of its patients;

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- *be provided in accordance with Clinical Laboratory Improvement Act (CLIA) requirements;*
 - *assure services are integrated into its facility-wide Performance Improvement Program;*
 - *ensure patient laboratory results and all other laboratory clinical patient records are considered patient medical records;*
 - *verify the existence of a written description of the laboratory services provided, including those furnished on routine and stat basis (either directly or under an arrangement with an outside facility); and*
 - *have policies and procedures regarding safe laboratory practice.*

M. Condition of Participation: Physical Environment (Environment of Care)

Standard: Grounds and buildings conducive to provide effective health services

Interpretive Guidelines:

The facility's grounds and building shall be clean, well maintained and free of environmental hazards.

N. Condition of Participation: Surgical and Anesthesia Services (CPHC only)

Standard: Delivery of Services

Interpretive Guidelines:

The facility shall:

- *be organized, operating and staffed in such a manner to ensure the health and safety of patients; and*
- *assure acceptable standards of practice include maintaining compliance with applicable Federal and State laws, regulations and guidelines governing surgical and anesthesia services or surgical service locations, as well as, any standards and recommendations promoted by or established by nationally recognized professional organizations (e.g., the American Medical Association, American College of Surgeons, Association of Operating Room Nurses, Association for Professionals in Infection Control and Epidemiology, etc; and.*
- *assure services are integrated into its facility-wide Performance Improvement Program.*

O. Condition of Participation: Physical, Respiratory and Rehabilitation Services (CPHC, NCCIW, Hoke, Nash)

Standards: Delivery of Services

Interpretive Guidelines:

The facility shall:

- *assure there are sufficient qualified staff to provide the services in a safe and organized manner utilizing standard of practice.*

P. Condition of Participation: Utilization review Committee (CPHC, NCCIW, Central Office)

Standard: Composition of Utilization review Committee

Standard: Scope and frequent of review

Standard: Determination regarding admission or continues stays

Standard: Extended stay review

Interpretive Guidelines:

- *evaluates the appropriateness and medical necessity of services provided to Inmates,;*
- *assures that services are provided efficiently, cost effectively and meets*

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- recognized standards of care,;*
 - controls the cost of services provided,;*
 - promotes and monitors the delivery of health care services that are quality oriented, medically necessary, and cost effective*



4/29/13

Paula Smith MD, Chief of Health Services Date

SOR: Standards Director