DEFENDANTS' IMPLEMENTATION PLAN
LIPPERT CONSENT DECREE

EXECUTIVE SUMMARY

The Illinois Department of Corrections ("IDOC" or "Department"), Office of Health Services ("OHS") and Governor Pritzker recognize the importance of compliance with the Consent Decree entered on May 9, 2019, in *Lippert v. Jeffreys, et al.*, no. 10-cv-04603 (Doc. no. 1238). We are dedicated to seeing the execution of this Implementation Plan to completion. This plan is submitted by the Defendants after discussions with the Monitor and provides a roadmap for our compliance with the Decree. This plan outlines a quality improvement approach to the delivery of medical and dental care. A philosophy of quality improvement will serve as a guide as we implement changes to our health care system. Finally, Defendants submit that this plan may require occasional amendments to accurately reflect future endeavors.

Defendants recognize the significant benefits associated with developing an enhanced leadership structure for OHS. Enhanced leadership includes additional OHS executive level staff, the development of audit teams, a quality improvement team, and increased data assistance. This affords OHS the ability to have more intensive oversight of healthcare staff, conduct more effective vendor monitoring and have the ability to dedicate staff to transforming the Department's quality improvement program. Accordingly, this task will serve as a primary focus for the Department. Another initial focus of OHS is to institute the following structural components to its health care program:

- System-wide implementation of an Electronic Medical Record ("EMR");

- Development of a comprehensive set of health care policies and procedures;

- Performance of audits to ensure compliance with policies and procedures;

- Review of audit data and design of quality improvement plans to determine whether adequate physical clinical space and equipment is available at all facilities; and

- Taking corrective action based on those audits.

IDOC is also dedicated to the enhancement of its quality improvement program. This program will drive health care improvement, including a focus on clinical and operational issues identified in the Consent Decree. The University of Illinois ("UIC"), College of Nursing completed an initial assessment of the IDOC's existing quality improvement efforts. IDOC is now collaborating with Southern Illinois University School of Medicine ("SIU") to build on that initial assessment in order to

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implement a more productive and efficient quality improvement program. This partnership will provide several key staff positions including an audit team, a data team, quality improvement consultants, and process improvement specialists. SIU is aggressively working to hire people for these key positions.

In addition, IDOC will evaluate the healthcare needs of the aging population housed in IDOC facilities. IDOC will seek assistance from the Illinois Department of Aging to develop a survey and assess the needs of our aging inmate population. IDOC will develop options to address the gaps identified in the analysis of the survey.

A staffing analysis was conducted through the combined efforts of the OHS leadership team, the Health Care Unit Administrators ("HCUA") assigned to each facility, and the Monitor. The data presented in the staffing analysis represents the best estimate of the additional healthcare staff currently necessary to meet IDOC's identified mission and vision to provide "high quality medical care" to men and women in our custody. The analysis does not provide data as to what is minimally required by the Consent Decree or the U.S. Constitution. The staffing levels identified in the analysis are not meant to establish any minimum staffing level for any particular position at any particular facility, or at IDOC in general. The analysis should be viewed with the understanding that the needs of IDOC's healthcare system are dynamic and that modifications of the staffing analysis will be required to accommodate those changes. The staffing analysis proposes to add over 280 positions. However, this analysis was conducted prior to implementing revised policies and practices, as well as an EMR. A full implementation of the updated policies and the EMR will likely impact the staffing needs. In order to address the evolving needs of the system, if IDOC determines it to be necessary, it may revise the staffing analysis as needed.

In summary, this implementation plan focuses on establishing improved system-wide health care policies and operational requirements. Staff will need to be trained on new policy initiatives, and the new policies will need to be implemented. The supplementation of OHS leadership provides increased oversight in various Consent Decree objectives. For example, with the addition of audit teams and quality improvement consultants, the IDOC plans to create an auditing program to conduct annual facility audits and to generate reports identifying deficiencies. The auditing program will also be responsible for conducting mortality reviews and sentinel event reviews. Combining audits and reviews with incident reporting and performance and outcome measures will identify deficiencies that will serve as the source of quality improvement activity at individual facilities. The quality improvement consultants will mentor facility staff and demonstrate how to conduct improvement projects that correspond to identified deficiencies. This information will be incorporated into an annual report that will measure and account for the system's performance. Once the results indicate that a facility is *in compliance*, IDOC will notify the Monitor who will perform a site visit and confirm whether there is an agreement as to compliance. This

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method allows the IDOC to self-monitor and maintain a superior provision of health care far beyond the timeframe of the Consent Decree.

