



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Performance Improvement Plan			
Section	AD II - 1	Issue Date November 12, 2020	Supersedes Date August 2017	Next Review Date November 2021

References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6B-01(M), 5-ACI-6D-01, 5-ACI-6D-08, 5-ACI-6D-09, 5-ACI-6D-10; N.C.G.S 148-19

I. PURPOSE

The purpose of the Performance Improvement Plan is to ensure that Health and Wellness develops a quality management program that develops processes, monitors, measures, analyzes, and evaluates performance to improve patient outcomes and the quality of healthcare service delivery. The goals are to have an appropriate balance between good outcomes, excellent care and services, and costs of same.

II. POLICY

- (a) The constitutional obligation, grounded in the Eighth Amendment, and statutory requirement GS 148-19 requires Health and Wellness to provide offenders access to quality care provided by competent healthcare professionals. The Performance Improvement Plan addresses our goals to:
 - (1) View correctional facilities as public health stations that significantly impact the health status of the larger community;
 - (2) Provide care that will positively impact the public health sector;
 - (3) Improve the health status of the offender;
 - (4) Obtain/yield the highest value for the total tax dollars spent;
 - (5) Engage in sound healthcare practices that meet an acceptable standard of care;
 - (6) Ensure consistency with the mission and goals of the North Carolina Department of Public Safety/Prisons/Health and Wellness.



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- (b) Authority - The development and implementation of the Health and Wellness Performance Improvement Plan is the responsibility of the Director of Health and Wellness. The Director of Health and Wellness delegates authority for development and implementation of the plan to the Health and Wellness Management Team, as informed by the Continuous Quality Improvement (CQI) Committee, the Pharmacy and Therapeutics (P and T) Committee, the Morbidity and Mortality (M & M) Review, and any significant QA/Sentinel/Adverse Event Review findings.
 - (1) The Health and Wellness Management Team is composed of a core group of Senior Managers who work within Prisons' Health and Wellness Division. This group is convened by the Director of Health and Wellness on a monthly basis to review standard agenda items that are relevant to the ongoing delivery of healthcare services within prisons across the state, as well as any additional matters referred to the group for consideration. For those Health and Wellness matters/recommendations requiring final authorization, this group will serve as a decision-making body.
 - (2) Three statewide Committees will contribute to the content of the Performance Improvement Plan: the CQI, M&M Review, and Pharmacy and Therapeutic (P&T) Committees. Responsibilities of the Quality Assurance/Risk Management section:
 - (A) Convene and facilitate the CQI and M&M Review Committees (at statewide level) on at least a quarterly basis and report remarkable details to the Health and Wellness Management Team. The PowerPoint presentations submitted to the statewide CQI Committee by section representatives on the Committee, along with minutes maintained by QA/Risk Management, will serve as the summary of progress made on the quality indicators identified by each section. The December PowerPoint presentations and minutes will indicate the then-current status of progress toward achieving benchmarks for each discipline. In addition, each discipline representative on the CQI Committee will submit to the Committee Chair a discipline-specific performance improvement summary report for the previous calendar year; this report will be due on the last day of the first work week in January. The Director of Quality Assurance will compile all summary submissions, along with information compiled from the M&M Review Committee meeting minutes and Pharmacy and Therapeutic Committee minutes into



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a final “Performance Improvement Report” that will be forwarded to the Health and Wellness Management Team for review at the first Management Team meeting in January; the report will include performance improvement plan recommendations for the coming year for the Health and Wellness Management Team to consider. This report is intended to assist the Health and Wellness Management Team in their discussion and development of a final Performance Improvement Plan for the new calendar year.

- (B) Ensure all Health and Wellness Staff, through information provided to section heads for distribution to their sections and via selected direct communications throughout the year, receive education in Continuous Quality Improvement (CQI) and how it can be used as an ongoing tool for performance improvement and for monitoring readiness for surveys by various accrediting agencies.
 - (C) Along with the Health and Wellness Management Team, set priorities among activities to be monitored, CQI projects to be conducted, and other selected Performance Improvement initiatives.
- (3) In fulfilling the above duties, the Quality Assurance/Risk Management section performs the following tasks:
- (A) Reviews submitted data on quality indicators and actions taken for improvement. Directs appropriate parties to implement additional performance improvement, or corrective actions, if needed.
 - (B) Reviews healthcare records, Health Services Event Reporting System entries and other performance improvement-related documents/reports, and takes necessary action (informs Discipline Heads/Health and Wellness Management Team), if needed, in order to address matters posing risk and/or liability for the patient, staff, and/or Agency.
 - (C) Reviews statewide CQI Projects and PowerPoint presentations/reports, M&M Review Committee minutes, and recommendations made by the P and T Committee, and communicates status/recommendations of same to the Health and Wellness Management Team for consideration.



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- (D) Solicits resource needs and recommendations from Health and Wellness sections reporting understaffing to the statewide CQI Committee and makes staffing recommendations to the Health and Wellness Management Team.

