**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

**Tennessee Department of Correction**

**Clinical Services Division**

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**INTRODUCTION**

***Intent***

It is the active intent of the Tennessee Department of Correction (TDOC) to monitor the Contractor’s performance in a continuous and ongoing effort to ensure that all contractual requirements are being fully met in accordance with policy as may be revised from time to time and standards. These expectations are based on the specific terms of the Tennessee Code Annotated, the current standards of the American Correctional Association (ACA), the RFP specifications and the current TDOC Policies and Procedures. Primary responsibility for this monitoring effort will reside with the Clinical Services Division of the TDOC. Monitors will conduct audits at each institution to assess the adequacy and timeliness of healthcare services. Monitors will be trained in conducting the audit. Audits will systematically assess the Contractor’s performance by means of medical record reviews and direct observations of medical records, logs, manuals, critical incident reports and other appropriate sources. Observed performance will be compared with pre-established performance criteria. These criteria, along with the parameters for measuring the Contractor’s degree of success in achieving them, are the subject of the attached documents.

***Audit Process***

Each audit may be performed as often as necessary at each institution, shall be scheduled in advance, and may last for several days. The performance level of the individual institution may affect the frequency of the audits. The Contractor shall provide access to the Health Services Unit staff and Quality Assurance staff as required. All medical/dental/mental health records, logbooks, staffing charts, time reports, inmate grievances,and other requested documents required to assess Contractor performance, shall be made available. Such activities may be conducted in the institution’s clinic but will be conducted in a manner so as not to disrupt the routine provision of inmate healthcare. When necessary, TDOC custody and/or administrative records will be utilized to establish facts or corroborate other information.

All audits are designed and performed in accordance with the following standards:

* Tennessee Statutes
* Tennessee Code Annotated (TCA)
* Tennessee Department of Correction’s Policy as may be revised from time to time and Procedures
* The RFP and current Health Care Contract
* American Correctional Association Standards (ACA)

General requirements applicable to all inmates will be assessed via a data review of a 5%-20% sample of the inmate’s health records at an institution, selected randomly. Other requirements, relevant to a segment of the inmate population, may be monitored by a higher percentage (up to 100%) of the records of a sub-population (i.e., Special Needs or Chronic Care roster, pregnant inmates, etc.). Areas in which performance deficiencies have been found may be re-examined in the subsequent quarter or follow up period as designated by the TDOC in order to gauge progress towards satisfactory performance.

At the conclusion of an audit, the monitors will share the preliminary results with the institution’s health administrator . Prior to the monitor leaving the facility, an exit interview shall be held with the health administrator and the warden/designee regarding the audit results. The Contractor shall provide all documents necessary to dispute audit results at the exit interview.

Copies of completed audits may be forwarded to the Contractor’s corporate office and the TDOC’s administration. The Contractor may dispute the findings via appeal to the Director of Clinical Services. The Contractor must specifically address each disputed finding and justification. The TDOC will render a final decision on the appeal to the contractor within ten days of receipt.

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS** **MANUAL**

***Continued***

For each element reviewed, an adjustment to compensation has been specified as liquidated damages for each non-compliant occurrence. The State shall withhold the monetary amount from the Contractor’s compensation for substandard performance in the designated audit areas. The Contractor will be notified in writing and the appropriate deduction will be made in the next monthly payment following the expiration of the appeal deadline. The State may, in its sole discretion, waive an assessment of liquidated damages for a given occurrence of non-compliance, subject to Section D.12 of the Contract between the State and the Contractor.

The manual of Objective Performance Criteria outlines the Contractor’s compensation areas that are subject to adjustment. Objective Performance Criteria are subject to change at the discretion of the State. The Contractor shall be given a 90-day notice to prepare for any new or changed criterion. Audits will begin effective September 1, 2016. The results of the September, October and November 2016 audits will be informational only and will not result in an adjustment to compensation. Adjustments to compensation will be effective with the audits performed beginning December 1, 2016.

