CAP: MDC Medical Care

August 2025

Written by

Muthusamy Anandkumar MD

The purpose of the CAP outlined below is to establish a strong foundation for the medical program, ensuring timely and reliable access to care in a safe environment. Achieving these objectives will require a strategic and structured approach, guided by best practices in project management.

The team is encouraged to break down action items into manageable components as needed and to track each element individually to demonstrate progress. Successful implementation will require collaboration across multiple teams.

While not exhaustive, the actions outlined here help build a strong foundation and are informed by current findings and priorities. Additional efforts may be necessary to fully establish and sustain the medical program. The facility can adopt evidence-based best practices or innovative solutions as determined by clinical leadership.

The Monitor remains available to provide technical assistance, clarify expectations, and collaborate with the facility to identify practical solutions that support ongoing progress. Some action items may appear in multiple sections, as shared strategies can impact various workflows and services.

1. Staffing Plan[1]

Action Item:
Conduct a staffing analysis with an expert in correctional settings, focusing on clinical, non-clinical, and support staff.

Time Frame: Approved staffing plan finalized and signed within 60 days of the agreement.

Monthly Status Update to Monitor: (by the 14th of every month)
Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing progress, challenges, and solutions to meet goals and deadlines.

Evidence of Completion:
- A completed staffing analysis report that meets the minimal staffing coverage.
- Approved written staffing plan that aligns with the analysis findings.
- A recruitment and retention plan to support the approved staffing plan.

2. Staffing Levels

Action Item:
- Implement recruitment and retention strategies, and ensure proper scheduling to maintain adequate staffing levels.
- Track staffing levels by shift for each area/ service.

Time Frame:
- Achieve 90% staffing levels of the approved written staffing plan that aligns with the findings of the staffing analysis within 90 days. (and 95% staffing for critical high-risk areas such as Detox, Acute medical unit, Urgent care clinic (med one). Sustainable for six months. (Until there are 6 months of audits demonstrating 95% compliance.)

Monthly Status Update to Monitor: (by the 14th of every month)
Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.
- Staffing matrix showing expected positions, currently filled, vacancies, permanent vs. temporary staff, and Days open, Days to fill.
- List of staff schedulers identified to support all areas/ services.
- Leadership meeting minutes reviewing staffing percentages per shift for each area, along with discussions on staffing levels, interim plan for coverage, and recruitment efforts.

Evidence of Completion:
- Reports confirming that 90% staffing levels of the approved written staffing plan (that aligns with the findings of the staffing analysis), and 95% staffing for critical high-risk areas such as Detox, Acute medical unit, and Urgent care clinic (med one). Sustainable for six months. (Until there are 6 months of audits demonstrating 95% compliance.)
- Supporting documents, including (not limited to):
- Staffing matrix by area and shift.
- Daily staffing levels tracker[3].

3. Clinical Guidelines; Nursing Guidelines

Action Item:

- Develop Nursing Guidelines for the top 10 conditions.
- Develop Clinical Practice Guidelines based on evidence-based clinical guidelines for at least 10 conditions (including DM, HTN, CHF, CAD, Asthma/COPD, Hep C, HIV, Seizures, etc.)
- Provide access to online medical references such as UpToDate for medical providers.

Time Frame:

- Project plan finalized within 30 days.
- Guidelines approved for build within 60 days.
- Implemented and ready for use in the EMR within 90 days, with required training completed by at least 95% of designated staff within 120 days of the agreement.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- List of guidelines selected by the teamwork group.

- An IT ticket status tracker[4].

- A tracking report that lists staff members requiring training, along with their due dates and training status, including an overdue list.

Evidence of Completion:

- Copies of Approved Nursing Guidelines for the identified 10 conditions.
- Copies of approved Clinical Practice Guidelines for the identified 10 conditions.
- Nursing Guidelines Templates are built in the EMR and are in use.
- All Clinical Practice Guidelines Templates and Nursing Guidelines templates are built in the EMR and are in use.
- Copy of the Training Materials.
- The report indicates that 95 % of the required staff have completed the training.
- Proof of access to online medical references.

4. Policy & Procedures[6]

Action Item:

- All policies and procedures (P&P) must be reviewed and updated annually. The P&P committee should create a roll-out plan that includes clear communication and effective training for staff [6].

