 <p>CD-170200</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 01/06/84</p> <p>EFFECTIVE DATE: 01/06/84</p>	<p>REVIEWED: 10/28/16</p> <p>REVISED: 02/16/15</p>
	<p>TITLE: Medical Peer Review, Internal Review and Quality Assurance</p>	

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*, 4th Edition.
- B. ACA Standard 2-CO-4E-01, *Standards for the Administration of Correctional Agencies*, 2nd 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.

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

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

 <p>CD-170201</p>	<p align="center">NEW MEXICO CORRECTIONS DEPARTMENT</p> <p align="center"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p align="center"> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico </p>	
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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.



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