



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index # 113.09

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Effective Date: April 15, 2020

Distribution: A

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PCN 19-1 (1/15/19)  
PCN 17-35 (3/31/17)

Approved by: Tony Parker

Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 63-1-150, TCA 63-6-219 and TCA 68-11-272.
- II. PURPOSE: To promote wellness among the inmate population by maintaining a system that continually identifies opportunities for improvement through measured quality of care outcomes.
- III. APPLICATION: All Wardens/Superintendents, all clinical services staff, to include those at State and privately managed institutions, and contractors.
- IV. DEFINITIONS:
  - A. Clinical Services: Healthcare services that encompass physical health and behavioral health (mental health and substance use treatment) services.
  - B. Continuous Quality Improvement (CQI): A process of ongoing monitoring and evaluation to systematically and objectively assess the adequacy and appropriateness of the health care provided to inmates and to recommend and execute improvement(s) as needed.
  - C. CQI Data: Statistics and other protected health information required to be entered in the TDOC Clinical Services Database. Such data includes: Medication Administration Accuracy Log, Inmate Grievance/Inquiry Log, CQI Committee Agenda, Minutes, and Attendance Roster, as well as any other reports required by the TDOC Chief Medical Officer.
  - D. Institutional CQI Committee: A group of clinical providers (e.g., health administrator, behavioral health administrator medical director/physician, etc.) and other facility staff (e.g., Wardens/Superintendents, food services, security, etc.) who are responsible for the review of processes, practices, and outcomes of the facility's clinical services delivery system.
  - E. Keep on Person (KOP): Medication approved to be kept in an inmate's possession for the purpose of self-administration.
  - F. Statewide Continuous Quality Improvement Coordinator (SCQI Coordinator): A designated individual assigned to coordinate all statewide continuous quality improvement activities which include evaluation, recommendations, implementation, and on-going monitoring.
  - G. Statewide CQI Committee (SCQI Committee): A group of clinical providers appointed by the Commissioner or Chief Medical Officer to identify opportunities for quality improvement, evaluate outcomes through quality indicators, and evaluate risk management processes.

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- H. TDOC Clinical Services Database: An electronic confidential collection of protected health information stored on a secure shared drive containing specific inmates' medical diagnosis and health status. This data may be utilized to report and analyze outcome measures regarding the quality of health care and disease management.
- V. POLICY: The TDOC shall strive to ensure quality patient care by requiring and supporting the maintenance of an effective system-wide Continuous Quality Improvement (CQI) program.
- VI. PROCEDURES:
- A. General: The Clinical Services policies and standards for CQI are based upon the current edition prepared by the American Correctional Association.
- B. There shall be a Statewide Continuous Quality Improvement Committee (SCQI) comprised of a group of clinical services professionals who shall identify opportunities for quality improvement, evaluate outcomes through quality indicators, and evaluate risk management processes.
1. The SCQI Committee will be directed by a Charter, which is reviewed and approved at least annually by the Chief Medical Officer.
  2. Members of the committee shall consist of a variety of clinical professionals including physicians, nurses, psychiatrists, and administrative staff. Other operational staff will be asked to serve on an "as needed" basis.
  3. The committee shall meet at least quarterly. Committee members are expected to attend regularly scheduled meetings. In case of scheduling conflicts or emergencies, there is the allowance of no more than two absences from meetings per year.
  4. The CQI program shall provide evaluation of the quality of care through measured outcomes in the health delivery system as follows:
    - a. The SCQI Committee shall evaluate and make recommendations regarding the structure of institutional CQI programs with input from selected institutional staff.
    - b. The process and outcomes shall be evaluated primarily by each institutional CQI committee with oversight by the SCQI Committee.
  5. The CQI process shall provide regular feedback to clinical services care providers and the institutional CQI committee through ongoing examination of the care provided. It shall also serve as a mechanism for the improvement of the quality and consistency of the clinical services care delivery system.
  6. Sub-committees: The SCQI Committee shall direct the following sub-committees, which are responsible for reporting findings and recommendations to the SCQI Committee for review and action as appropriate.

