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# STANDARD OPERATING PROCEDURE

## Required Performance Improvement Function

SOP 15.7.1.6

Revised 5/01

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*Revisions:*

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**PURPOSE: THIS SOP REFLECTS THOSE MONITORING FUNCTIONS AND PERFORMANCE IMPROVEMENT ACTIVITIES WHICH ARE REQUIRED IN ORDER TO CONTINUOUSLY IMPROVE THE QUALITY OF HEALTH CARE AND THE SAFETY OF THE ENVIRONMENT TO WHICH OUR PATIENT POPULATION IS EXPOSED. DIHS POLICY, AND NCCHC, JCAHO AND ACA STANDARDS GUIDE PERFORMANCE IMPROVEMENT ACTIVITIES.**

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The Division of Immigration Health Services (DIHS) Performance Improvement Program is an integrated organizational-wide system designated to improve the quality of health care delivered to the detainee patient of the medical facility. This is accomplished, through continuous multidisciplinary planning, design and performance measurements of the quality, timeliness and appropriateness of health care delivery.

In addition to the required activities described below each medical facility is also required to identify site-specific indicators depending upon the individual problems and needs. These should be developed by the Local Performance Improvement Committee, included in the facility Performance Improvement Calendar and reported to the National Performance Improvement Committee through the yearly report, or when requested, either by the National Performance Improvement Committee or Executive Council.

### **I. Appropriateness of care/health record keeping practices**

A random sample of 5% of clinical visits or 30 health records, whichever is fewer, will be reviewed and recorded quarterly utilizing the pre-established criteria on *Ambulatory Care Review Form DIHS QMD 005* and *Health Analysis Worksheet From DIHS QMD 004*.

Any medical provider can perform the appropriateness of care review. The physician can review care rendered by other physicians and midlevel practitioners. The midlevel practitioners can review each other.

Medical Records clerks and technicians should be performing reviews on every record prior to filing it. For data collection and reporting purposes on appropriateness of the health record they can select the random sample and report the results as required.

The data collected should be analyzed by the Local Performance Improvement Committee and opportunities for improvement identified. Based on these opportunities, indicator should be designed, measured assessed and performance improved.

All data and performance improvement activities will be put in the quarterly and annual performance improvement reports and sent to the National Performance Improvement Committee Chair.

## **II. Outcomes related to patient care**

- A. *Mortality Reviews*: Every detainee patient who dies while in INS custody and/or DIHS care must have a mortality review conducted in accordance with National Policy.
- B. *Short-stay unit reviews*: For every detainee patient that is discharged from a short-stay unit, a record review utilizing pre-established criteria *Short Stay Unit Evaluation Form* DIHS QMD 007 will be performed. The Local Performance Improvement Committee and Governing Body should analyze the data. Based on these findings, specific indicators should be designed, measured, assessed and performance improved. All data and performance improvement activities will be put in the performance improvement quarterly and annual reports and sent to the National Performance Improvement Committee Chair.

It is recommend that at least one indicator will be selected based on high risk, high volume and/or problem prone diagnoses. Each local performance improvement committee will select this/these indicator(s), establish the criteria, set time frames for data collection and complete the DIHS *Indicator Study Reporting Form* DIHS QMD 003. All data and performance improvement activities will be put in the performance improvement quarterly and annual reports and sent to the National Performance Improvement Committee Chair.

## **III. Patient needs, expectations and satisfaction**

- A. A *Detainee Patient Questionnaire Form* DIHS QMD 008 will be distributed to at least 50 randomly selected detainees at least once every six months. The Local Performance Improvement Committee and Governing Body will analyze the data collected. Opportunities for improvement should be identified and studied. All data and performance improvement activities will be put in the performance improvement quarterly report and annual reports and sent to the National Performance Improvement Committee Chair.
- B. The *Detainee Patients Grievance Form* DIHS QMD 011 will be reviewed on an ongoing basis in accordance with National Policy 2.7. The grievances and responses by the Clinical Director or Health Service Administrator will be analyzed and opportunities for improvement identified. All performance improvement activities

will be put in the performance improvement quarterly and annual reports and sent to the National Performance Improvement Committee Chair.

