

Chapter 15

PERFORMANCE IMPROVEMENT PROGRAM

15.1.Purpose. The Performance Improvement (PI) Program within the Division of Immigration Health Services (DIHS) is an integrated organization-wide system designed to improve the quality of the appropriate and necessary health care delivered to the detainee patient of the medical facility. This is accomplished, through continuous multi-disciplinary planning, design and performance measurements of the quality, timeliness and appropriateness of our health care delivery system.

15.2. Philosophy. The performance improvement program is based on the mission, vision and values of the Division of Immigration Health Services.

15.2.1. Mission Statement: *“We promote global health through the delivery of primary care to undocumented migrants.”*

15.2.2. Vision: *“By 2003, we are the most prestigious place to work in all of the US Public Health Service. As the center of a national health care network we provide delivery of primary care to expanded populations under the jurisdiction of the Immigration and Naturalization Service.”*

15.2.3. Values: *The people of the division—the first and most important of our organizational values.*

- (a) *Commitment*—in the DIHS a commitment means we do what we say we will do.
- (b) *Inclusion*—we hold dear the act of including everyone in decisions, which affect the entire organization.
- (c) *Innovation*—finding new and improved ways of doing work.
- (d) *Integrity*—we promote the highest level of ethical and professional conduct and do what is right.
- (e) *Performance*—we perform our duties to the highest standards and promote esprit de corps in all work settings.
- (f) *Professionalism*—we value and promote the development of the highest degree of professional skill, knowledge, scholarship and conduct among all members.
- (g) *Service*—the core of why we exist as an organization.
- (h) *Teamwork*—we all work together
- (i) *Trust*—we value the trust that comes to relationships, which are founded on the principles expressed above.

15.3. Goals. The goals of the Performance Improvement Program are as follows:

- To plan and design processes to ensure that all patients receive the same appropriate and necessary care regardless of the clinical section or provider, with treatment outcomes as the primary focus.
- To involve the health care providers and other staff members of the medical facility in the review/revision of this program.
- To develop measurements that can be used to monitor the effectiveness and appropriateness of the health care processes.
- To objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve, patient care, and overall facility systems of delivery of care and resolve problems with patient care.

15.4. Objectives. The objectives of the Performance Improvement Program are proposed to actualize the goals through, but not limited to:

- Evaluation of the quality and appropriateness of diagnostic and treatment procedures.
- Evaluation of clinical performance.
- Evaluation of quality, content and completeness of medical record entries.
- Evaluation of patient and provider satisfaction.
- Cost effectiveness of services delivered.

15.5. Scope of Services. The Division of Immigration Health Services medical facilities provide primary health care including:

- Public Health Services
- Preventative Medicine
- Health Education
- Acute and Chronic Care
- Mental Health Care
- Dental Care
- Diagnostic Services
 - (a) Radiology
 - (b) Laboratory
- Pharmacy
- Urgent Care
- Sick Call
- Short Stay Unit Care
- Consultative Services

15.6. Evaluation. The Performance Improvement Program encompasses services and functions that have a direct or indirect influence on the quality of appropriate and necessary care. These components include, but are not limited to the following:

15.6.1. Credentialing. See policies and procedures on credentialing.

15.6.2. Regulatory Compliance. The Performance Improvement Program complies with all ACA, NCCHC and JACHO requirements.

15.6.3. Risk Management. Systems are in effect to recognize and reduce the potential for legal actions. Patients and/or staff can present cases, which reflect concern. All cases are taken seriously and the Local Performance Improvement Committee reviews each case with additional input from the facilities' Medical Director and Health Services Administrator. Cases are referred to the National Performance Improvement Committee if indicated.

15.6.4. Access/Availability Assessment. Access studies are performed to facilitate identifying problems or potential problems relating to availability and scheduling that may result in delay of services.

15.6.5. Medical Records Review. Peer-review chart audits are performed to assure that providers maintain a medical records system that permits prompt retrieval of information. Documentation audits are also performed to assure that medical records are legible, contain accurate and comprehensive information, are readily accessible to healthcare providers, and meet all accreditation requirements.