In the following sections, we give details of each of the components contained in this overview section.

OFFICE OF HEALTH SERVICES ("OHS")

The Chief of the Office of Health Services, a physician, will be the health authority of the medical program. All Health Care Unit Administrators will report health care related information through a healthcare chain of command to this individual. OHS will incorporate health care leadership positions under an IDOC umbrella regardless of vendor arrangements. The Chief of OHS will be responsible for oversight and directing all aspects of health care operations. This individual will be the final health authority with respect to clinical decisions and clinical operations.

While the OHS staff has already expanded considerably, an outside vendor will be considered to augment OHS leadership staff in key areas that may be difficult for IDOC to recruit. In addition to adding a full time Infectious Disease Coordinator, IDOC currently collaborates with the Illinois Department of Public Health ("IDPH"). This arrangement allows IDPH to provide consultation and guidance with respect to infection control policy on immunization, screening, and other public health matters. Other additions to OHS staff will be discussed in the Quality Improvement section of this plan.

STRUCTURAL COMPONENTS

Implementation of the Electronic Medical Record ("EMR") at all sites is a critical component of the IDOC's compliance with the Consent Decree. With the implementation of a system-wide EMR, the OHS leadership team recognizes the benefit of creating a branch of OHS dedicated to healthcare information technology ("IT"). While neither constitutionally required nor outlined in the Decree, the addition of an IT Department to collect, analyze and interpret health care data will better position OHS to use patient data to guide policy and thus improve healthcare outcomes. These individuals will have the expertise to modify EMR user interfaces, generate specific queries, and translate health care information into reports or to populate health system dashboards. This expertise will also allow IDOC to provide data for use in quality improvement programs and to verify compliance with the Consent Decree. The addition of an IT department dedicated solely to OHS is essential for monitoring the processes, encounters, and trends in IDOC's delivery of healthcare. This type of data management is crucial to appropriately tracking clinical progress and outcomes. The IT team will also assist the IDOC and the audit teams in developing and implementing a set of health care performance and outcome measurements. Additionally, the data team will assist IDOC in evaluating the

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electronic medication administration process to ensure that it functions in all facility settings and delivers sufficient data to verify aggregate and individual receipt of medication.

OHS's Medical Coordinator has already initiated, in collaboration with one of the Monitor's consultants, a process to develop an enhanced set of policies and procedures. Several drafts are in progress. As drafts of these policies are completed, they will be circulated to the OHS leadership, IDOC officials, and the Monitor's staff for comments. Going forward, these crucial documents will form the guidelines for practice and become the standard for measurement and accountability for performance.

As required by the Consent Decree, IDOC will survey all facilities to ensure there is adequate physical space and equipment for clinical care. This includes fixed and mobile equipment, dental equipment, and clinic space. This survey will be a part of annual audits done at every facility and will be memorialized in reports and provided to the Monitor.

QUALITY IMPROVEMENT

Quality improvement is a main component of the medical program in the IDOC. To that end, IDOC contracted with UIC's College of Nursing to advise on potential enrichments to our quality improvement program. Going forward, the Department will be working with SIU to build upon the recommendations outlined by UIC and assist the Department in creating a comprehensive quality improvement program.

The Consent Decree requires IDOC to provide an audit function for the quality improvement program which provides for independent review of all facilities' quality assurance programs, either by the Office of Health Services or by another disinterested auditor.[1] IDOC is prepared to secure staff to manage the audit process. A team of auditors will be established, ideally consisting of a physician, a mid-level provider, 1-2 nurses and a team of quality specialists. The team will be responsible for auditing each facility and producing a report of their findings. OHS will collaborate with the Monitors and the audit team to develop an audit instrument. The audit team will also be responsible for performing mortality reviews and preventable adverse event evaluations. Deficiencies and opportunities for improvement, identified by the audits, will be referred to the respective facility's quality improvement program for corrective action. Deficiencies identified in audits, performance, outcome measures and incident reports will form the initial basis for quality improvement efforts. Facility quality improvement coordinators will be trained in methodologies and techniques commonly used in the field. The audit team will have the ability to provide leadership and front-line team training that will assist facility leaders in improving methodologies.

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[1] Consent Decree § II.B.9.

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The augmented staff will assist in several key functions including:

- Develop screens in the electronic record to fully conform to IDOC clinical and data needs;

- Work to ensure that all necessary data elements are present in the medical record;

- Extract and analyze data from the electronic record;

- Compile data in a format useable by IDOC for purposes of verifying compliance with the Consent Decree and supporting quality improvement projects;

- Develop performance and outcome measures as required by the Consent Decree;

- Provide data to verify the degree of compliance with requirements of the Consent Decree;

- Assist OHS and quality teams on other data and project needs as needed.

