

Continuous Quality Improvement

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Why Bother?

It is reasonable to ask, "Why bother making the effort to implement a quality improvement program in a correctional setting?" Correctional professionals working in facilities that have implemented such programs describe at least four major benefits that they have experienced:

1. *Enhanced correctional health staff cooperation.* When correctional and health care staff participate jointly in quality improvement training and teams, cooperative working relationships flourish. Working side-by-side toward mutually agreed-on goals moves staff beyond traditional jurisdictional conflicts that plague prison work.³
2. *Decreased tensions or friction with inmates.* Institutions that have well-run services are easier to manage. Although bank robber Willie Sutton is oft quoted in medicine for his "go where the money is" wisdom, his perhaps more important insight was his statement that every prison riot is due, in part, to poor medical care.⁴ Good medical services are important, but good meals and responsive legal services and case management all result in fewer problems with inmates at well-run facilities.
3. *Increased staff satisfaction.* When workers are able to participate in redesigning the programs in which they work, they tend to experience greater job satisfaction.⁵ This both enhances the ability to recruit new staff as well as increases staff retention. Because few physicians or nurses graduate professional school with strong a priori desires to work in a correctional setting, attracting and retaining competent, talented, dedicated staff is a prerequisite for high quality and a result of meaningful quality improvement programs.
4. *Cost-effectiveness.* Quality improvement programs throughout the country have been able to demonstrate savings by improving both the processes and outcomes of care. By improving facility or patient compliance with medication regimens, there is likely to be less morbidity, less use of outside emergency departments, and less use of outside hospitals. By attending to needlessly complex or flawed processes, one can uncover an enormous amount of waste (often as much as 40% to 50% of expenditures in health facilities) and uproot it.^{6,7}

Many working in prisons are highly motivated to improve quality but are seeking a better theoretical and practical framework to guide their efforts. In this chapter, we propose some ideas and offer some suggestions for projects. We begin with a brief overview of the history of formal efforts to improve the quality of health services. We offer a number of powerful change concepts and lessons derived from basic industrial quality improvement principles as well as from our personal experiences and efforts. We then describe the unique problems and obstacles complicating efforts to improve quality in correctional settings. Finally, we offer suggestions on how to organize and implement a quality improvement program, and we provide examples of specific quality improvement problems that have been addressed successfully.

How to Organize a Quality Improvement Program

The two fundamental elements of a CQI program are management commitment and staff participation. As elementary and self-evident as this may seem, with rare exceptions, these two prerequisites are either totally lacking or fulfilled only through token involvement. Genuine commitment to these two foundations is best structurally codified in the form of a management quality council and multidisciplinary teams.²⁰

The quality council is an organizational structure that is responsible for developing the annual quality improvement plan and overseeing and evaluating its implementation and effectiveness. The warden, or equivalent executive leader, along with other top leaders from the health care program should sit on the quality council.³⁴ These are busy people, easily distracted by many other important competing demands on their time. However, unless there is active involvement and investment of time by such senior staff, it is unlikely that the quality improvement program will do more than raise expectations and frustrations and waste considerable organizational energies for minimal returns.

The council should meet on a regular basis (usually once monthly). Its oversight role includes ensuring that the quality improvement program:

1. Is in sync with the organizational mission and priorities by empowering and coordinating process teams in key strategic areas
2. Is comprehensive in its scope, which means that it broadly addresses each of the key services (i.e., sick call, reception and transfer processes, infirmary services, dental services, medication services, chronic illness services, outside referral and specialty services, ancillary services, mental health services, and outside hospitalization)
3. Is adequately supported in terms of staff time and resources
4. Is data driven, continuously evaluated for progress, and relentlessly striving for further improvement

To effectively implement a quality improvement program, one must begin by training leadership staff, including both health care and correctional staff, in quality improvement principles and techniques. Some of this training may be done in lectures, seminars, or workshops. Other training can be done in a just-in-time manner when there is a need to learn how to engage a particular problem.

If the quality council is the backbone of an institution's quality efforts, then multidisciplinary teams are the real guts of the program.²⁰ It is in teams that problems are broken down and digested, and it is in teams that the absorbing task of understanding how work processes are actually carried out and how they can be improved occurs. Each team should have a trained leader and should consist of representative staff who provide services in a given area. Thus, physicians, nurses, clerks, and other staff who perform sick call or who provide urgent care should participate in those respective teams. One goal of the program might be that every health care staff member participates in at least one quality improvement team during the course of the year.

Through their intimate knowledge of the work processes, team members can share their understanding of how the patient is supposed to move, for example, through the system for a sick call encounter. This understanding entails elaboration of how "on paper" the system is supposed to work, how in practice it actually occurs, and where it stumbles. Many administrators consider the making and enforcing of rules as the sine qua non for well-run operations. CQI teaches us that there are much greater quality gains possible from understanding why glitches occur and how these variations from the ideal relate to the fundamental ways the processes are designed.¹⁶ By rigidly imposing prescriptive rules to correct problems, administrators not only succumb to blinders resulting from their limited views of the process, but also frustrate or squash the creative energies and opportunities for diminishing barriers across disciplines (discussed previously).

Summary

What we learn from quality improvement is that, if we're just doing our jobs, then we're not doing our jobs. Just working in the same old ways is no longer sufficient. In industry, it means that we will have no job if our firm can't continuously improve so that it can keep pace with the competition. In prisons, ... well, what does it mean? If prisons are a growth industry, and it looks like they'll always be around, will there be no competition to drive us out of business?

What it means for those of us working with prisoners is that doing our jobs, or even doing our jobs better, is not enough. Privatization issues notwithstanding,³³ we have a special responsibility to the prisoners and to the larger society to draw the circles even wider. Few of us could justify our work if we were guards or doctors in a concentration camp, even an efficient, well-run camp. Continuous quality improvement's

implied dissatisfaction with the status quo means that we have to more broadly challenge the status quo that we observe in prisons.^{5,18}

Making the commitment to give quality care to each prisoner and to respect the human dignity of each inmate, along with our faith in the potential of the employees, is crucial to challenging the unfair, violence-prone, and vengeful forces that are filling our jails and prisons. Shining a light on these dark problems, linking hands with others who have a basic faith in human nature and who believe in humane care, and striving to improve individuals' conditions and their lives should, in the end, be what high-quality caring means for this population.

Contribution

This appendix is excerpted from a chapter in the publication *Clinical Practice in Correctional Medicine* (2nd Ed.), Michael Puisis, DO, "Challenges of Improving Quality in the Correctional Setting," pp. 491-502, © 2006 Elsevier.

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