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**KEY PERFORMANCE INDICATORS** **MANUAL**

***Continued***

**Summary of Liquidated Damages PER OCCURRENCE**

The following is a summary of the indicators and liquidated damages amounts for Objective Performance Criteria. This listing does not represent the complete description or Contractor responsibility for the stated criteria; details are provided in the Performance Criteria and Critical Indicators section of this Manual. The amounts indicated are the adjustment (deduction) to compensation amounts assessed to the Contractor as liquidated damages for substandard performance per occurrence in the audit areas.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Indicators** | **Amount** |
| **Initial Health Assessment** | Initial health assessment within 7 days and physical examination within 10 days. pg. 6 | $200 |
| **Medication Administration Record (MAR)** | MAR includes inmate identification information; MAR includes medication and dosage information; (Initials and signatures of licensed professional administering the medication; allergies)  Correct use of codes/notes on MAR; pg. 7-8 | $500 |
| **Annual TB Screening** | 1. Annual tuberculin screening of inmates pg. 9 2. Annual tuberculin screening of employees pg.9 | $200  $200 |
| **Staffing** | 1. Clinical vacancies filled within 30 days; pg. 10 2. All other positions filled within 30 days; pg. 10 3. Contractor’s key management staff positions require approval of TDOC pg. 10 | $200  $200  $500 |
| **Specialty Care/Consultations** | 1. Timely referrals and visits to a specialist pg. 11 2. Provider review and documentation of consultant recommendations pg. 11 | $200  $200 |
| **Emergency On Call** | The Physician must respond to emergency calls within **30** minutes. Damages per 15 minute increment after deadline has passed. pg. 12 | $100 |
| **Controlled Substances** | Reconciliation of controlled substances at shift change between off-going nurse and on-coming nurse. pg. 13 | $500 |
| **Utilization Management** | 1. Notification of Emergency Room Transfers/admissions pg. 13 (?)  2. Hospital Admissions pg. 15 | $1,500 |
| **Chronic Care** | 1. patient seen by provider every 6 months pg.14  2. Patient seen by physician provider annually pg.14 | $100  $200 |
| **Provider reviews** | Mid-Level Encounters/interventions pg. 17 | $200 |
| **Credentialing** | All personnel are currently licensed, certified and /or registered to the extent required by the State of Tennessee. Pg. 16 | $500 |
| **Annual Inspections** | An inspection of performance measures that have failed the test of acceptable threshold, 95% as it relates to the Annual Inspection instrument pg. 18 | $1,000 |
| **American Correctional Association (ACA)** | Failure to meet accreditation for Health Services pg. 20  Number of deficiencies on ACA Audit | $25,000  $500 |
| **Transport of a Death Row Inmate** | Failure to notify the TDOC Chief Medical Officer of the transport of a Death Row Inmate pg. 19 | $1,500 |

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS** **MANUAL**

***Continued***

**Summary of Liquidated Damages PER OCCURRENCE (Continued)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Restrictive Housing Sick Call** | | 1. 1. Failure to meet contractual specifications as it relates to conducting special or restrictive housing sick call   2. Failure to meet contractual specifications as a repeat finding as it relates to conducting special or restrictive housing sick call pg. 21 | $250  $500 | | |
| **Physicians Orders** | The physician or mid-level provider’s orders shall contain documentation for the administration and distribution of prescribed medications. pg. 22 | | | $100 |

***Consideration for imposing adjustments to compensation:***

**ACA Accreditation-** Required for accreditation by the American Correctional Association

**TDOC Policies-** Required per TDOC policy and procedures as may be revised from time to time

**Risk Management-** Required avoiding or defending the State in litigation regarding the health delivery system

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS** **MANUAL**

***Continued***

**CRITICAL INDICATOR**

**INITIAL HEALTH ASSESSMENT**

**Definition and Purpose of Auditing This Criterion**

A new intake health screening and examination by the provider is required upon the initial admission of all inmates. The Initial Assessment shall include history and physical examination (including breast, rectal, and testicular exams as indicated by the patient’s gender, age, and risk factors), review of all receiving screening documentation and lab results, and initiation of therapy and immunizations when appropriate.