#### IV. Use of medications

- A. *Drug Usage Evaluations* will be monitored and evaluated by the Pharmacist on an ongoing basis. At least two medications will be selected considering high volume, high cost and/or problems prone, by the Local Pharmacy and Therapeutics Committee. Criteria for review will be developed, data collected, analyzed and opportunities for improvement identified. All data and performance activities will be put in the quarterly and annual performance improvement reports and sent to the National Performance Improvement Committee Chair.
- B. **All medication errors** (i.e. involving the wrong **drug, person, date, time, dose and/or route**) will be documented and researched utilizing the *Medical/Drug Incident Report Form* DIHS QMD 010. These forms will be reviewed by the Local Performance Improvement Committee and opportunities for improvement identified. All data and performance improvement activities will be put in the quarterly and annual performance improvement reports and sent to the National Performance Improvement Committee Chair.
- C. Adverse Reactions to medications will be documented and researched utilizing the *MedWatch FDA Form 3500* in accordance with the established criteria. These forms will be reviewed by the Local Performance Improvement Committee and opportunities for improvement identified. All data and performance improvement activities will be put in the quarterly and annual performance improvement reports and sent to the National Performance Improvement Committee Chair.

#### V. Environmental health and safety/infection control

- A. A general inspection of all clinic areas within the Service Processing Center will be conducted on a monthly basis utilizing the *Environmental Health Inspection HSD Form 30-A and 30-B*. Recommendations will be submitted in writing to the INS and follow-up procedure implemented. Deviations from criteria will be discussed at the Local Performance Improvement Committee and Governing Body meetings and opportunities for improvement identified. All data and performance improvement activities will be put in the quarterly and annual Environmental Health and Safety Report and sent to the National Environmental Health and Safety Coordinator. In addition, the National Environmental Health and Safety Coordinator will submit an annual report summarizing all activities to the National Performance Improvement Committee Chair prior to the committee's annual program review.
- B. All incidents/events dealing with detainee/staff safety will be reported utilizing the *Medical/Drug Incident Report Form* DIHS QMD 010. These forms will be reviewed by the Local Performance Improvement Committee and Governing Body and opportunities for improvement identified. All data and performance improvement

activities will be put in the quarterly and annual performance improvement reports and sent to the National Performance Improvement Committee Chair.

- C. All infection control activities will be monitored in accordance with the DIHS Infection Control Program. All reports will be sent to the National Infection Control Coordinator. In addition, the National Infection Control Coordinator will submit an annual report summarizing all activities to the National Performance Improvement Committee Chair prior to the committee's annual review of the program.

## **VI. Quality control activities**

### **A. Laboratory**

At least one indicator will be selected and a study designed to review quality control activities that monitor any of the CLIA waived tests authorized by the DIHS (i.e. Glucose, urine dipsticks, pregnancy test, H. pylori). Results will be presented to the Local Performance Improvement Committee and areas of opportunity identified. All data and performance improvement activities will be put in the quarterly and annual performance improvement reports and sent to the National Performance Improvement Committee Chair.

### **B. Radiology**

1. A retake log will be kept. A review of this log will be performed on a quarterly basis, reported to the Local Performance Improvement Committee and opportunities for improvement identified. All data and performance improvement activities will be put in the quarterly and annual performance improvement reports and sent to the National Performance Improvement Committee Chair.
2. A review of levels of exposures (dosimeters) and disposal of chemical agents will be performed every six months and reported to the Local Performance Improvement Committee. All data and performance improvement activities will be put in the appropriate quarterly and annual performance improvement reports and sent to the National Performance Improvement Committee Chair.

## **VI. Leadership/management activities**

- A. A national staff satisfaction questionnaire will be available to all clinic staff and monitored every six months. The clinic has the option of developing a local staff satisfaction questionnaire that deals with local problematic issues not asked on the national questionnaire.

**Please note:** The local questionnaire is in addition to, not replacement of, the national staff Satisfaction questionnaire. The data collected should be analyzed by the Local Governing Body and Performance Improvement Committee for improvement opportunities.

All data and performance improvement activities will be put in the annual performance improvement report and sent to the National Performance Improvement Committee Chair.

- B. The Credentialing/Privileging of all LIPs and non-LIPs will be monitored on an annual basis in accordance with the Standard Operating Procedure for this process. The information obtained from this process will be utilized in the re-appointment process.
- C. At least one indicator will be selected from the pool of indicators for Leadership/Management. Each Local Performance Improvement Committee will select this/these indicator(s), establish criteria, set time frames for data collection and complete the DIHS *Indicator Study Reporting Form* DIHS QMD 003. All data and performance improvement activities will be put in the quarterly and annual performance improvement reports and sent to the National Performance Improvement Committee Chair.