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- a. Infectious Disease Committee: Responsible for developing a comprehensive program of surveillance and implementing protocols to address the control and prevention of communicable diseases within TDOC.
  - b. Peer Review Committee: Responsible for developing written evaluation of professional competence of all physicians, psychologists, and dentists, every two years. As necessary, the committee shall review specific cases and/or patterns of professional activities.
  - c. Morbidity and Mortality Review Committee: Responsible for reviewing all data related to inmate death and illness and reporting the findings to the Federal Bureau of Justice for publication of national statistics. The committee will also identify risk factors related to inmate morbidity and mortality, as well as recommend and implement strategies to reduce risk factors and improve the health of the inmate.
  - d. Pharmacy and Therapeutics Committee: Responsible for developing and maintaining a departmental drug formulary and reviewing the utilization and cost effectiveness of the pharmacy system. The committee may also review policies and procedures for management and administration of pharmaceuticals, as well as recommend procedural changes and interventions.
- C. Statewide Continuous Quality Improvement (SCQI) Coordinator responsibilities are as follows:
1. Plan and coordinate health services CQI activities.
  2. Continuously monitor and update the TDOC clinical services database.
  3. Provide technical assistance to the institutions related to CQI procedures.
  4. Promote acceptance and understanding of the CQI process.
  5. Request evaluation of specific topics as necessary.
  6. Review significant CQI findings to identify patterns or trends and recommend improvements to enhance effectiveness. Prepare and submit findings and/or recommendations to the TDOC Chief Medical Officer quarterly during the SCQI meeting or more often if indicated.
  7. Conduct site visits bi-annually with institutional staff to provide feedback and recommendations to improve the quality of health care in TDOC institutions.
  8. The SCQI coordinator shall review the TDOC clinical services database by the 15<sup>th</sup> of each month to ensure all required CQI data has been entered and provide a status report to the TDOC Chief Medical Officer and copy the Associate Medical Director by the last day of the month.

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- D. Institutional CQI Committees: The health administrator shall be responsible for maintaining a monthly institutional Clinical Services CQI committee meeting and shall also serve as the committee advisor for structure and goals.
1. The committee composition shall minimally include the health and behavioral health administrator/designee, Director of Nursing (DON), Warden/Superintendent/designee, Associate Warden Of Treatment/Deputy Superintendent, Fiscal Director, institutional physician/medical director, CQI coordinator, representatives from nursing, dental, behavioral health/psychiatry. Substance use treatment, health record management, food services, fire and safety, and security should be considered either full time or ad hoc members as CQI issues indicate.
  2. Each institutional health administrator shall designate one registered nurse (RN) whose primary responsibilities include serving as the institutional CQI coordinator and overseeing the institutional infection control/surveillance program. In larger facilities (over 1500 inmates), it is necessary for the health administrator to designate another RN with infectious disease management experience, as the Infection Control coordinator per policy #113.42.
  3. The health administrator, in consultation with the institutional CQI coordinator, shall appoint or reappoint committee membership annually. Membership appointment/reappointment shall be recorded in the committee minutes. An institutional CQI committee membership roster shall be maintained in the TDOC clinical services database. Appointments to fill committee vacancies shall be made as soon as possible.
  4. All committee members are required to attend at least ten meetings annually. If continual absenteeism of any member occurs, the committee shall evaluate options for improvement and resolution.
  5. The committee shall meet monthly, by the 15th, to review and discuss CQI reports and opportunities for quality improvement.
  6. When opportunities for improvement are identified that require action beyond the scope of clinical personnel authority, the health administrator shall forward those particular institutional CQI committee findings and recommendations for action to the Associate Warden of Treatment.
  7. The minutes shall be recorded at each proceeding and shall provide a permanent, factual, historical record. The agenda and minutes for each proceeding shall be maintained in the clinical services database utilizing the templates provided.
  8. The SCQI Coordinator shall review ICQI meeting minutes and report findings to the Chief Medical Officer quarterly or more often if indicated.