Time Frame:

- Training rollout to begin within 60 days.

- 95% staff training completed within 90 days

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- Training Materials/ Training plan[7].

- Monthly summary of the staffing report for all areas/ services – Expected Vs Actual. (verified by CQI).

Evidence of Completion:

- Copy of all Policies and Procedures.
- Policy and Procedure Tracker that monitors the timely review and updates of policies.
- Copy of the Training Materials.
- The report indicates that 95 % of the required staff have completed the training.
- Proof of access to online medical references.
- Proof of easy access to the current version of the Policies and Procedures.

5. Operational Supervision[8]

Action Item:

- Designate the operational supervisor[8] responsible for daily oversight for each of the medical area/services/programs.

- Implement a daily process to observe clinical operations[9], Environment of Care audits, timeliness of services, and review the quality of staff assessments (chart reviews)[10] and adherence to established procedures. This process should include structured feedback mechanisms to support staff development and growth.

- Clinical leaders and/or supervisors should conduct a daily quality review of at least 10 charts per clinical area or service using a standardized audit tool[10] and provide feedback to the staff.

- Create a checklist outlining the operational supervision duties specific to each area of responsibility, which must be checked off during each shift, including any issues encountered and actions taken.

Time Frame:

- Within 30 Days, Supervisors identified for all areas. (permanent or interim).

- Within 45 Days, Supervisors finalize and use checklists for their areas.

- Within 90 Days, 95% of the checklist for each area was completed each shift.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.
- Check list and SOP for approval by the Monitor[5].
- Names of the designated Operational Supervisor responsible for daily oversight for each area/service/program.
- Monthly summary of the checklist completion with action plans to address identified issues. (verified by CQI).

Evidence of Completion:

- Summary report with supporting documentation that shows that 95% of the checklist for each area was completed each shift and actions are taken to address any gaps (report verified by CQI).

6. Orders and Tasks[11]

Action Item:

- Update the names of all orders/ tasks/ referrals and build them in the electronic medical record using the recommended information for easy identification and tracking by the operational team[11].
- Update the options available for staff to close an order, including appropriate reasons such as refusal[11].
- Develop a real-time tracking report for pending orders and tasks, organized by service type, priority, and location[11].
- Develop a monthly timeliness of service dashboard for each service/ area/ program.
- Supervisors should review the "pending orders" dashboard at the start and end of each shift to confirm task completion and adjust staffing based on volume and urgency.

Time Frame:

- The clinical team identifies the names of all required orders and order sets within 30 days.
- Presets and workflow of the orders are documented to send to IT within 60 days. (approved by onitor[5].)
- The orders are ready and in use in the EMR, and 90% of the staff have received training within 90 days.
- The "Pending orders" dashboard and the Monthly timeliness dashboard are ready and in use within 120 days.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.
- List of orders, order sets, tasks, referrals, and appointments; presets for each of them; and decisions made by the SME with supporting reasons.
- An IT ticket status tracker[4].
- A tracking report that lists staff members requiring training, along with their due dates and training status, including an overdue list.

Evidence of Completion:

- Supporting documentation to show that all of the initially identified orders and tasks are built according to the approved specifications and are in use by the staff.
- Copy of the Training Materials.
- The report indicates that 95 % of the required staff have completed the training.

- The “Pending orders” dashboard and the Monthly timeliness of service dashboard are ready and in use
- Meeting minutes from weekly administrative meetings documenting the review of the overdue list and assisting supervisors in addressing any backlogs.
- Meeting minutes from monthly administrative meetings document the review of the timeliness report to monitor trends and proactively address issues.

7. Documentation Templates[11]

Action Item:

- Create or update documentation templates used by staff to ensure accurate capture of all relevant information that clearly reflects the assessment and plan. This ensures patient safety through a clear plan of care, effective communication between caregivers, and continuity of care[8].

Time Frame:

- Within 45 days, the List and names of all clinical documentation templates for all clinical services/areas are reviewed and finalized. (Monitor[5] to approve)

- Within 60 days, the mockup for the top 10 priority templates is finalized and submitted to IT to build. (*Confirmed by the* Monitor[5] *as adequate for the initial phase of the Continuous Quality Improvement program.)*

- Within 90 days, the top ten priority templates are ready for use, with required training completed by at least 95% of designated staff within 120 days of the agreement.