The proposed quality improvement program will create a preventable adverse (clinical incident) reporting system. Such a system is required in the Consent Decree. This information will be used by the facility to identify problems and to take corrective action as needed.

AGED POPULATION

IDOC is committed to ensuring appropriate housing for the infirm population including those with memory deficits, disabilities, and those in need of assistance with activities of daily living. Approximately 20% of inmates housed in IDOC are over 50 years of age. This population has considerably greater health needs and presents difficulties with respect to housing. However, there is uncertainty with respect to the scope of need for this population. For that reason, IDOC has engaged in preliminary discussions with the Illinois Department of Aging ("IDOA") to develop a survey questionnaire based on the IDOA determination of need survey that is required of all persons entering a nursing home. This assessment of needs will form the basis for the development of action steps to provide appropriate resources, programming, and housing for those with disabilities or those needing assistance with activities of daily living. Such a survey would also provide guidance on the numbers of elderly who have disabilities, memory deficits or other assistance needs that would provide data for a subsequent plan on how to best provide for these individuals. The analysis and development of the action plan will be performed in consultation with the Monitor.

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STAFFING

The Consent Decree requires that IDOC conduct a staffing analysis that will be integrated into an implementation plan. Both the staffing analysis and implementation plan are to be completed with the assistance of the Monitor. The IDOC finalized its staffing plan in August of 2021. For the staffing analysis, IDOC proposes the addition of more than 275 new staff. Positions have been added in multiple categories based on IDOC internal analysis. Subsequent to the Monitor's review of the analysis, IDOC will work to ensure the following:

- That every facility will ensure that an appropriate number of dental hygienists are available to meet facility needs;

- That each facility with an infirmary will be evaluated for need for physical therapy services; and

- That inmates at all facilities will have equal access to an optometrist.

Because new policies and practices are anticipated, a precise staffing plan cannot be determined at this time. For that reason, IDOC proposes to repeat the staffing analysis after policies and procedures are implemented and facilities have had time to assess how workloads have changed. Given that it will take time to develop and implement policies and procedures and train staff as to the modified protocols, it is anticipated that the second staffing analysis will take place in the next 2-3 years.

Presently, IDOC is proposing to add a considerable number of positions. IDOC expects to fill vacancies to a rate similar to industry standards. There are a variety of reasons for the current high vacancy rate, which include a nationwide nursing shortage, the remote location of IDOC facilities and a medically demanding patient population.

STRENGTHENING ACADEMIC RELATIONSHIPS

To comply with the Consent Decree and achieve our goal of providing high quality medical care, it will be critical to expose more providers to correctional health care as a career option during their training years. Academic relationships provide a pipeline for potential employees through early exposure to correctional health care. IDOC is working diligently to develop and expand formal relationships with academic entities. Our current relationships have significantly improved the quality of care delivered within the Department and moved the Department closer toward compliance with the Consent Decree and the attainment of our goal to provide high quality medical care. For example, IDOC has an existing contract with the SIU School of Medicine to provide assistance with our quality improvement efforts, audit and data teams. We

continue to explore opportunities for SIU physician services at our facilities. We are also exploring expanding UIC's involvement in both the provision of Hepatitis C and HIV services. Finally, we are building on these partnerships to explore opportunities for expanded telehealth care. It is IDOC's perspective that collaboration with university-based medical programs will significantly promote improved care in IDOC facilities and we are committed to that effort.

CONCLUSION

The Illinois Department of Corrections, the Office of Health Services and Governor Pritzker take seriously the obligation to provide quality health care to the individuals in the custody of the IDOC. In keeping with our mission and vision, we commit ourselves to caring for some of the most disadvantaged and vulnerable members of society. While we recognize that there will be many challenges on the road to compliance, we understand the importance of looking critically at the care we deliver. We will work diligently and collaboratively with the Monitor to develop a system for the delivery of healthcare that is safe, effective and respectful of the individuals who are entrusted to our care.