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E. Professional Peer Review and Supervision:

1. A documented peer review program for all health care practitioners and a documented external peer review program will be utilized for all physicians, psychologists, and dentists, and shall be completed every two years.
2. The peer review of all physicians, psychologists, and dentists should be routinely completed every two years with an ability to have an immediate review if problems of practice arise. In the event of a patient care complaint or an observation by other health services providers, security, or other nonmedical providers the responsible physician can call a panel of independent physicians to review the practice and practice patterns of the physician on whom the complaint has been made. The investigation and findings will be kept in the employee's file and remain confidential.
3. In accordance with Policy #113.11, each mid-level provider shall have a physician preceptor who is responsible for supervising his or her clinical practice. The physician/mid-level provider relationship shall be clearly established in writing, with a copy maintained by each party and the health administrator. At least monthly, the supervising physician shall review a minimum of 20% of health records written by the mid-level provider during the past 30 days.

F. CQI Reporting Requirements:

1. In accordance with Policy #113.54, the health administrator/DON shall maintain all facility CQI logs in the TDOC Clinical Services Database utilizing the templates provided by the SCQI coordinator. These templates shall include but not be limited to Medication Administration Accuracy Log, Inmate Grievance Log, Monthly Statistical Report, CR-2124, Chronic Care Log, HepCOR, HIV Log, Quarterly Nurse Sick Call Review by the Physician, and the annual studies for hypertension, diabetes, and HIV as mandated by the American Correctional Association (ACA). These logs shall be completed on or before the 8<sup>th</sup> of each month.
2. The SCQI coordinator shall review the TDOC clinical services database on or before the 15<sup>th</sup> of each month to ensure all required CQI data has been entered and provide a status report to the TDOC Chief Medical Officer. The SCQI coordinator shall consult with the facility health administrator or DON regarding data which is either incomplete or appears to present a discrepancy. The TDOC Chief Medical Officer or Associate Medical Director shall notify the facilities Warden/Superintendent, and copy the Assistant Commissioner of Rehabilitative Services and the appropriate Correctional Administrator of any delinquent reports.

G. Institutional CQI Studies:

1. Each institutional CQI committee shall monitor the following CQI indicators as often as deemed necessary:
  - a. Patient satisfaction (i.e., inmate grievances, correspondence, and information requests)

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- b. Medication administration accuracy
  - c. Risk assessment/accident/injury monitoring
  - d. Tuberculosis management
  - e. Bloodborne pathogen prevention
  - f. Dental treatment
  - g. Health maintenance
  - h. Suicide prevention
  - i. Appropriateness of chronic disease management
  - j. Credentialing
  - k. Informed consent - psychotropic medications
  - l. Mortality review (See Policy #113.05)
  - m. Inpatient care
  - n. Therapeutic diets
  - o. Pharmacological therapies including Keep On Person (KOP)
  - p. Physician patient encounter/sick call review
  - q. Institutional specific studies
  - r. Methicillin-Resistant Staphylococcus Aureus (MRSA) and other infectious diseases
2. Each month, the institutional CQI committee shall review indicators that may require improvement and complete a CQI study. Such studies shall be reported in the committee minutes. The minutes shall be inclusive of, but not limited to, the following:
- a. Data collection and analysis
  - b. Corrective actions required, which shall include educational/training activities, as applicable
  - c. Outcome evaluations to determine action plan effectiveness
3. Facilities shall send a request to the SCQI coordinator in Central Office for TDOC Chief Medical Officer approval to study CQI indicators not included in the list above. CQI indicators may be studied in the month following approval.

