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Performance Improvement Program	ACA Standards: 2-CO-4E-01, 5-ACI-6A-29, 5-ACI-6B-01M, 5-ACI-6D-02M, 5-ACI-6D-09		
Scott Crow, Director Oklahoma Department of Corrections		Signature on File	

Performance Improvement Program

I. Purpose

The Performance Improvement (PI) Program provides an organized approach to monitor, evaluate and improve health services. The purpose of the program is to maintain established standards of performance, improve inmate outcomes and resolve identified problems. (2-CO-4E-01)

II. Performance Improvement Objectives

- A. To assist in identification of strengths, weaknesses, and opportunities for improvement. (5-ACI-6A-29 b#3, 5-ACI-6D-02M b#3)
- B. To ensure timely, appropriate, confidential services in a safe environment and a respectful manner to the inmate population.
- C. To evaluate compliance with national standards and ODOC policies and procedures.
- D. To collect, analyze, trend, and evaluate data for planning, interviewing and reassessing services. (5-ACI-6A-29 b#2, 5-ACI-6D-02M b#2)
- E. To assist in reduction of professional and general liability risks.
- F. To enhance efficient uses of resources through utilization management. (5-ACI-6A-29 b#3, 5-ACI-6D-02M b#3)

III. Scope

A. Scope of the Performance Improvement Program

The scope of the Performance Improvement Program will include all ODOC, owned or contracted, healthcare facilities and all ODOC qualified healthcare professionals.

B. Performance Improvement Activities

Performance improvement activities will target high volume, high risk and/or problem prone areas identified and defined by the agency.

IV. Performance Improvement Procedure

Specific performance improvement procedures are in accordance with the Medical Services Resource Manual ([MSRM 140139-01](#) entitled "Procedure for Implementation of the Performance Improvement Program"). (5-ACI-6A-29 b#4, 5-ACI-6D-02M b#4, b#5, 5-ACI-6D-09)

V. Organizational/Responsibility

A. Chief Medical Officer

The chief Medical Officer (CMO) will be responsible for the oversight of the PI program.

B. Performance Improvement (PI) Council

1. The CMO will appoint members to the PI council, which will be multi-disciplinary and will consist of, but not limited to: (5-ACI-6A-29 b#1, 5-ACI-6D-02M b#1)
 - a. Chief Dental Officer/designee;
 - b. Chief Mental Health Officer/designee;
 - c. Administrator of Pharmacy Services;
 - d. Medical services administrator/designee;
 - e. Medical services regional nursing managers;
 - f. Regional lead physicians; and
 - g. Designated facility health services staff.
2. The PI council will meet the month following improvement of the respective quarters. Results of performance reviews will be provided to the members of the council, correctional health services administrators, and facility heads. (5-ACI-6D-02M b#10)

3. The PI Council will ensure agency staff are educated on the performance improvement findings and activities. (5-ACI-6D-02 b#8)

C. Office of Medical Services Regional Nursing Managers

1. The medical services regional nursing managers will work under the direction of the PI Council and are supervised by the CMO and the chief administrator of Nursing.
2. The medical services regional nursing managers will be responsible for completing a quarterly PI audit at each facility. Facilities that score below threshold, as determined by the PI Council, are required to submit a corrective action plan to the medical services regional nursing manager within ten working days of receiving their final audit findings.
 - a. The corrective action plan is reviewed and approved by the medical services regional nursing manager. The facility monitors the progress of the corrective action plan for 30 days after the plan is approved and submits a written progress report to the medical services regional nursing manager after 30 days. (5-ACI-6D-02M b#4d)
 - b. A follow up audit is completed by the medical services regional nursing manager after the progress report is received. The follow up audit is completed on the areas of the PI audit that were below threshold and required a corrective action plan. (5-ACI-6A-29 b#5, 5-ACI-6D-02M b#4d)
 - c. Facilities that remain below threshold after the follow up audit are required to submit a new corrective action plan to the medical services regional nursing manager within ten working days of receiving their final audit findings. Results of the follow up audit is provided to the CMO and a meeting with the facility head to discuss the ongoing deficiencies is scheduled per the discretion of the CMO.

D. Correctional Health Services Administrator (CHSA) Responsibilities/Facility Mental Health Authority (5-ACI-6B-01-M b#6)

The responsibilities of the CHSA include but are not limited to:

1. Work collaboratively with the medical services nursing managers;
2. Designate appropriate personnel to assist with facility based reviews;
3. Share data gathered through system-wide reviews and facility specific reviews with clinical and administrative staff, through PI

Council minutes, training, meetings, etc.; (5-ACI-6A-29 b#5, b#6, 5-ACI-6D-02M b#4a, b#9)

4. When deficiencies are identified, develop and submit a corrective action plan within 30 days to the medical services regional nursing manager. (5-ACI-6D-02M b#2, b#4b, b#4d, b#6) The corrective action plan will be monitored by the CHSA and the medical services regional nursing manager/mental health designee until the desired outcome has been reached; (5-ACI-6A-29 b#5, 5-ACI-6D-02M b#4d, b#7,5-ACI-6D-09)
5. Any non-compliance with the corrective action plan will be submitted to the PI Council for recommendations. Any decisions based on recommendations by the PI Council are final;
6. Provide required information to medical services, which will maintain all documentation concerning the PI Council activities; and
7. Maintain all death reports in accordance to [OP-140111](#) entitled "Inmate Deaths, Injury and Illness Notification and Procedures." (5-ACI-6A-29 b#4, 5-ACI-6D-02M b#5,)

VI. Confidentiality

The PI records of activities related to the reduction of morbidity and mortality are confidential per 63 O.S. § 1-1709. All personnel participating in performance improvement activities will comply with the agency's confidentiality policy. Discussions, data collection, meeting minutes, significant event monitoring, peer review, mortality and morbidity review, inmate grievances (5-ACI-6D-02M b#4c) and all information collected as the results of the performance improvement program are not for duplication or discussion outside ODOC without the consent of the chief Medical Officer. (5-ACI-6A-29 b#7, 5-ACI-6D-02M b#11)

VII. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-140111 entitled "Inmate Deaths, Injury and Illness Notification and Procedures"

MSRM 140139-01 entitled "Procedure for Implementation of the Performance Improvement Program"

63 O. S. § 1-1709.

VIII. Action

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The chief Medical Officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140139 entitled "Performance Improvement Program" dated October 8, 2020

Distribution: Policy and Operations Manual
Agency Website