**Elements of the Criterion**

All new admissions at any reception facility will undergo a health appraisal to include a history and physical examination as well as appropriate admission testing as designated by TDOC policy as may be revised from time to time.

**Indicators/Methodology/Acceptable Standard**

**Indicator**: Initial Health Assessment is completed by provider within 7 days of admission and the physical examination shall be completed within 10 days of admission, in accordance with ACA Standards and TDOC policy and procedures as may be revised from time to time.

**Methodology**: Review the Medical Record for completion of appropriate forms.

**Acceptable Standard:** Threshold**95%**

**Amount per omission: $200**

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**MEDICATION ADMINISTRATION RECORD**

**Definition and Purpose of Auditing This Criterion:**

The Contractor is responsible for ensuring that proper pharmaceutical services are provided. At allfacilities, this shall include the maintenance of records as necessary to ensure adequate control of and accountability for all medications.

**Elements of the Criterion:**

An inmate-specific Medication Administration Record (MAR), will contain documentation of the administration and distribution of prescribed medications. Licensed healthcare staff will note and initial the medications that were administered on the MAR. The completed MAR is a permanent part of the inmate’s Medical and Dental Record and should be filed in that inmate’s Health Record within (30) days of the end of the month.

Healthcare staff will complete the required demographic information each time that a MAR is initiated. This includes the Inmate Name, ID Number, Allergies to Medication(s) (using “NKA” when an inmate states having No Known Allergy), applicable month and year, and the TDOC correctional institution. Medication orders shall be transcribed by licensed healthcare staff on the MAR. A MAR will be generated each month if a medication order is still valid. The following information from the Physician’s order form will be documented for each medication listed on the MAR:

1. Start Date: Date prescription was written.
2. Stop Date: Date duration of therapy will end.
3. Initials: Initials of staff member transcribing order onto the MAR.
4. Drug name, Drug dosage, Route of Administration, and Interval of frequency.
5. Hour of Administration: As ordered.
6. Clinical indication

Licensed healthcare staff designated to administer medication shall date and sign their names, date and identifying initials in appropriate areas of the MAR. Licensed staff administering medications will document in the appropriate date and time blocks all medications administered, using the appropriate codes listed on the back of the MAR. The administering nurse will verify that the medication was administered to the inmate. The nurse must initial any code written on the MAR. All medications, including over-the-counter medications will be given to the inmate by licensed healthcare staff in accordance with the nursing protocol, and must be documented on the back of the MAR.

When providing Keep-On-Person (KOP) medications, staff will note on the MAR and will have the inmate sign for receipt of the medications and their understanding of usage. The nurse will sign and date the front of the MAR. The back of the MAR will be used to make appropriate treatment notes regarding medication side effects or testing (i.e., blood pressure, etc.).

**Indicators/Methodology/Acceptable Standard**

**Indicators**:

1. The MAR shall include the inmate’s name, TDOC number, and any known allergies.
2. The MAR shall include: “Start” & “Stop” dates, drug name, dosage, route of administration, frequency, hour of administration and clinical indication.

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**MEDICATION ADMINISTRATION RECORD (Continued)**

1. The following codes shall be used to document medication administration. All codes are to be initialed by the RN or LPN who administers the medication. A corresponding progress note shall accompany any codes for “refusal” and “other” on the appropriate section of the MAR. All Keep-On-Person (KOP) medications on the MAR shall be signed by both the administering nurse and the inmate. Designated medication codes are as follows:

* Nurse’s initials: Medication administered to inmate
* Nurse’s initials and inmate signature: Keep on Person Medication(s)
* D/C: Discontinued order
* R: Inmate refused medication
* S: Self-administered dose given to inmate
* A: Absent (No Show)
* C: Court
* O: Other
* Allergies

1. The licensed staff administering medication will document in the appropriate space for all medications administered. There shall be no blank spaces except in the case of PRN medications.

