

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Policy Name: Mental Health Continuous Quality Improvement		
Policy Number: 508.11	Effective Date: 9/13/2019	Page Number: 1 of 5
Authority: Commissioner	Originating Division: Health Services Division (Mental Health)	Access Listing: Level I: All Access

I. Introduction and Summary:

It is the policy of the Georgia Department of Corrections (GDC) to establish a Continuous Quality Improvement (CQI) program to monitor the accessibility, timeliness, effectiveness, continuity and efficiency of Mental Health Services. This procedure is applicable to all state institutions providing Mental Health Services.

II. Authority:

- A. NCCHC Standards for Health Services in Prisons;
- B. NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities;
- C. ACA Standards: 4-4410 (MANDATORY) and 4-4411 (MANDATORY); and
- D. GDC Standard Operating Procedures (SOPs): 508.03, Death Notification and Investigation; 507.01.12, Continuous Quality Improvement and Peer Review.

III. Definitions:

- A. **Continuous Quality Improvement (CQI)** - A program designed to objectively and systematically monitor and evaluate the quality and appropriateness of Mental Health Services, pursue opportunities to improve care and correct identified problems.
- B. **Statewide Mental Health CQI Committee** - A comprehensive team of Central Office staff focused on the continuous improvement of the quality of Mental Health care. Members include but are not limited to:
 - 1. State Mental Health Program Supervisor/designee;
 - 2. Chief Psychiatrist representing state and/or vendor;
 - 3. Chief Psychologist/designee;
 - 4. Mental Health Program Consultants;
 - 5. Representatives from all vendors;

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6. Representative(s) from physical health;
7. Representative(s) from security; and
8. Representative(s) from Information Technologies, as needed.

C. **Facility Mental Health CQI Committee** - A comprehensive team of Mental Health_facility staff focused on the continuous improvement of the quality of mental health care. Members include but are not limited to:

1. Mental Health Unit Manager(s);
2. Psychiatrist/Advanced Practice Registered Nurse (APRN);
3. Clinical Director/Psychologist;
4. Mental Health Counselor(s);
5. Mental Health Nurse(s);
6. Warden/ designee;
7. Pharmacist;
8. Health Services Administrators (HSA)/designee; and
9. Security.

IV. Statement of Policy and Applicable Procedures:

A. Development of a CQI Program:

1. Central Office Mental Health Services will coordinate the development and implementation of a CQI program for mental health services. The Statewide Mental Health CQI Committee will meet at least quarterly;
2. Each Mental Health facility's CQI Program will be monitored under the auspices of the Statewide Mental Health CQI Committee;

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3. Each facility will send an annual CQI plan to Central Office by January 31st. The plan will include mandatory quarterly CQI topics of:
 - a. Restraints;
 - b. Crisis Stabilization/Acute Care Unit admissions;
 - c. Mental health precipitated hospitalization (emergency room visits/visits that convert to admission);
 - d. Emergency forced medications;
 - e. Psychotropic medication non-adherence statistics;
 - f. Self-injurious and assaultive behavior;
 - g. Suicide reviews;
 - h. Involuntary medication; and
 - i. Offender Medical File Problem List (an upper level provider has documented the primary mental health diagnosis).
4. The facility Mental Health CQI Committee will choose additional CQI studies as needed and/or recommended;
5. The facility MH CQI quarterly studies will consist of one comprehensive audit, one self-audit, and two quarters as identified in above referenced topics;
6. Completed reports with data and associated minutes shall be forwarded to Central Office on a quarterly basis, using the Continuous Quality Improvement Summary (form M25-01-01). The due dates for submission are:
 - a. 1st Quarter: April 30th
 - b. 2nd Quarter: July 31st

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c. 3rd Quarter: October 31st

d. 4th Quarter: January 31st

7. The facility Mental Health Unit Manager will coordinate or delegate coordination of the CQI process. In the event that a Mental Health Unit Manager is not assigned to a facility, the Statewide CQI Committee will determine the responsible party;
8. The facility Mental Health Committee will meet at least quarterly. The purpose of this meeting will be to:
 - a. Discuss the CQI plan;
 - b. Present data collected for topics of studies;
 - c. Problem solve; and
 - d. Plan actions with clear accountability.
9. If a level of compliance is met continuously for several audits, the CQI aspect of care may be dropped, excluding mandatory topics. If a new aspect of care is identified, it may be added. If a new aspect of care is added, a monitoring process will be designed and a percent (threshold) for reasonable expectation of compliance will be decided;
10. The Mental Health Unit Manager or designee may assign various staff members to conduct the self-audit and mandatory studies; and
11. Any Mental Health nursing related studies will be shared with nursing services and reported through the Medical CQI Committee, as well as the Mental Health CQI Committee.

B. Peer Review:

1. Peer Review is conducted annually by the Mental Health vendor company and applies to all doctoral level providers and APRNs;

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2. Verification of the peer review that is conducted will be placed in individual credentialing files; and
3. Any documentation regarding peer review data should be stamped “Peer Review” and filed in secure places, with no unauthorized copies circulating.

IV. Attachments:

Attachment 1: Continuous Quality Improvement Summary (M25-01-01)

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, this form shall be sent to Central Office (original), a copy given to the onsite CQI Coordinator. This form shall be maintained in the mental health area for 10 years.