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- H. Patient Encounter/Sick Call Review: A quality improvement review of sick call and all other patient encounters shall be conducted quarterly by the facility physician. The review shall include:
1. An examination of all encounter logs
  2. A review of referrals made by the staff members conducting sick call
  3. Oral discussion with staff members
  4. A review of randomly selected health records to include:
    - a. Adequacy of treatment plans
    - b. Extent to which orders have been carried out
    - c. Legibility and completeness
    - d. Adequacy of pharmaceutical management
    - e. Appropriateness of implementation and countersigning of clinical or nursing protocols
  5. A report of the review shall be prepared by the facility physician and submitted to the institutional CQI committee, and forwarded quarterly to the SCQI Coordinator.
- I. Confidentiality and Release of Information:
1. All information or minutes are subject to rules of confidentiality as authorized by Tennessee Code Annotated 63-6-219 and Public Law 99-660. Committee minutes shall be confidentially compiled and maintained in the institutional CQI committee files. Copies of minutes are to be classified and marked as confidential protected health information and shall only be shared in accordance with Policy #113.52.
  2. All facilities shall maintain a copy of the committee minutes with original signatures. Such copies shall be secured in a confidential CQI folder for a minimum of five years.
  3. No documents maintained by the CQI program shall be removed from the institution or central office unless specifically authorized by the TDOC Clinical Services authority.
  4. Information (CQI data), analysis findings, recommendations, conclusions, and actions developed by or for clinical services care staff, Clinical Services, or other individual committees performing CQI assessments or similar functions will not be available to unauthorized persons or organizations or used for other purposes as allowed for under state and federal law.

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5. Information covered by this policy includes clinical services staff employee files, credentials, committee considerations, and administration and clinical services staff disciplinary actions.

VII. ACA STANDARDS: 4-4017, 4-4380, 4-4410, 4-4411, 4-4423, and 4-4354.

VIII. EXPIRATION DATE: April 15, 2023.




**TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT**



AUTO-CALCULATED CELL-- DO NOT ENTER DATA														
DUE BY THE 8 <sup>th</sup> OF EACH MONTH														
NAME OF INSTITUTION														
Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
8	Average Daily Population (ADP from count room on last day of the month)													
9	Number of Safe Keeper Inmates (Total for the month from count room)													
<b>ACA</b>														
<b>MRSA (MRSA Log)</b>														
12	(1A1) Number of offenders newly diagnosed with MRSA infection this month. Soft tissue infections empirically treated as MRSA should be tracked as a component of this outcome measure.													
13	ACA Calculated Outcome Measure (line 12/line 8)													
<b>TUBERCULOSIS (TB Log)</b>														
15	(1A2) Number of offenders newly diagnosed with active tuberculosis this month													
16	ACA Calculated Outcome Measure (line 15/line 8)													
17	(1A3) Number of offenders who are new converters on a TB skin test (TST) that indicates newly acquired TB infection													
18	(1A3) Number of offenders administered skin tests for TB (TST) as part of annual, periodic, or clinically based testing, but not intake screening													
19	ACA Calculated Outcome Measure (line 17/line 18)													
20	Number of offenders screened for TB as part of annual, periodic, or clinically based testing, but not intake screening													
21	Number of TST completed as part of the Intake Process (BCCX; TPFW; NWCX (juvenile))													
22	Total skin tests for TB (TSTs) (line 18+line 21)													
23	Number of IGRAs completed as part of annual, periodic, or clinically based testing, but not intake screening													
24	Number of IGRAs completed as part of the Intake Process (BCCX & TPFW)													
25	Total number of IGRAs completed (line 23+line 24)													
26	(1A4) Number of offenders who completed treatment for latent tuberculosis infection													
27	(1A4) Number of offenders started on treatment for latent tuberculosis infection													
28	Number of offenders who STOPPED/DID NOT COMPLETE treatment for latent tuberculosis infection													
29	ACA Calculated Outcome Measure (line 26/line 27)													
<b>HEPATITIS C (HCV Log)</b>														
31	(1A5) Number of offenders diagnosed with Hepatitis C viral infection													
32	ACA Calculated Outcome Measure (line 31/line 8)													
33	Number of offenders with Hepatitis C viral infection being treated with antiretroviral treatment													
34	Number of offenders diagnosed with Hepatitis A viral infection (New cases only)													
35	Number of offenders diagnosed with Hepatitis B viral infection (New cases only)													

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	<b>DUE BY THE 8<sup>th</sup> OF EACH MONTH</b>													
	<b>NAME OF INSTITUTION</b>													
	<b>Monthly Data:</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>TOTAL/AVG</b>
36	Number of Hepatitis B vaccines administered													