- Within 120 days, 90% of the requested templates are ready for use.

- Within 150 days, 95% of the requested templates are ready for use, with required training completed by at least 95% of designated staff within 180 days of the agreement.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- An IT ticket status tracker[4].

- Mockup templates

- Training Materials/ Training plan[7].

- A tracking report that lists staff members requiring training, along with their due dates and training status, including an overdue list.

Evidence of Completion:

- Document to show that the templates are built and available for use.

- Non-approved templates are deactivated in the EMR to prevent incorrect usage.

- CQI has a well-defined process for auditing adherence to established procedures monthly and addressing any identified gaps (six months of audit findings, action items, and status).

This includes, but is not limited to:

- The use of correct templates.
- The quality of documentation, ensuring all required fields are fully completed.

8. Clinical Space

Action Item:

- Designate and equip a dedicated area for Intake Health Screening and Provider Assessments. This space must include (but not be limited to):
  - A private environment for screening and examination.
  - Basic medical equipment
  - A functional sink
  - An exam table

Time Frame:

- The clinical space for Intake Health Screening and Provider Assessments is in use within 90 days.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

Evidence of Completion:

- The clinical space is operational in accordance with the layout/setup plan and actively used for patient evaluations.

9. Medical Records

Action Item:

- Ensure that all medical forms are updated to meet the current needs and practice.

- Ensure that the forms include fields to identify the individual completing or signing the form clearly[13]

- Have the forms reviewed and updated by the SME and approved by the forms committee.

- Establish a process to ensure that only current, approved versions of forms are in use.

- A copy of all forms completed by the medical staff, including custody-related forms, should be scanned into the patient's medical record to ensure accurate and complete information.

-All information related to patient care, including discussions via text, phone calls, or other communication methods, must be documented in the patient's medical record. After this communication is recorded, the note should be sent to the provider for co-signature.

Time Frame:

- All medical-related forms must be updated and in use, and at least 95% staff will be trained on the new forms within 90 days.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- SOP to ensure only approved forms are in circulation.

- Draft copy of all the new forms. (approved by Monitor[5]).

- An IT ticket status tracker[4].

- A tracking report that lists staff members requiring training, along with their due dates and training status, including an overdue list.

- The forms tracker that shows a complete inventory of all forms, their approval status, and last review date.

Evidence of Completion:

- The forms tracker shows a complete inventory of all forms, their approval status, and last review date. The tracker shows that all current forms are approved and available to staff for use.

- Confirmation by leadership that old, outdated forms are removed from circulation.

- The procedure for printing, reordering, and replenishing forms has been established. (i.e.: availability of sick call form in the housing units)

- The report indicates that 95 % of the required staff have completed the training.

- CQI has a process to audit the use of the correct version of forms, ensuring they are filled out completely as required and addressing any gaps (six months of audit findings, action items, and status).

10. Patient Monitoring and Safety - Intake Area

Action Item:

- Ensure patient safety by monitoring individuals in the intake area, addressing medical needs promptly, and providing appropriate care while they await housing assignments.

- Assign clinical staff to continuously monitor high-risk patients who require direct observation[9]. (meaning staff remain in constant visual and physical proximity to the patient and are able to immediately intervene if needed.)

- All other patients in the intake area should be monitored regularly until they are housed or released.

- Nursing staff must perform and document clinical rounds in the intake area at least once an hour, or more frequently based on the patients' needs.

- Supervisors must ensure compliance with this process on every shift.

Time Frame:

- The patient monitoring is established and implemented at intake, and at least 95% staff will be trained on the new forms within 30 days.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:

A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- SOP to support the established process.

- Training Materials/ Training plan[7].

- A tracking report that lists staff members requiring training, along with their due dates and training status, including an overdue list.
- Tracking log/ tool.

Evidence of Completion:

- A copy of the logs showing that the hourly intake rounds are documented and reviewed by supervisors.

- A copy of the logs showing that the high-risk patients receive ongoing follow-up at intake and hand-off is performed at shift change and when the patient is transferred.

