


Idaho Department of Correction  	<b>Standard          Operating          Procedure</b>	Title: <b>Clinical Performance Enhancement</b>		Page: 1 of 5
		Control Number: <b>401.06.03.013</b>	Version: <b>4.0</b>	Adopted: 11-09-1998

**Pat Donaldson, chief of the Management Services division, approved this document on 04/27/2015.**

**Open to the public:**  **Yes**

**SCOPE**

This standard operating procedure (SOP) applies to all Idaho Department of Correction (IDOC) health care services staff, offenders, contract medical providers and subcontractors.

<b>Revision Summary</b>
Revision date (04/27/2015) version 4.0: Periodic review to include administrative updates: <ul style="list-style-type: none"> <li>• New/current SOP format</li> <li>• Changed approval from Education Treatment &amp; Reentry to Management Services division</li> </ul>

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**BOARD OF CORRECTION IDAPA RULE NUMBER 401**

Medical Care

**POLICY CONTROL NUMBER 401**

Clinical Services and Treatment

**PURPOSE**

The purpose of this standard operating procedure (SOP) is to establish procedures for clinical performance enhancement for the purpose of evaluating the appropriateness of all health care provider services.

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## RESPONSIBILITY

### ***Health Authority***

The health authority is responsible for:

- Monitoring and overseeing all aspects of health care services, and
- The implementation and continued practice of the provisions provided in this SOP.

When health care services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all health care-related requirements provided in respective contractual agreements, this SOP, **and** in *National Commission on Correctional Health Care (NCCHC) standard P-C-02, Clinical Performance Enhancement*. (See section 5 of this SOP.)

### ***Contract Medical Provider***

When health care services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP and *NCCHC standard P-C-02* are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all health care-related requirements provided in this SOP, *NCCHC standard P-C-02*, **or** as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

### ***Facility Medical Director***

The facility medical director and facility health authority (or designees) will be jointly responsible for:

- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and** *NCCHC standard P-C-02* are accomplished as required; and
- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP.

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***Facility Health Authority***

The facility health authority and facility medical director (or designees) will be jointly responsible for the duties described in the section above.

**GENERAL REQUIREMENTS**

**1. Introduction**

Clinical performance enhancement (as defined) does not include program supervision performed by management (i.e., health authority, facility medical director, or director of nursing services) and may be conducted by contracting with an independent entity that is not employed by the contract medical provider.

**2. Review Requirements**

***Individual***

Individual case reviews may be done on selected cases such as:

- Unusual incident cases;
- Cases with significant morbidity; and
- Selected high costs.

Offender grievances shall be reviewed for any relevant pattern that may lend itself to improving medical practices.

All cases involving death shall be reviewed by the facility medical director.

***Peer***

All health care provider services shall be reviewed by his peer within 90 days of hire and at least annually thereafter. The goal is to:

- Encourage learning from peers;
- Enable self-regulation of health care providers as a group;
- Provide a method of standard evaluation;
- Ensure consistent quality of care; and
- Maintain a high quality of practice standards among all qualified health professionals.

All peer reviews shall remain confidential.

***Annual***

The facility medical director (or designee) shall meet with all health care providers to discuss clinical performance enhancement reviews and chart reviews on a fixed annual schedule. The schedule shall be forwarded to the health authority in advance of any scheduled meetings to allow the health authority the opportunity to attend.

**3. Elements of the Clinical Performance Enhancement Review**

At a minimum, the clinical performance enhancement review shall contain the following elements:

- The name of the individual being reviewed;

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- The name and credentials of the person conducting the review;
- The date the review was conducted;
- Confirmation that the review was shared with the health care provider; and
- A summary of the findings and any corrective actions taken, if any.

#### 4. Tracking Requirements

A log or other written record that provides the names of health care providers and the dates of their most recent reviews shall be maintained on-site by the facility medical director. These logs and records shall be made available for review to the health authority.

#### 5. Compliance

Compliance with this SOP and all related department-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct one (1) audit per year, per facility (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

#### DEFINITIONS

**Clinical Performance Enhancement:** The process of having a qualified health professional's work reviewed by another qualified health professional who has at least equal training in the same general discipline (e.g., when the highest ranking physician conducts reviews on lower ranking physicians).

**Contract Medical Provider:** A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population.

**Facility Health Authority:** The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

**Facility Medical Director:** The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

**Health Authority:** The Department employee who is primarily responsible for overseeing or managing the Department's medical and mental health services. The health authority is commonly referred to as the health services director.

**Health Care Provider:** Health care practitioners are clinicians trained to diagnose and treat patients.

**Primary Care:** General medical care that (1) is provided to an offender without referral from another qualified health professional, and (2) focuses on preventive care and treatment of routine injuries and illnesses.

#### REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-C-02, Clinical Performance Enhancement

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