15.6.6. Medical/Dental Care. Medical/Mental Health/Dental/Nursing care audits provide an objective assessment of the processes of care and help determine that care is adequate, appropriate, timely, effective and consistent with national standards of care.

15.6.7. Local Performance Improvement Oversight. In addition to the above reviews and audits each Local Performance Improvement Committee is also responsible for oversight and direction on:

- Surveillance, prevention and control of infections
- Management of information
- Appropriate use of medications
- Environment of care
- Leadership
- Continuum of care
- Education of patients and staff
- Patients rights
- Organizational ethics

15.7. Authority And Organization. The Division of Immigration Health Services provides primary care services to individuals detained by the Immigration and Naturalization Service as required through an interagency agreement executed and directed by the Director, Division of Immigration Health Services. The Director of the Division of Immigration Health Services holds the ultimate responsibility for all clinical, administrative and managerial decisions and actions. The Branch Chief of Clinical Services and the Branch Chief of Field Operations are responsible to the Director to supervise the performance of the Clinical Directors and the Health Services Administrators, respectively, and of all medical facilities under the jurisdiction of the Division of Immigration Health Services. The Performance Improvement Program within the Division of Immigration Health Services is comprised of local Performance Improvement Committees at Service Processing Centers and a National Performance Improvement Committee.

15.7.1. Local Performance Improvement Committees.

15.7.1.1. Appointment: Each Governing Body at each DIHS medical facility will establish and maintain for the purpose of improvement and performance a local Performance Improvement Committee. The chair, of each local Performance Improvement Committee will report directly to the local Governing Body. The committee will be composed of a multidisciplinary organizational wide team and the exact composition will be at the discretion of the Governing Body. In addition, each Governing Body will appoint and maintain a local Performance Improvement Coordinator who will oversee all the Performance Improvement activities at the local level. The local Performance Improvement Coordinator will be the communications link between the local and the National Performance Improvement Committees.

15.7.1.2.Composition: The Chair of each local Performance Improvement Committee will be selected by the committee's membership and cannot remain as chair for any longer than 24 consecutive months. Members of the Local Performance Improvement Committee will rotate at least every two years starting with a staggered schedule so that at any given rotation there is a mixture of "old" and "new" committee members.

15.7.1.3. Meetings: The local Performance Improvement Committee will meet no less than bimonthly. Meeting minutes will be maintained on all committee meetings and will be made available for review by committee members, health care staff, National Performance Improvement Committee members, on-site review teams, and any accreditation surveyor. All committee meeting minutes will be maintain in a standardized format in accordance with DIHS policies and procedures.

15.7.1.4. Confidentiality: Performance Improvement activities are

confidential and are considered neither discoverable nor admissible in a court of law under P.L. 2-603. The Health Care Quality Improvement Act (99-660, 1986) was enacted to improve the quality of medical care and provides immunity from liability for damages with respect to actions taken in the course of such review. All committee members and invited guests are required to sign a Statement of Confidentiality prior to participation in a meeting. Each committee member only needs to sign one Statement of Confidentiality while seated on the committee.

To ensure confidentiality of all working papers of the National Performance Improvement Program, one set of records will be maintained in a locked location and all other papers will be shredded.

15.7.1.5.Scope of Performance Measurement Activities: The scope of the performance measurement activities shall be based on data collected during processes, or based on outcomes as related to the overall clinic management or patient care. The focus shall be on improvement priorities and continuing measurement, to include but not limited to:

1. The quality, appropriateness, and efficacy of diagnostic and treatment procedures.
2. The timeliness and effectiveness of tests or treatment provided.
3. The quality, content, appropriateness, and completion of health care record entries.
4. The continuity of services provided with respect to other services, practitioners, and providers.
5. Patient expectations and satisfaction.
6. Staff input regarding the opportunity to improve patient care and performance issues.
7. The safety of the patient to whom the services are provided.
8. The quality, timeliness, and appropriate of urgent care services.

