 <p>CD-170200</p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <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>	
	ISSUE DATE: 01/06/84 EFFECTIVE DATE: 01/06/84	REVIEWED: 10/31/18 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*, 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

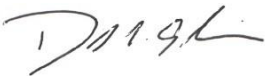
DEFINITIONS:

- 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.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

10/31/18
Date

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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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