

Improving public safety by positively changing lives Our Commitment to Quality Patient Care

February 2021



AT A GLANCE

4.1

Average number of times/yr.
Health Services sees
each patient for medical
appointments.

11.1

Average number of times/yr.
Health Services sees
each patient for mental
health encounters.

1.8

Average number of times/yr.
Health Services sees
each patient for dental care.

14.4

Average number of times/yr.
nursing staff visits
each patient.

\$10,464

Average annual cost per
ADP.

* Based on an average daily
population of 16,411 in November
2020.

Overview

In 2020, the Health Services Division of the Department of Corrections (DOC) continued work to address the critical issues of access and quality of the health care services delivered to incarcerated individuals in our care while managing the challenges faced by the COVID-19 pandemic.

Over the last 12 months, division leaders reviewed clinical and operational practices. They launched improvement initiatives to address previously identified issues such as clinical oversight, staff training, patient scheduling, transfers and transports between correctional facilities and community providers. The newly formed quality team led by the Chief Quality Officer (CQO) developed safety tools, provided mentorship and educational opportunities to division staff that fostered a patient centered care focus. Division clinical and administrative leadership's strong partnership remained focused on ensuring timely access to high quality patient care. Improvement initiatives continued to move forward despite the reallocation of staff to support the pandemic response within the Department.

Initiatives

Patient Safety & Quality Improvement

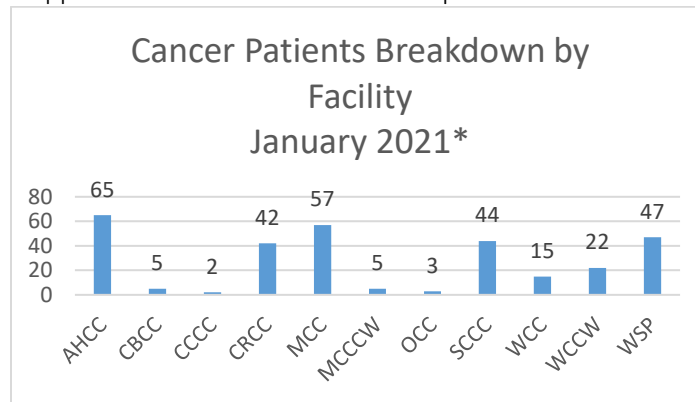
- Quality team formed – CQO joined by Quality Project and Quality Program Managers.
- Reconvened Mortality Review (MR) and Patient Safety Committees.
- Redesigned MR format to incorporate front line feedback and tracked completion of action measures.
- Offering monthly Mortality and Morbidity presentations to provide educational opportunities for staff.
- Established a Quality Review Committee. The members function as a steering committee to coordinate clinical and administrative leadership in support of improvement projects.
- Worked with Risk Management Director to coordinate how health services related risks are identified and mitigated.
- Developed an internal referral form to provide non-medical staff a reliable mechanism to refer patients for medical care. (Deployment target Mar 1, 2021).
- Deployed a safety checklist for restrained patients.
- Established a process for medical care coordination when a patient is transferred to another facility for mental health treatment.
- Conducted enhanced joint nursing and custody emergency response drills at pilot facility. Will roll out to remaining facilities in 2021.
- Strike team deployed to assist a facility that was significantly behind on patient resolution (previously grievance) responses.
- Worked with clinical and administrative staff at pilot site (MCC TRU) to improve patient communication and access to care.
- In process of applying for grants to fund establishing a new patient care delivery model.
- Will be adding one additional clinical staff member to our quality team.

Clinical Oversight

- Deployed a toolkit for Facility Medical Directors (FMDs) to standardize clinical oversight for prescribers.
- Instituted a formal clinical oversight program for nursing staff that includes clinical competencies.
- Oversight continued for dental, mental health, and social work professionals.

Cancer Care

- Currently 307 patients identified with a cancer diagnosis.
- Evaluated referral process for cancer related care to understand barriers to timely care and resolution of referrals.
- Developed and deployed a weekly cancer care tracking tool used by facility admin and clinical staff to easily identify and track offsite appointments related to cancer or possible cancer to ensure timeliness.



Improved Patient Communications

- Care Review Committee decisions are directly appealed to HQ. Patients no longer have to utilize the grievance process.
- Patient resolutions (previously grievances) are now given directly to health services staff for early intervention.
- New patient focused resolution training developed with a goal of early intervention and involvement of clinicians for situations that may be impacting the safety and quality of patient care. (Trainings for staff the first and second quarter of 2021).

For more information:

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