**Methodology:** Review the MAR

**Acceptable Standard:** Threshold  **95%**

**Amount per non-compliance/ record:** $500

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**ANNUAL TB SCREENING**

**Definition and Purpose of Auditing This Criterion**

In accordance with TDOC Polices/Procedures and ACA Standards, the Contractor is responsible for conducting Annual TB Screenings of inmates and designated employees.

**Elements of the Criterion**

**TB screening will be given annually to inmates.** TB testing shall be performed when clinically indicated.Inmates with a documented past positive TB test will be screened annually, and must be informed about the symptoms of TB. They shall be evaluated annually for pulmonary symptoms suggestive of TB by a nurse/physician. The annual encounter must be documented on the appropriate medical record encounter form (flow sheet). A medical staff member will counsel any inmate who refuses TB testing. This counseling will be documented on the appropriate medical record encounter form. If he/she continues to refuse, the institution’s CQI/ Infectious Disease Coordinator shall be notified. A healthcare staff member will counsel the inmate. Documentation of the refusal and the notification of the TB Coordinator will be made on the TB Screening Refusal form. If he/she continues to refuse, the inmate will be referred to the TDOC’s Chief Medical Officer for action.

**Indicators/Methodology/Acceptable Standard**

**Indicators**:

1. Annual tuberculin screening and testing of inmates, as determined by TDOC policies.
2. Annual tuberculin screening and testing of employees, as determined by TDOC policies.

**Methodology**: Review the inmate’s medical record for documentation on the immunization record.

Review employee personnel record for proper documentation on immunization form.

**Acceptable Standard:** Threshold **95%**

**Amount per omission/ record:** $200

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**STAFFING**

**Definition and Purpose of Auditing This Criterion:**

According to TDOC Policy /Procedures and ACA standards, the Contractor shall provide adequate staffing for each facility according to the approved staffing plan.

**Elements of the Criterion:**

The Contractor is to utilize the State’s approved minimum staffing plan for each institution. In the event of vacant positions, the Contractor is required to provide adequate coverage to meet all required services.

**Indicators/Methodology/Acceptable Standard**

**Indicators:** The Contractor shall fill all vacancies in a timely manner:

a. Clinical vacancies shall be filled within 30 days

b. All other positions shall be filled within 30 days

c. Contractor’s key management staff positions require prior approval of the TDOC

**Methodology**: Verification of compliance thru contract monitoring and proper notification to the TDOC for key management staff.

**Acceptable Standard:** Threshold **95%**

**Amount per occurrence:** $200 per clinical position per day not filled within 14 days

$200 per non-clinical position per day not filled within 30 days

$500 for appointing key management staff without the approval of the TDOC

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**SPECIALTY CARE / CONSULTATIONS**

**Definition and Purpose of Auditing This Criterion:**

As per ACA Standards and current TDOC Policy as may be revised from time to time, the Contractor shall make referral arrangements with Tennessee licensed and Board Certified specialty physicians for the treatment of those inmates with health care problems that extend beyond the primary care specialty clinics provided on-site.

**Elements of the Criterion:**

The Contractor will arrange for specialty care as medically needed. The consultation request will be a part of the inmate’s medical record. Documentation of all requests will be noted on the appropriate forms. Requests for specialty care will be maintained and tracked in a logbook at each institution, as well as in the inmate’s medical record. All specialty consults will be approved or denied by the contractor within 7 working days upon receiving a request for consultation. When possible, specialty care will be delivered at the inmate’s parent institution or regional facility. Generally, all initial visits to a specialist shall occur within 60 days from the date of the provider’s request. Urgent specialty referrals will be completed within 14 working days. At the discretion of the State, the Contractor may request and receive written approval from the State for exceptions to these timeframes.