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NAME OF INSTITUTION															
Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
37	HIV/AIDS (HIV Log)														
38	(1A6) Number of offenders diagnosed with HIV infection														
39	ACA Calculated Outcome Measure (line 38/line 8)														
40	(1A7) Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART)														
41	ACA Calculated Outcome Measure (line 40/line 38)														
42	(1A8) Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml														
43	(1A8) Total number of treated offenders with HIV infection who were reviewed (25 or total number of pts; whichever is smaller)														
44	ACA Calculated Outcome Measure (cell O 42/cell O 43)														
45	Total number of confirmed cases of AIDS														
46	MENTAL HEALTH (MHA)														
47	(1A9) Number of offenders diagnosed with an individualized services/treatment plan for a diagnosed mental disorder (excluding sole dx of substance abuse).														
48	ACA Calculated Outcome Measure (line 47/line 8)														
49	OFF-SITE HOSPITAL ADMISSIONS / ER TRANSPORTS (Daily Inpatient Report/ER Transfer Log)														
50	(1A10) Number of offender admissions to off-site hospitals														
51	ACA Calculated Outcome Measure (line 50 / line 8)														
52	(1A11) Number of offenders transported off-site for treatment of emergency health conditions														
53	ACA Calculated Outcome Measure (line 52/ line 8)														
54	CONSULTS (Consult Log)														
55	(1A12) Number of offender specialty referrals completed														
56	(1A12) Number of specialty referrals (on-site or off-site) ordered by primary health care practitioners														
57	ACA Calculated Outcome Measure (line 55/line 56)														
58	HYPERTENSION (CCC Log)														
59	(1A13) Number of selected hypertensive offenders with blood pressure reading > 140/> 90 mmHg														
60	(1A13) Total number of offenders with hypertension who were reviewed (25 or total number of pts; whichever is smaller)														
61	ACA Calculated Outcome Measure (cell K 59/cell K 60)														
62	DIABETES (CCC Log)														
63	(1A14) Number of selected diabetic offenders who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent														
64	(1A14) Total number of diabetic offenders who were reviewed (25 or total number of pts; whichever is smaller)														

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	DUE BY THE <b>8<sup>th</sup></b> OF EACH MONTH														
	NAME OF INSTITUTION														
	<b>Monthly Data:</b>	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
65	ACA Calculated Outcome Measure (cell R 63/cell R 64)														
66	DENTAL (Dental Department)														
67	(1A15) Number of completed dental treatment plans														

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NAME OF INSTITUTION														
Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
68	ACA Calculated Outcome Measure (line 67/line 8)													
69	<b>EMPLOYEE CREDENTIALS (HSA)</b>													
70	(2A1) Number of health care staff with lapsed licensure or certification													
71	(2A1) Number of licensed or certified staff													
72	ACA Calculated Outcome Measure (line 70/line 71)													
73	(2A2) Number of new health care staff who completed orientation training prior to undertaking their new job													
74	(2A2) Number of new health care staff													
75	ACA Calculated Outcome Measure (line 73/line 74)													
76	<b>EMPLOYEE BLOOD BORNE PATHOGEN AND TB EXPOSURES (HSA/Infection Control Nurse/OSHA 300 Log)</b>													
77	(2A3) Number of occupational (employee) exposures to blood/potentially infectious materials													
78	(2A3) Total number of employees													
79	ACA Calculated Outcome Measure (line 77/line 78)													
80	(2A4) Number of direct care staff (employees and contractors) with a conversion of a TB skin test (TST) that indicates a newly acquired TB infection													
81	(2A4) Number of direct care staff tested (TST) for TB infection during periodic or clinically indicated evaluations													
82	ACA Calculated Outcome Measure (line 80/line 81)													
83	<b>GRIEVANCES (HSA/CQI Nurse)</b>													
84	(3A1) Number of offender grievances related to health care services found in favor of the offender (should match number from the Grievance Log)													
85	(3A1) Total number of evaluated offender grievances related to health care services (should match number of total grievance on the Grievance Log)													
86	ACA Calculated Outcome Measure (line 84/line 85)													
87	(3A2) Number of offender grievances related to safety or sanitation sustained													
88	(3A2) Total number of evaluated offender grievances related to safety or sanitation													
89	ACA Calculated Outcome Measure (line 87/line 88)													
90	(3A3) Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender													
91	(3A3) Total number of offender adjudicated lawsuits related to health care delivery													
92	ACA Calculated Outcome Measure (line 90/line 91)													
93	<b>CQI (CQI Nurse)</b>													
94	(4A1) Number of problems identified by the CQI program that were corrected													
95	(4A1) Total number of problems identified by the CQI program													
96	ACA Calculated Outcome Measure (line 94/line 95)													

