

# NEW MEXICO CORRECTIONS DEPARTMENT

"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."

Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico

ISSUE DATE: 01/06/84 REVIEWED: 10/28/16 EFFECTIVE DATE: 01/06/84 REVISED: 02/16/15

TITLE: Medical Peer Review, Internal Review and Quality Assurance

#### **AUTHORITY:**

- A. American Medical Association, 1976.
- B. NCCHC P-06.

## **REFERENCE:**

- A. ACA Standards 4-4410, 4-4411 and 4-4423, Standards for Adult Correctional Institutions, 4<sup>th</sup> Edition
- B. ACA Standard 2-CO-4E-01, Standards for the Administration of Correctional Agencies, 2<sup>nd</sup> Edition.

#### **PURPOSE:**

To establish a written policy to define the Medical Peer Review program used by the Health Care Unit.

## **APPLICABILITY:**

This applies to the Medical Director of the facility and other medical staff as designated by the Medical Director.

## **FORMS:**

None

#### **ATTACHMENTS:**

None

#### **DEFINITIONS:**

- A. *Medical Director*: The responsible Medical Health Authority.
- B. *Mid-Level*: Physician Assistant or Nurse Practitioner.

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## **POLICY: [2-CO-4E-01]**

**A.** The Facility or Regional Medical Director shall conduct internal peer reviews as follows:

- 1. The Facility Medical Director will complete a peer review for each mid level medical practitioner every year. [4-4411]
- 2. The Regional Medical Director will complete a peer review for the facility Medical Director and all staff physicians every year. [4-4411]
- 3. The Regional Director of Psychiatry will conduct a peer review for each psychiatrist every year. [4-4411]
- 4. The Regional Director of Dentistry will conduct a peer review for each dentist every year. [4-4411]
- 5. External Peer Reviews are conducted in intervals and methods as cited in Contract and elsewhere, but no less frequently than every two years.
- 6. The mandatory peer review standards for psychologists are cited elsewhere in policy. [4-4411]
- **B.** A system of documented internal review will be developed and implemented by the health authority. The necessary elements of the system will include: [4-4410]
  - 1. Participating in a multidisciplinary quality improvement committee.
  - 2. Collecting, trending, and analyzing of data combined with planning, intervening, and reassessing;
  - 3. Evaluating defined data, this will result in more effective access, improved quality of care, and better use of resources;
  - 4. Onsite monitoring of health service outcomes on a regular basis through:
    - a. chart reviews by the responsible physician or designee, including quality of health records and investigation of complaints;
    - b. review of prescribing practices and administration of medication practices;
    - c. systematic investigation of complaints and grievances;
    - d. monitoring of corrective action plans;
  - 5. Reviewing all deaths in custody, suicides or suicide attempts, and illness outbreaks

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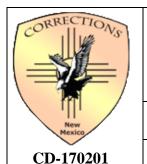
6. Implementing measures to address and resolve important problems and concerns identified with corrective action plans (CAP);

- 7. Reevaluating problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired results and adjusting the CAP as needed;
- 8. Incorporating findings of internal review activities into the organization's educational and training activities;
- 9. Maintaining appropriate confidential records (in other words, meeting minutes) of internal review activities;
- 10. Issuing a quarterly report to the Health Services Administrator and facility or program administrator regarding the findings of internal review activities; and
- 11. Requiring that records internal review activities comply with legal requirements on confidentiality of records.
- C. A documented peer review program for health care practitioners and a documented external peer review program will be used for all physicians, psychologists, and dentists every two years. [4-4411]
- **D.** The medical program has established measurable goals and objectives that are reviewed at least annually and updated as needed. [4-4422]
- **E.** There is an internal system for assessing the achievement of goals and objectives and that documents findings. Program changes are implemented, as necessary, in response to findings. [4-4423]
  - Operations and programs should be implemented as outlined in the policies and procedures.
  - An audit system providing timely and periodic assessment of the various agency operations will reveal the degree of compliance.
  - The internal administrative audit should exist apart from any external or continuing audit conducted by other agencies.

Gregg Marcantel, Secretary of Corrections New Mexico Corrections Department 02/16/15

Date

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TITLE: Medical Peer Review, Internal Review and Quality Assurance

#### **AUTHORITY:**

Policy CD-170200

# PROCEDURES: [4-4410] [2-CO-4E-01]

- A. The contract vendor Regional Medical Director shall review five charts each month for each physician and each mid-level, checking the following criteria:
  - 1. Encounter documented in S-O-A-P format,
  - 2. Diagnosis is consistent with subjective and objective data,
  - 3. Treatment is consistent with the diagnosis and follows protocol,
  - 4. Treatment plan is adequate with proper follow-up or referral, as necessary,
  - 5. Medical record is legible and complete,
  - 6. Treatment protocols are countersigned.
- B. These charts shall be chosen at random, special consideration given to patients with adverse outcomes, seriously ill patients and patients not responding to the care provided.
- C. Program changes shall be implemented, as necessary, in response to these findings.

Gregg Marcantel, Secretary of Corrections

New Mexico Corrections Department

Date