- Report indicating that 95 % of the required staff have completed the training.

- CQI has an established process to audit that the process is followed as established and address any gaps (six months of audit findings, action items, and status).

11. Patient Safety and Monitoring -PTC

Action Item:

- Ensure patient safety by monitoring individuals at the PTC, addressing medical concerns proactively, and providing timely care while they await further processing.
- Assign appropriate clinical staff to the PTC to ensure continuous monitoring and care delivery.

Establish a process to track and monitor key metrics, including but not limited to:

- ER visits from the PTC
- Response times for medical concerns

Time Frame:

- The patient monitoring is established and implemented at intake, and at least 95% staff will be trained on the new forms within 30 days.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:

A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- SOP to support the established process.

- Training Materials/ Training plan[7].

- A tracking report that lists staff members requiring training, along with their due dates and training status, including an overdue list.
- Tracking log/ tool.

Evidence of Completion:

- A copy of the logs showing that the hourly PTC rounds are documented and reviewed by supervisors.
- A copy of the logs showing that the high-risk patients receive ongoing follow-up at PTC, and hand-off is performed at shift change and when the patient is transferred.

- KPI data is tracked and reviewed by leadership.

- Report indicating that 95 % of the required staff have completed the training.

- CQI has a well-defined process for auditing adherence to established procedures monthly and addressing any identified gaps. (six months of audit findings, action items, and status).

12. High-Risk / Complex Patients – Comprehensive Care Planning

Action Item:

- Implement a process for the clinical team to develop and execute a comprehensive, individualized care plan for complex or high-risk patients. This plan should be multidisciplinary, regularly updated, and tailored to meet the patient's clinical needs.
- Patients admitted to the medical unit / High-Acuity Medical Housing are managed according to established standard operating procedures. These procedures include an initial assessment, a documented plan of care, and routine follow-up by both provider and nursing staff, based on the patient's assigned acuity level.
- A Nursing and Provider Plan of Care at the time of admission is developed and updated regularly per SOP.
- Implement a tracking system to monitor the completion of provider and nursing assessments. Conduct a daily clinical huddle with the care team to review each patient's condition, level of care, and any updates.
- Nursing staff and the provider must adhere to the established plan of care, updating it regularly based on the patient's condition.
- Use appropriate hospital beds for high-acuity and medically complex patients to enhance safety and support clinical care needs.
- Ensure that all patients in single cells have accessible call buttons (collaborating with MDC security as needed).
- Establish a process to conduct periodic walkthroughs in the clinical area to identify and mitigate fall and safety risks. (at least monthly)

Time Frame:

- Establish and implement within 60 days, with required training completed by at least 95% of designated staff within 90 days.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- SOP / P&P to support the established process.

- Training Materials/ Training plan[7].

- A tracking report that lists staff members requiring training, along with their due dates and training status, including an overdue list.
- Tracking log/ tools.

- Audit Tools

Evidence of Completion:

- Copy of the updated Policy and Procedure.
- Copy of the Training Materials and SOP.
- The report indicates that 95 % of the required staff have completed the training.
- Hospital Beds installed and in use.
- Copy of the Monthly environment rounds with an action plan.
- Ensure that all patients in single cells have an accessible call button.

- CQI has a well-defined process for auditing adherence to established procedures monthly and addressing any identified gaps. (six months of audit findings, action items, and status).

13. Patient Safety – Handoffs

Action Item:

- Improve patient safety and continuity of care by ensuring effective handoffs between clinical staff during all transitions, including both internal and external transfers to higher levels of care. This applies to all types of transfers.

- Utilize a Hand-Off Note template to document all pertinent clinical information, the patient's current condition, necessary follow-up and monitoring, and any urgent issues.

Time Frame:

- Establish and implement within 45 days, with required training completed by at least 95% of designated staff within 60 days.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- SOP / P&P to support the established process.

- Training Materials/ Training plan[7].

- A tracking report that lists staff members requiring training, along with their due dates and training status, including an overdue list.

- Tracking log/ tools (if applicable).

- Audit Tools

Evidence of Completion:

- Copy of the updated Policy and Procedure.
- Copy of the Training Materials and SOP.
- The report indicates that 95 % of the required staff have completed the training.