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NAME OF INSTITUTION														
<b>Monthly Data:</b>		<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>TOTAL/AVG</b>
97	(4A2) Number of high-risk events or adverse outcomes identified by the CQI program													
98	Number of serious injuries or illnesses requiring medical attention													

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Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
99	<b>DEATHS (HSA)</b>													
100	(4A3) Number of offender suicide attempts													
101	ACA Calculated Outcome Measure (line 100/line 8)													
102	(4A4) Number of offender suicides completed													
103	ACA Calculated Outcome Measure (line 102/line 8)													
104	(4A5) Number of unexpected natural deaths													
105	Number of all other deaths (excluding completed suicides & unexpected natural deaths)													
106	Total Number of Deaths (line 102+line 104+ line 105)													
107	ACA Calculated Outcome Measure (line 104/line 106)													
108	<b>MEDICATION ERRORS (Medication Error Log)</b>													
109	(4A6) Number of serious medication errors													
110	<b>OTHER DATA</b>													
111	<b>PHARMACY (Pharmacy Report)</b>													
112	Number of prescriptions written													
113	Number of inmates on prescribed medications													
114	<b>PERIODIC HEALTH APPRAISALS AND PHYSICAL EXAMS (Encounter Log)</b>													
115	Number of intake physical exams completed this month													
116	Number of periodic health appraisals completed this month													
117	<b>WOMEN'S SPECIALTY SERVICES (OB Log)</b>													
118	Number of <b>NEW</b> pregnant inmates (Current Month Only)													
119	Number of live births via vaginal delivery													
120	Number of live births via C-section delivery													
121	Total number of live births (line 118+line 119)													
122	Number of miscarriages/spontaneous abortions													
123	Number of mammograms completed this month (onsite)													

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NAME OF INSTITUTION														
<b>Monthly Data:</b>	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
124	SPECIALTY CLINICS AND SERVICES (DSNF ONLY) (Encounter Log)													
125	Number of Males undergoing dialysis													
126	Number of Females undergoing dialysis													
127	Total number of offenders undergoing dialysis (line 124+line 125)													
128	Number of on-site dialysis treatments this month													
129	Total number of offenders in the On Site Chemotherapy Program (OCHIP)													
130	Number of OCHIP treatments this month													
131	Number of physical therapy visits this month													
132	Number of infectious disease consultations this month													
133	Number of oral surgery consultations/procedures this month													
134	Number of podiatry consultations/procedures this month													