The primary care physician will review the consultation report and document his/her response to the consultant’s findings in the inmate’s medical record within 3 days.

**Indicators/Methodology/Acceptable Standard**

**Indicator**: 1. All initial visits to a specialist shall occur within the timeframe set forth above.

**Methodology:**

1. Review the inmate’s medical record and the consult log to determine the date on which a specialty consult was completed.
2. Documentation of all requests will be noted on the appropriate medical record encounter form.

**Acceptable Standard:** Threshold 90%

**Amount per occurrence:** $200

**Indicator**: 2. Regarding Specialty Care/Consultation findings/recommendations, the provider will review the consultant recommendations and document those findings in the medical record of the respective inmate.

**Methodology:**

1. Review the inmates medical record for documentation of consultant’s findings/recommendations
2. Review medical record for documentation by provider within 3 days of receipt of consultation results.

**Acceptable Standard:** Threshold **95%**

**Amount per occurrence:** $200

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

Emergency on call

**Definition and Purpose of Auditing This Criteria**

The Contractor is responsible for ensuring that emergency phone calls are returned 24 hours, 7 days a week within 30 minutes of notification call from each facility. An emergency phone call shall be defined as a call referring to an [acute](https://en.wikipedia.org/wiki/Acute_(medicine)) [injury](https://en.wikipedia.org/wiki/Injury) or [illness](https://en.wikipedia.org/wiki/Illness) that poses an immediate risk to a person's life or long term health. This shall include reporting any critical laboratory data and imaging results.

**Elements of the Criterion:** The contractor shall provide on-call answering service log indicating date and time of notification. On-site Nurses will document on progress notes the date and time of emergency call response.

**Indicator/ Methodology./Acceptable Standard**

**Indicators**

1. Progress note will reflect the date and time of the emergency call.
2. The Physician must respond to emergency calls within 30 minutes.
3. Progress note will reflect date and time of response by attending Nurse

**Methodology:** Review of Progress notes and Review of Answering service call log.

**Acceptable Standard:** Threshold **95%**

**Amount per non-compliance:** $100 assessed for every 15 minute increment~~s~~ of non-compliance after the 30minutes deadline.

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

Controlled Substance Reconciliation

**Definition and Purpose of Auditing This Criterion:** Reconciliation of controlled substances shall be conducted for the purpose of accountability.

**Elements of the Criterion:** Contractor will comply with TDOC Policy #113.70 as may be updated from time to time, Management for Pharmaceuticals, which requires accountability of controlled substances consisting of medication reconciliation at the change of each shift with signature of outgoing and incoming clinical staff.

**Indicators/Methodology/Acceptable Standards**

**Indicators:** Reconciliation of Controlled Substances shall take place upon shift change between the g

outgoing nurse and the incoming nurse.

**Methodology:** Reconciliation in accordance with Policy #113.70 as may be updated from time to time

**Acceptable Standard:** Threshold **95%**

**Amount per non-compliance/ each shift:** $500.00

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**CHRONIC CARE CLINIC**

**Definition and Purpose of Auditing This Criterion:**

According to TDOC Policy/Procedures and ACA standards, the Contractor shall provide adequate Chronic Care Clinics

**Elements of the Criterion:**

The Contractor is to utilize the State’s approved (Chronic Care Clinic)plan for each institution..

**Indicators/Methodology/Acceptable Standard**

**Indicators:** The Contractor shall

1. Patient seen by provider every 6 months

2. Patient seen by Physician provider annually

**Methodology**: Verification of compliance thru contract monitoring and proper notification to the TDOC for key management staff.

**Acceptable Standard**: Threshold **95%**

**Amount per occurrence:** 1) $100 per deficiency

2) $200 per deficiency

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

Utilization Management

**Definition and Purpose of Auditing This Criterion:** Notification to the TDOC Chief Medical Officer or designee, of transfers to the emergency room and/or hospital is required to facilitate utilization management.