15.7.1.6.Required PI Activities: In addition to focused performance improvement activities, which are site specific, the local Performance Improvement Committee will be responsible for on-site performance improvement data in the following areas. (See Required Performance Improvement Functions SOP 15.7.1.6.)

1. Mortality Review
2. Appropriateness of Care/Health Record Keeping Practices
3. Short Stay Unit Reviews
4. Patient Needs, Expectations, and Satisfaction
5. Use of Medication
6. Infection Control
7. Environmental Health and Safety
8. Quality Control Activities in Lab and Radiology

9. Leadership/Management

15.7.1.7.Reporting: The local Performance Improvement Committee will submit a yearly performance improvement report summarizing all nine required areas of study along with any additional local activities to the National Performance Improvement Committee Chair using the standardized format in DIHS QMD 018.

15.7.2. National Performance Improvement Committee

15.7.2.1. Functions:

- 1) To assure that monitoring and evaluation activities are performed appropriately and effectively.
- 2) To assure communication of necessary information among Branches when problems or opportunities to improve patient care arise.
- 3) To assure that the status of identified national problems are tracked and to develop corrective action plans to assure national improvement or resolution.
- 4) To assure that information and findings of local quality improvement activities are used to detect national trends, patterns of performance, and potential problems.
- 5) To report to the Executive Council **every two months** the findings of national quality improvement activities making recommendations as necessary.
- 6) Review the scope, objectives, organization, and effectiveness of the National Performance Improvement Program at least annually. Review and revise as necessary, presenting all recommendations to the Executive Council.

15.7.2.2. Administration: The National Performance Improvement Committee will have the responsibility for the overall performance improvement of the Division of Immigration Health Services. The Chair of the committee will report directly to the Executive Council. The committee will be composed of a multidisciplinary, organization-wide team, and the exact composition will be at the discretion of the Executive Council. The committee will be composed of no less than five individuals, including the Chair. The Executive Council will appoint the Chair. All subsequent committee chairs will be appointed by the committee every two years or as deemed necessary by the Executive Council. The National Performance Improvement Committee will meet telephonically every three months. Ad-hoc meetings may be scheduled as deemed necessary. In addition, the entire National Performance Improvement Committee will have a face-to-face

meeting yearly. The yearly meeting will be a minimum of two days duration. One month prior to each quarterly meeting the Chair will distribute all necessary reports and documents for the next upcoming meeting. During each National Performance Improvement Committee meeting national trends will be discussed and improvement processes designed. All National Performance Improvement Committee meeting minutes will be maintained and available for review by committee members, Division staff, Executive Council members, and any on-site reviewers. The Chair, and any other committee members who desires, will meet with all the local performance improvement coordinators telephonically at least monthly to review current performance improvement initiatives and provide guidance when needed. National Performance Improvement activities are confidential and are considered neither discoverable nor admissible in a court of law under P.L. 2-603. The Health Care Quality Improvement Act (99-660, 1986) was enacted to improve the quality of medical care and provides immunity from liability for damages with respect to actions taken in the course of such review. All committee members and invited guests are required to sign a Statement of Confidentiality prior to participation in a meeting. Each committee member will only need to sign one Statement of Confidentiality while seated on the committee.

15.8. Risk Management Integration: Risk Management activities are integrated into all aspects of the organization. The purpose of risk management activities is to provide a safe physical and clinical environment for patients, staff and visitors. Immediate and potential risks are addressed through risk identification, analysis, intervention, education, and prevention.

15.8.1. Risk Management Activities:

1. Identification of areas of potential risk in the clinical aspect of patient care and safety through routine monitoring and surveillance activities.
2. Special focus on activities that may be high volume, high risk or problem prone.
3. Development of improvement plans that focus on processes and systems.
4. Design of preventive educational and clinical programs to reduce risk in the clinical aspect of patient care and safety.
5. Quarterly review of all sentinel events and adverse patient outcomes to assess issues regarding medical practice, patterns and trends, and development and implementation of improvement strategies.

15.8.2. An intensive investigation and assessment will always be triggered by:

1. Sentinel Events
2. Significant adverse drug reactions
3. Significant medication errors.