- (c) Performance Improvement Plan Overview - The proposed Annual PI Plan will be due to the Health and Wellness Management Team for review at the Team’s January meeting. The Plan will be informed by data gathered by the Committees identified in section II(b)(2) above during the previous calendar year, as well as by any relevant current factors of influence. The final plan, ultimately, will be developed by the Health and Wellness Management Team. It will have five primary integral components:
 - (1) Peer Review and Credentialing data and recommendations
 - (2) Continuous Quality Improvement Committee data and recommendations, to include identification of specific quality indicators
 - (3) Morbidity and Mortality Review Committee data and recommendations
 - (4) Pharmacy and Therapeutics Committee data and recommendations
 - (5) Additional Selected Topics of Relevance

- (d) Delegation of Responsibility for Implementation
 - (1) The Performance Improvement Plan is to be carried out collaboratively with an organization-wide approach. This means that Performance Improvement principles and techniques are utilized throughout the Prisons system.
 - (A) It is expected that each facility will develop a Health and Wellness Multidisciplinary CQI Program that includes ongoing monitoring of the fundamental aspects of the facility's health care system, to include, but not limited to: the intake/transfer process, access to care, continuity of care, emergency care, hospitalizations, and sentinel/adverse patient events. The CQI Program will include monthly health record clinical chart reviews of at least 5% (up to 25) of offender health records.



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- (B) All facilities will also review critiques of disaster drills, deaths, environmental inspection reports, offender healthcare grievances and infection control issues.
- (2) The Director of Quality Assurance, or designee, in collaboration with the Deputy Director of Behavioral Health (as it pertains to the administrative code), drafts the design of the annual PI plan. The results of the previous plan’s evaluation and American Correctional Association (ACA) Standards considerations also will be incorporated into the Plan. The Director of Quality Assurance, or designee, maintains documentation of the Performance Plan’s implementation, primarily through the work of the CQI Committee.
- (e) Monitoring and Evaluation of Performance - All Health and Wellness facility management staff are expected to monitor and evaluate the quality of patient care and facility functions.
 - (1) Quality Control: Health and Wellness Section Heads shall identify tasks, duties and processes which require monitoring. Any concerns identified through the monitoring process will be reported through the discipline supervisory channels and a performance improvement plan will be implemented and submitted to the Section Head and the Quality Assurance/Risk Management Section. It should be noted that an HSE Report should be entered for the majority of events requiring performance improvement.
 - (2) Performance Indicators: Performance indicators are measurement and assessment tools used to monitor and evaluate identified risk, high volume or problem-prone functions which affect, directly or indirectly, patient outcome(s). Data obtained through monitoring and evaluation of indicators raise important quality of care issues, which may lead to identifying opportunities for improvement and/or risk management issues, and assist in evaluating job performance and/or clinical competence.
 - (A) Each indicator addresses at least one of the following functions:
 - (i) Care and Assessment of Patients
 - (ii) Management of Information



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- (iii) Infection Control
- (iv) Offender’s Rights and Ethics
- (v) Human Resources
- (vi) Continuity of Care
- (vii) Patient Education
- (viii) Environment of Care

(B) Every indicator specifies the monitoring methods for determining compliance and evaluating for trends and patterns, and has a compliance standard (benchmark, threshold, trigger or standard) for measurement.

(3) Performance Improvement Model – A Performance Improvement Model is really a way of management or philosophy. It should be used in staff meetings, committee meetings, CQI teams, etc.

SUGGESTED MODEL: FOCUS-PDCA

- F** – Find a Process to Improve
- O** – Organize a Group – Frontline People who do the process or work
- C** – Clarify Current Knowledge – “How is it done now?”
- U** – Understand Variation – identify what you want to achieve and compare with what is currently done. Identify the Difference
- S** – Select Improvement/Change Strategies
- P** – Plan how to implement the improvement or change – assign responsibilities and due dates
- D** – Do it – May do on trial or test basis
- C** – Check or study – Monitor, track, follow up and evaluate effectiveness – This is a very important step. It gives you data to validate that this is a needed change and if any additional revisions are needed.
- A** – Act – Based on evaluation, change if needed and repeat the PDCA Cycle




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(f) Continuous Quality Improvement (CQI) Efforts

- (1) CQI Projects: Involves the design of a new process or the analysis of an existing process to improve the care and treatment of and services to patients. CQI projects may also address services provided to internal and external customers who have an impact on patient care outcomes and/or organizational performance.
- (2) Continuous Quality Improvement Projects may be initiated and conducted by facilities, departments, disciplines, services, committees, or proposed to and approved by the CQI Committee when the process studied affects multiple departments, services or disciplines. CQI project proposals may be submitted to the QA/Risk Manager or CQI Committee by any employee or committee. The CQI Committee may initiate a CQI project in response to performance indicator findings, data or risk management monitoring.



 Todd E. Ishee
 Commissioner of Prisons

11/12/20

 Date