
 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 8.10	Effective Date 3/16/2026	Page 1 of 5
	Supersedes Quality Assurance and Improvement, dated 05/20/2017		
Approved By  Commissioner Angel Quiros	Title Continuous Quality Improvement of Healthcare Services		

1. Policy. The Connecticut Department of Correction (CT DOC) shall monitor the quality of health services provided to inmates/patients through Continuous Quality Improvement Program that provides for the systemic, ongoing, objective monitoring, evaluation and improvement of the quality, efficiency, and effectiveness of all inmates/patients in custody of CT DOC.

2. Authority and Reference.

- a. Connecticut General Statutes, Sections 18-81, 21a-262 and 52a-174.
- b. Doe v. Meachum, Civil Action No. H-88-562 (PCD), November 2, 1990.
- c. Lareau v. Manson, Civil Action No. H-78-145, September 17, 1981.
- d. West v. Manson, Civil Action No. H-83-366 (AHN), April 23, 1987.
- e. National Commission on Correctional Health Care, Standards for Health Care in Prisons, 2018, Standard P-A-06.
- f. National Commission on Correctional Health Care, Standards for Health Care in Jails, 2018, Standard J-A-06.
- g. Administrative Directives 8.7, Health Records Management; and 10.11, Addiction Treatment Unit.

3. Definitions. For the purposes stated herein, the following definitions apply:

- a. Benchmark. Defines the 100 percent mark on the measurement scale to gauge performance on a defined product or service against the best existing products or services of the same type.
- b. Clinical Performance Enhancement Review. The process of having a health professional's work reviewed by another professional of at least equal training within the same general discipline.
- c. Continuous Quality Improvement (CQI). A program model that supports the continuous review and improvement of services and corrective actions related to health care.
- d. Corrective Action Plan. A written detailed response that identifies the responsible party tasked with implementation, the steps that will be taken, and when a resolution will be completed.
- e. Evaluation. A health appraisal of an individual.
- f. Local CQI Committee. A facility based multi-disciplinary team that represents the various types of care provided for that facility (e.g., laboratory, nursing, psychology, custody, etc.).
- g. Monitoring. An ongoing systematically planned collection, organization, compilation and review of collected data.
- h. Quality Improvement (QI). The degree to which the treatment provided increases the patient's chances of achieving the desired results and diminishes the chances of undesirable results, having regard to the current state of knowledge.
- i. CQI Program. A process by which health care delivery is monitored and evaluated to assess the quality and appropriateness of care and to identify features of the health care delivery system requiring improvement. QI Programs shall follow the CQI program model.
- j. Statewide CQI Committee. A multi-disciplinary team consisting of the members of the Health Services Unit (HSU) administrators, and at least one (1) representative from all available disciplines within HSU.

4. CQI Program Management. The Chief Operating Officer shall appoint a designee who shall direct and provide an oversight of comprehensive programs of CQI and monitor

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regulatory compliance activities and program enhancement in accordance with national standards and/or regional and state quality improvement plans. Appointed designee shall have reporting requirements regarding a CQI Program for HSU in accordance with the provision of HSU.

5. Components of the CQI Program. The CQI Program shall, at a minimum, contain the following components:

- a. Safety. To monitor the safety of the environment for the public, staff and inmates by recommending or implementing safeguards against accidents and injuries.
- b. Consent Decree Compliance. To direct compliance with court ordered consent decrees, identify areas of potential liability, and to make recommendations for corrective action.
- c. Infection Control. To identify, evaluate, and monitor occurrences of infectious disease within facilities and identify ways to prevent and control the spread of infections.
- d. Health Care. To monitor all aspects of health care including admission, screening and evaluations of sick call services, chronic disease services, infirmary care, nursing services, pharmacy services, diagnostic services, psychiatric services, dental services, addiction services, and adverse patient occurrences.
- e. Monitoring Corrective Actions. To ensure that corrective action plan is developed and implemented, baseline study completed as needed, responsible party for carrying out the corrective action plan identified, timeframe for corrective action plan established, restudy the problem to assess the effectiveness of the corrective action plan, and monitor performance after implementation of the improvement strategies.

6. Local CQI Committee. Each facility shall establish a CQI Committee to ensure that the provisions established by the CQI Program are adhered to in accordance with this Directive.

- a. Committee Members. The responsible health authority or Unit Administrator shall establish a multi-discipline quality improvement committee to identify health care aspects to be monitored, implement and monitor corrective action when necessary, and study the effectiveness of corrective action plans. Committee members from the Health Services Unit shall include a representative from all available disciplines within HSU and/or facility specific programs.
- b. Committee Duties. The local CQI Committee shall:
 - i. be led by the responsible health leadership designee or Unit Administrator and meet regularly, but quarterly at a minimum.
 - ii. review and assess collected data to identify patterns or trends within a given facility or facilities.
 - iii. recommend appropriate courses of action and forward their findings to the statewide team.
 - iv. conduct a baseline study for identified areas for improvement
 - v. develop and implement a corrective action plan for identified problems
 - vi. restudy the identified problem to assess the effectiveness of the corrective action plan
 - vii. conduct an annual review of the effectiveness of their facility CQI program
 - viii. document CQI Program activities; and,
 - ix. participate in Statewide CQI Committee activities as needed.
 - x. document meetings using form CN 81001, CQI Meeting Agenda and, minutes worksheet
 1. The local committee shall maintain documentation of activities and have it available for the committee.
- c. Components of the facility CQI meeting shall include the following:
 - i. Medical Health - Review of timeliness of care, waiting lists, grievances, infirmary and inpatient bed space, specialty service appointments,

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Emergency room visits, annual health screens, chronic care clinics, and inmates' accident reports.