- CQI has a well-defined process for auditing adherence to established procedures monthly and addressing any identified gaps. (six months of audit findings, action items, and status).

14. Withdrawal Management and MOUD

Action Item:

- Ensure timely identification, assessment, and treatment of patients showing signs of detox to prevent complications and ensure patient safety.

- Medical Staff should conduct proactive rounding on patients in the withdrawal management program. (detox watch).

- In addition to contacting the Rapid Response team for critical situations, the custody staff must promptly notify medical staff about any non-critical incidents through an established process if a patient exhibits signs or symptoms of detox or has any medical concerns.

- Medical staff must assess the patient within 30 minutes of notification or ASAP if it is an emergency.

- Nursing assessments should be thorough and always include a plan for reassessment based on the patient's clinical condition and risk level.

- Custody staff should receive a notice outlining the key symptoms to watch for (as defined by the detox team), along with clear instructions on who to notify, when to notify, and how to notify medical staff promptly.

- Provide MOUD to all individuals who meet established clinical criteria.

- Verify current MOUD prescriptions within 4 hours of intake, or document attempts if verification cannot be completed within that timeframe.

- Continue MOUD with no missed doses for all individuals entering MDC with a current prescription.

- Ensure continuity of MOUD for patients returning from the hospital with no missed doses

Time Frame:

- Establish and implement within 45 days, with required training completed by at least 95% of designated staff within 60 days.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- SOP / P&P to support the established process.

- Training Materials/ Training plan[7] for medical, sitters, and custody staff.

- A tracking report that lists staff members requiring training, along with their due dates and training status, including an overdue list.
- Tracking log/ tools (if applicable).

- Audit Tools.

- Log or report listing all patients who reported a current MOUD prescription, including verification completion within 4 hours of intake (or documented attempts if unable to verify within that timeframe).

- List of patients with current MOUD prescriptions, showing the date/time of intake health screening and the date/time of their first dose at MDC, and indicating whether the next scheduled dose was missed.

- List of patients returning from the hospital with current MOUD prescriptions, indicating whether the next scheduled dose was missed.

Evidence of Completion:

- Copy of the updated Policy and Procedure.

- Copy of the Training Materials and SOP.

- A documented daily supervision process is in place to ensure adherence to the established process.

- The report indicates that 95 % of the required staff have completed the training.

- MOUD verification within 4 hours of intake (or documented attempts when verification cannot be completed within that timeframe). Sustainable for six months. (Until there are 6 months of audits demonstrating 95% compliance.)

- MOUD continuation at intake with no missed doses for individuals with a current prescription. Sustainable for six months. (Until there are 6 months of audits demonstrating 95% compliance.)

- MOUD continuity for patients returning from the hospital with no missed doses. Sustainable for six months. (Until there are 6 months of audits demonstrating 95% compliance.)

- CQI has a well-defined process for auditing adherence to established procedures monthly and addressing any identified gaps (six months of audit findings, action items, and status).

This includes, but is not limited to:

- Reviewing responses to non-critical calls regarding symptoms or concerns, with a focus on timeliness and appropriateness.
- Assessing the quality of evaluations.
- Conducting weekly interviews with both staff and patients.

15. CQI - Data-Driven Decision Making – Performance Metrics[14]

Action Item:

- Provide leadership with essential and actionable data to facilitate decision-making, ensuring safety, timeliness, and quality of care.
- Compile a comprehensive list of key performance metrics identified by subject matter experts (SMEs) for each clinical service, which will be tracked daily and monthly.
- Each service or program[14] should define metrics within the following categories:
    - Process Measures: To assess workflow efficiency.
    - Counts: To track volumes by type.
    - Timeliness of Service: Categorized by type.
    - Productivity: For example, assessments completed per clinical hour worked.
    - Quality of assessments (chart reviews).

Time Frame:

- Within 30 days, KPI and audit tools for all clinical services/areas are reviewed and finalized.

- Within 45 days, the Data Dictionary is created, prioritized, and submitted to IT for building. *(KPI and audit tools - confirmed by the Monitor[5] as adequate for the initial phase of the Continuous Quality Improvement program).*

- Within 90 days, at least three KPIs for each service area are ready for use.