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Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
135	<b>DIAGNOSTIC IMAGING SERVICES (ON-SITE ONLY)</b> (Encounter Log)													
136	Number of Ultra Sounds completed onsite this month													
137	Number of X-Rays completed onsite this month													
138	<b>SEXUALLY TRANSMITTED INFECTIONS (STIs)</b> (Infection Control Nurse)													
139	Number of offenders diagnosed with syphilis this month													
140	Number of offenders diagnosed with gonorrhea this month													
141	Number of offenders diagnosed with chlamydia this month													
142	Number of offenders diagnosed with other STDs this month													
143	<b>INFLUENZA</b> (Infection Control Nurse)													
144	Number of offenders with confirmed diagnosis of influenza (New cases only)													
145	Number of offenders with diagnosis of Influenza Like Illness (ILI) (New cases only)													
146	<b>OTHER INFECTIONS</b> (Infection Control Nurse)													
147	Number of offenders diagnosed with scabies													
148	Number of offenders diagnosed with C-Difficile													
149	<b>CANCER</b> (CCC Log)													
150	Number of offenders with new diagnosis of cancer													
151	<b>SICK CALL ENCOUNTERS</b> (Encounter Logs)													
152	Number of NURSE Sick Call encounters													
153	Nurse encounters per 500 inmate population													
154	Number of MID-LEVEL Sick Call encounters													
155	Mid-level encounters per 500 inmate population													
156	Number of PHYSICIAN Sick Call encounters													
157	Physician encounters per 500 inmate population													
158	Total Sick Call encounters													
159	Total Sick Call encounters per 500 inmate population													
160	<b>CHRONIC CARE CLINIC ENCOUNTERS</b> (Encounter Log)													
161	Total Number of Inmates in Chronic Care as of last day of the month													
162	Number of MID-LEVEL Chronic Care Clinic encounters													
163	Mid-level encounters per 500 inmate population													

**TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT**


AUTO-CALCULATED CELL-- DO NOT ENTER DATA														
DUE BY THE 8 <sup>th</sup> OF EACH MONTH														
NAME OF INSTITUTION														
<b>Monthly Data:</b>	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
164 Number of PHYSICIAN Chronic Care Clinic encounters														
165 Physician encounters per 500 inmate population														

**TENNESSEE DEPARTMENT OF CORRECTION  
MONTHLY STATISTICAL REPORT**



AUTO-CALCULATED CELL-- DO NOT ENTER DATA														
DUE BY THE 8 <sup>th</sup> OF EACH MONTH														
NAME OF INSTITUTION														
Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
166	Total Chronic Care Clinic encounters													
167	Total Chronic Care Clinic encounters per 500 inmate population													
168	<b>LABORATORY DIAGNOSTIC TESTING (Lab Log/Diabetic Testing Log)</b>													
169	Number of laboratory tests completed onsite (multiple-test dipstick urinalysis, finger-stick blood glucose, fecal blood, and peak flow (TDOC Policy 113.75))													
170	Number of laboratory tests referred to an off site laboratory													
171	<b>HIV Testing (Lab Log/Infection Control Nurse)</b>													
172	Number tested upon Intake/Admission (BCCX; TPFW; NWCX (juvenile))													
173	Number POSITIVE													
174	Number tested randomly (per provider's order)(all sites)													
175	Number POSITIVE													
176	Number tested due to BBP Exposure (all sites)													
177	Number POSITIVE													
178	<b>HEPATITIS C TESTING (Lab Log/Infection Control Nurse)</b>													
179	Number tested upon Intake/Admission (BCCX; TPFW; NWCX (juvenile))													
180	Number POSITIVE													
181	Number tested randomly (per provider's order)(all sites)													
182	Number POSITIVE													
183	Number tested due to BBP Exposure(all sites)													
184	Number POSITIVE													
185	<b>ON-SITE INFIRMARY ADMISSIONS (Excluding MLCC) (Infirmary Log)</b>													
186	Number of MEDICAL INFIRMARY ADMISSIONS													
187	Number of MENTAL HEALTH INFIRMARY ADMISSIONS (SP or MHS)													
188	Number of SECURITY related INFIRMARY ADMISSIONS													
189	Total number of infirmary patients for the month (include rollover from previous month)													
190	Total number of infirmary in-patient days (count from 1st day to last day of month)													
191	Infirmary Average Length of Stay (days) (equals line 189 / line 188)													
192	# OF PATIENTS IN INFIRMARY > 15 DAYS													
193	# OF PATIENTS ASSIGNED PERMANENTLY IN THE INFIRMARY													

**TENNESSEE DEPARTMENT OF CORRECTION  
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<b>AUTO-CALCULATED CELL-- DO NOT ENTER DATA</b>														
<b>DUE BY THE 8<sup>th</sup> OF EACH MONTH</b>														
<b>NAME OF INSTITUTION</b>														
<b>Monthly Data:</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>TOTAL/AVG</b>	

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