- ii. Mental Health - Review of written complaints, grievances, timeliness of referrals, increase in crisis or observation cells, use of restraints, suicide risks, self-injurious behavior, and available bed space.
- iii. Dental Services - Review of written correspondences from inmates, grievances, appointment and referral lists, and audit results.
- iv. Addiction Treatment - Review of the program outcomes, inductions and discharges, waiting list, referral list, any written correspondences from the inmates.
- v. Communicable Disease and Infection Control - Staff shall identify, evaluate, and monitor occurrences of infectious disease within facilities and identify ways to prevent and control the spread of infections.
- vi. Risk Management - Existing and potential health risks within the institution shall be identified and addressed to minimize the risk of potential liability of the Department.
- vii. Pharmaceuticals/Medications - Staff shall monitor and evaluate prescribing trends, medication requests, timeliness, medication error review (Medication Variances), medication non-compliance, medication transfers, and use of psychotropic medications.
- viii. Administrative Remedies Tracking - Each facility Health Care shall track grievance numbers monthly, review the trends and report them at the facility CQI meetings.
- ix. Audits - Team shall review the audits conducted and results found during the audits.

7. Statewide CQI Committee. The Chief Operating Officer shall appoint a leadership member to oversee the Statewide CQI Committee. The Chief Operating Officer or appointed designee shall ensure that a Statewide CQI Committee is established as follows:

- a. Committee Members. Committee members shall include members of the Health Services facilities and disciplines leadership, and at least one (1) representative from all available disciplines within HSU, and ad hoc members as necessary.
- b. Committee Duties. The CQI Committee and appointed designee overseeing CQI Program shall:
 - i. oversee and direct the overall CQI Program.
 - ii. identify quality of care standards and systems to monitor those standards
 - iii. review and assess collected data and information to identify patterns or trends.
 - iv. conduct a baseline study for identified areas for improvement
 - v. develop and implement a corrective action plan for identified areas for improvement restudy the identified areas for improvement to assess the effectiveness of the corrective action plan
 - vi. Identify an electronic monitoring system of the reports in Electronic Health Record (EHR)
 - vii. conduct an annual review of the effectiveness of the CQI program
 - viii. document CQI Program activities and serve as a resource to local CQI Programs.
 - 1. The statewide committee shall maintain documentation of activities and have it available for the committee.

8. Accountability.

- a. The statewide CQI committee shall submit an annual report of CQI Program activity and outcomes to the Chief Operating Officer and Deputy Commissioner.
- b. The CQI program shall be consistent with the community quality standards and standards established by the National Commission on Correctional Health Care (NCCHC).
- c. A local CQI Committee corrective action plan shall be developed, agreed upon by local committee and submitted to statewide CQI Coordinator for monitoring. Continuous CQI studies shall be conducted in all facilities where health care

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is provided. Each facility may decide the necessary studies to provide quality care in that facility.

9. Clinical Performance Enhancement Reviews. To maintain high quality standards for all licensed professionals involved in patient care, identify areas for improvement, and reduce the risk of patient harm, Health Services Unit shall conduct annual clinical performance enhancement reviews of all providers, which include but are not limited to psychiatrists, dentists, physicians, and advanced practice registered nurses. These clinical performance enhancement reviews shall be conducted through:

- i. **Peer Reviews.** An organized evaluation of professional competence performed by individuals in the same profession or discipline. Health Services Unit shall conduct annual peer reviews of all licensed medical prescribers/providers and submit them to the Chief Operating Officer annually.
- ii. **Clinical Supervision.** In accordance with 10.11 administrative directive Addiction Treatment Unit, clinical supervision is a disciplined tutorial process directed by credentialed Clinical Supervisors wherein principles are transformed into practical skills with four foci: administrative, evaluative, clinical, and supportive. Clinical supervision shall be conducted and submitted to the Chief Operating Officer annually.

10. CQI Studies. Health service studies shall be conducted in accordance with the following:

- a. **CQI Study Requirements.** The Health Services Unit and Statewide CQI Committee shall develop and/or improve compliance monitoring tools. Performance thresholds shall be established for each category.
 - i. Performance-based measures shall be conducted annually and may include any health care item from the scope of services that can be measured against nationally known evidence-based practices or internally developed benchmarks
 - ii. The Health Services Unit shall pilot test 'new' quality improvement monitoring tool before use, including data collection, staff impact, sample size and feasibility of the data collection itself. The Health Services Unit shall train all staff performing CQI studies on the use of each monitoring tool and shall provide the results of all pilot tests and proof of training to the Statewide CQI Committee and the DOC Chief Operating Officer or designee as requested.
- b. **Scheduling Routine Reports or Studies.** All relevant health information must be available in the health record on the day of the study. Only approved DOC and/or Health Services Unit forms shall be permitted in the health record. Issues of legibility shall be addressed and documented on a case-by-case basis. Each site shall establish in collaboration with statewide CQI committee a reasonable grace period to resolve or correct service or documentation problems identified with any inmate patient health record. All documented corrections, alterations and late entries shall be consistent with the Health Services Unit policies and count as part of the study.
- c. **Trends analysis.** The department shall conduct studies on healthcare and healthcare services of identified trends as deemed necessary by the Health Services Unit oversight person or designee. The Health Services Unit shall conduct an annual review of all studies submitted by the health services unit to ensure compliance with all policies and applicable administrative directives.
- d. **Corrective Action Plans.** All studies shall require a corrective action plan for any deficiencies noted. The study results and the corrective action plan shall be reviewed at the next local CQI Committee meeting. The Health Services Unit shall have three (3) months to implement the corrective action plan.

11. Forms and Attachments. The following forms and attachments are applicable to this Administrative Directive and shall be utilized for the intended function:

CN 81001, CQI Meeting Agenda

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12. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.