- Within 90 days, the CQI team will begin using the updated audit tools monthly to identify and address any gaps.

- Within 120 days, 90% of the metrics requested are ready for use.

- Within 150 days, 95% of the metrics requested are ready for use.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- An IT ticket status tracker[4].

- Mockups as applicable.

Evidence of Completion:

- Document to show that the KPIs are built and in use by leadership.

- Leadership meeting minutes show the use of the KPIs and audit results to improve safety, timeliness, and quality of care.

- CQI has a well-defined process for auditing adherence to established procedures monthly and addressing any identified gaps (six months of audit findings, action items, and status).

This includes, but is not limited to:

- Reviewing responses to non-critical calls regarding symptoms or concerns, with a focus on timeliness and appropriateness.

- Assessing the quality of evaluations.

- Conducting weekly interviews with both staff and patients.

16. Special Needs, ADA, and Custody-Related Medical Orders[15]

Action Item:

- Ensure accurate documentation, timely delivery of equipment, appropriate care, and consistent follow-up for all special needs, ADA accommodations, and medical orders that require custody staff involvement (e.g., medical diet, lower bunk, medical devices).
- All special needs, including prescribed aids, ADA accommodations, and custody-reliant medical orders, must be entered as formal orders in the Electronic Medical Record (EMR). Examples include medical diets, bottom bunk accommodation, mobility aids, or special housing requests.

- Medical staff must notify custody staff of all relevant medical orders.
This communication should be:
- Documented in the medical record and readily accessible by medical staff.
- Logged as a medical alert in the custody system to ensure information is readily accessible by custody staff managing the patient.

- The delivery of any medical device or aid must be:
- Signed off by the patient as confirmation of receipt or signed by a witness if the patient is unable to sign.
- This document should be scanned into the EMR and clearly labeled.

- An assigned medical staff member must be assigned to:
- Track patients with special needs.
- Monitor compliance with prescribed accommodation.
- Ensure timely renewal and follow-up.
- Notify appropriate staff if the identification of special needs was missed. (i.e., Intake)

Time Frame:

- The updated process should be established and operational within 60 days

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- Special Needs, Custody-related Medical Orders Tracker – Template and active list[15].

- Staff assigned to track these patients.

Evidence of Completion:

- Evidence that the finalist list of orders and ordersets are available in the EMR.

- Evidence that the patient tracker is current and checked daily by the assigned staff.

- The leadership meeting minutes indicate that the tracker and audit results were reviewed and addressed to enhance safety, timeliness, and quality of care.

- CQI has a well-defined process for auditing adherence to established procedures monthly and addressing any identified gaps (six months of audit findings, action items, and status).

This includes, but is not limited to:

- Medical records show proper screening for identification, order entry, proper documentation in the EMR, patient acknowledgment, custody notification, order renewal process, follow-up, etc.

- Conducting weekly interviews with both staff and patients.

- Patient interviews and walkthroughs.

17. CQI - Mortality and Morbidity Review[16]

Action Item:

- Ensure timely Mortality and Morbidity Review
- Establish criteria for the selection of cases for morbidity review.
- Establish timelines and processes for the review.
- Root Cause Analysis should be coordinated by a RCA-trained or risk management staff.
- Follow a structured format for RCA.
- RCA findings must always connect to clear action plans. The status of each action plan should be reviewed monthly by leadership to provide guidance and support for timely completion.

Time Frame:

- Establish and implement within 45 days.

Monthly Status Update to Monitor: (by the 14th of every month)

Initial:
A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks[2].

Monthly:
- An updated status report that outlines the current progress of each effort/action step identified in the project plan.
- Minutes from leadership meetings discussing project progress, challenges, and solutions to meet goals and deadlines.

- Updated Policies and Procedures, Standard Operating Procedures, and Templates.

- M&M Tracker that tracks the status of the process.

Evidence of Completion:

- Evidence that the M&M is completed in a timely manner using the established procedures.

- M&M Tracker.

- Action Items are being tracked using the standard Action plan tracker[2].

- The leadership meeting minutes indicate that the action plan tracker is reviewed at least monthly, and support and guidance are provided to ensure timely completion.

--- End of Document (see Reference/ Addendum Document) ----