**Elements of the Criterion:** When a referral to emergency room or need for a hospital admission is identified the attending physician must ~~to~~ notify the TDOC Chief Medical Officer or designee

**Indicators/Methodology/Acceptable Standard**

**Indicator:** The contractor shallnotify the TDOC Director of Clinical Services and Chief

Medical Officer or designee any referrals or transports to the emergency room and prior to any hospital admissions including weekends and holidays.

**Methodology:** Review of Contractors daily report of emergency room/inpatient utilization.

**Acceptable Standard:** Threshold **95%**

**Amount per omission:** $1,500

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**CREDENTIALING**

**Definition and Purpose of Auditing This Criterion:**

The Contractor shall have a written policy and procedure regarding the physician credentialing process approved in writing by the State within thirty (30) days of contract execution. The Department of Correction shall have access to provide a copy any such credentialing records Notification to the TDOC Director of Clinical Service or designee, of any credentialed personnel.

All nursing personnel must have graduated from an accredited nursing program and hold applicable Tennessee licenses and advanced degrees. Nursing personnel shall not commence employment without evidence of a current Tennessee license to practice, evidence of a current DEA licensure, where applicable, practice agreements with a Tennessee licensed physician, Medicaid number and/or NPI number, evidence of malpractice insurance coverage and evidence of current TB testing.

Contractor shall provide to TDOC documentation of malpractice insurance coverage and current TB testing to confirm all ancillary personnel, including but not limited to x-ray technicians, physical therapist, occupational therapist, optometrists, podiatrists, infectious disease expert, and/or nursing assistants meets applicable Tennessee regulatory requirement and community certification training standards.

**Elements of the Criterion:** All providers, nurses and ancillary

**Indicators/Methodology/Acceptable Standard**

**Indicator:** The contractor will notify the TDOC Chief Medical Officer or designee of any personnel or ancillary staff with expired credentials.

**Methodology:** To ensure the personnel providing care in the facilities to the inmates have active licenses, registrations and certification to perform their duties as health care professionals.

**Acceptable Standard**: Threshold **95%**

**Amount per omission**: $500

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**PROVIDER REVIEWS**

The work of all physicians and dentists shall be annually reviewed jointly by the Contractor and TDOC Chief Medical Officer. In an effort to assure clinical performance enhancement, the Contractor shall have a peer review program that is approved in writing by the TDOC Chief Medical Officer within sixty (60) days of contract execution and annually thereafter. The program must either meet or exceed the’ State’s policy as may be revised from time to time and CQI Charter for peer review. The State’s Chief Medical Officer shall be notified of all peer review actions, and the results of the peer review process shall be shared with the’ State’s Peer Review Chairperson. The State shall review the peer review reports and approve the Contactor’s plan of corrective action for peer review deficiencies.

**Elements of the Criterion:**  All providers

**Indicators/Methodology/Acceptable Standard**

**Indicator:** The contractor shall be responsible for conducting the annual provider reviews

**Methodology:** To ensure the personnel providing care in the facilities to the inmates perform their duties as Health care professionals.

**Acceptable Standard:** Threshold **95%**

**Amount per omission:** $200

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**CRITICAL INDICATOR**

**Annual Inspection**

Additional inspections shall be conducted at least annually to ensure all federal, state, and accrediting standards are met and that the Contractor is in full compliance with this contractual agreement and all performance measures met.

Definition and Purpose of Auditing This Criterion: To ensure compliance with contractual performance standards on an annual basis.

**Elements of the Criterion:** Identified measurable standards of Health Services inspection instrument that covers the performance measures of this contractual agreement.

**Indicators/Methodology/Acceptable Standard**

**Indicator:** An inspection of performance measures that have failed the test of acceptable threshold, as it relates to the Annual Inspection instrument

**Methodology:** Review of the Annual Inspection report for items of non-compliance.

**Acceptable Standard:** Threshold **95%**

**Amount per non-compliant finding:** $1,000 for each non-compliant area of inspection.

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**Transport of a death row inmate**

**Definition and Purpose of Auditing This Criterion:** Notification to the TDOC Chief Medical Officer or designee, of any proposed clinically necessary transfer of a Death Row Inmate to the emergency room and/or hospital is required to ensure effective utilization management and public safety

**Elements of the Criterion:** When a referral is made to an off-site clinical setting regarding high security risk inmates an additional level of utilization management, as well as, the opportunity to arrange additional security measures is required. The Contractor must notify the TDOC Chief Medical Officer or designee directly by phone and provide written notification using secured direct messaging.

**Indicators/Methodology/Acceptable Standard**

**Indicator:** The contractor will notify the TDOC Chief Medical Officer or designee of any referrals of transports to the emergency room and prior to any hospital admissions including weekends and holidays for any Death Row Inmate.

**Methodology:** Review of Contractors daily report of emergency room/inpatient utilization.

**Acceptable Standard:** Threshold **95%**

**Amount per omission:** $1,500

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**ACA ACCREDITATION**

**Definition and Purpose of Auditing This Criterion:**

To ensure the State continues to maintain accreditation and a level of excellence established by meeting all standards of the accrediting body, American Correctional Association.

**Elements of the Criterion:**

Each individual institution is audited periodically by the American Correctional Association measuring certain criteria relative to specific standards in all areas of the operation of an institution. This audit results in accreditation, re-accreditation or loss of accreditation. The Contractor shall be responsible for the final accreditation of the Health Services portion of this audit and any standards found non-compliant by the ACA.

**Indicators/Methodology/Acceptable Standard**

**Indicators:** The Contractor shall maintain ACA Accreditation.

**Methodology**: Verification of compliance thru the ACA and proper notification to the TDOC for key management staff.

**Acceptable Standard:** Threshold **95%**

**Amount per occurrence:** 1) $25,000 per institution in event of loss of accreditation

2) $500 per deficiency

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**RESTRICTIVE HOUSING SICK CALL**

**Definition and Purpose of Auditing This Criterion:**

According to TDOC Policy/Procedures and ACA standards, the Contractor shall provide adequate access to care for those inmates who are in special or restrictive housing.

**Elements of the Criterion:**

The Contractor shall develop and implement a plan and to conduct daily nursing sick call for Special and Restrictive housing inmates.

**Indicators/Methodology/Acceptable Standard**

**Indicators:** The Contractor shall conduct daily Nursing Sick Call for Special and Restrictive housing inmates.

**Methodology**: Contract Monitors will conduct a review of monthly records and assess liquidated damages quarterly.

**Acceptable Standard:** Threshold **95%**

**Amount per occurrence:** 1) $250 per deficiency

2) $500 per repeat finding

**ATTACHMENT THREE**

**KEY PERFORMANCE INDICATORS MANUAL**

***Continued***

**CRITICAL INDICATOR**

**PHYSICIANS ORDERS**

**Definition and Purpose of Auditing This Criterion:**

In accordance with Policy #113.70 and #113.71 both as may be revised from time to time, the Contractor is responsible for ensuring that a physician or mid-level medication orders are documented properly.

**Elements of the Criterion:**

The physician or mid-level provider’s orders shall contain documentation for the administration and distribution of prescribed medications.

**Indicators/Methodology/Acceptable Standard**

**Indicators:** The Physician or mid-level provider shall complete documentation on CR-1892.

1. Date and Time order was written.
2. Start Date: Date prescription was written.
3. Stop Date: Date duration of therapy will end.
4. Drug name, Drug dosage, Route of Administration, and Interval of frequency.
5. Hour of Administration
6. Clinical indication
7. Quantity limits as applicable
8. Legible ordering provider signature

**Methodology**: Contract Monitors will conduct a review of “Physician’s Orders” and assess liquidated , damages quarterly.

**Acceptable Standard:** Threshold **95%**

**Amount per occurrence:** $100 per deficiency