Task #	Task	Consent Decree Item Number	Goal	Monitor(s) assigned by Dr. Raba	Responsible Party Assigned by Dr. Bowman	Start	Proposed End Date	Percentage Complete	Completion Date
1	**Complete Initial Staffing Analysis**	IV.A			OHS Leadership		21-Aug	100%	
2	**Complete hiring of Executive OHS Leadership staff** OHS will explore options to hire staff as part of SIU collaboration including but not limited to: data team, audit team, quality team Explore onboarding a Project Manager to work with OHS to manage the implementation plan	IV.A			IDOC Human Resources		22-Jun		
3	**Hire staff outlined in the Staffing Analysis.** Increase recruitment efforts in order to hire staff outlined in the staffing analysis (Ongoing) Send mailers to medical professional schools located near IDOC facilities (Ongoing) Attend job fairs for medical professional schools (Ongoing) OHS will explore opportunities to work with IDOC Human resources and CMS to identify process to facilitate the hiring of health care staff Explore partnerships with universities to augment staff outlined in the staffing analysis (Ongoing) Post positions outlined in the staffing analysis Conduct RUTAN interviews for RUTAN positions Score and submit selected applicants to HR for background Offer position Conduct background check for RUTAN positions, if necessary Review applicants for non-RUTAN positions Select candidate for non-RUTAN positions Conduct background check for non-RUTAN positions, if necessary	IV.A			IDOC Human Resources		Ongoing		
4	**Onboard and train new staff:** Provide on site orientation for new hires to include: 1. Training on existing policies, procedures and processes. 2. Training associated with any new initiative related to the implementation plan or program for this Consent Decree 3. Training for all staffing related to implementation of the electronic record. 4. Quality improvement training including patient safety initiatives. 5. Training associated with updated policies, procedures and processes. 6. Training associated with annual nurse updates. 7. Training for job-specific roles such as infection control, chronic care, or quality improvement coordinators.				OHS, Agency Director of Nursing, Agency Medical Coordinator, SIU		Ongoing		
5	**Secure Health Care Vendor for IDOC** Draft RFP, consulting appropriate parties Send RFP to agency procurement department for review and approval Submit BEP Goal Setting form to BEP Compliance Officer Submit Veteran's Business Program (VBP) Goal to Agency Compliance Officer Send RFP to SPO for review and approval Post RFP Public Pre-Bid Conference Review Technical Bid Review and Score Diversity Commitment Submission Send Technical Score to SPO for review and approval Review and score Pricing Send Technical and Pricing Submission for award approval Protest Period of 14 days Award RFP Negotiate contract specifics Draft/sign contract				IDOC OHS, IDOC Legal, IDOC Fiscal		22-Jul		
6	**Create draft OHS organizational chart, including vendors, to demonstrate OHS reporting structure**	IV.A			IDOC OHS, Human Resources		22-May		
7	**IDOC and vendor to participate in recruitment opportunities to secure sufficient medical and dental staff**	IV.A			Agency Chief of Health Services and IDOC Human Resources		Ongoing		
8	**Monitor contracts for medical vendor and take appropriate corrective action.** IDOC currently has an audit instrument in place related to staffing. Develop a feedback mechanism to the vendor for corrective action. Develop a plan track results of the corrective action. Develop a standardized procedure	II.B.2.	To improve performance of vendor		IDOC OHS, IDOC Legal, IDOC Fiscal		Ongoing		
9	**Complete facility wiring for EMR**	II.B.4			IDOC Telecom staff		21-Jan		

#	Task	Ref			Responsible		Date	%	
10	Post RFP for EMR Public Pre-Bid Conference Evaluate Bids received Select vendor for EMR	II.B.4			IDOC Staff		22-Jan	50%	
11	**Finalize implementation of Electronic Medical Record (EMR)**	II.B.4			IDOC OHS, IDOC Legal, IDOC Fiscal		22-Jun		
12	**Identify a project manager for the EMR implementation.**	II.B.4			IDOC OHS and IDOC Human Resources		22-Jan		
13	**Determine necessary device count for future healthcare staff use of EMR** IDOC OHS will identify point of care devices to integrate into EMR system such as glucometers, thermometers, automated blood pressure, pulse oximetry, ultrasound, etc.	II.B.4			IDOC Telecom staff		22-Jan		
14	**Ensure acquisition of devices for future healthcare staff to operate the EMR**	II.B.4			IDOC staff, OHS, DoIT		22-Jun		
15	**Provide Initial staff training on the use of the EMR** Provide initial, end-user specific staff training to include: Medical, dental, and mental health providers, nurses, ancillary staff, facility administrative staff, OHS executive staff and Quality teams	II.B.4			Chief of Health Services, DoIT, CFO		22-Jun		
16	**Identify additional resources needed to provide continuity training for new hires, new EMR features, upgrades, and revisions**	II.B.4			EMR Project Manager		Ongoing		
17	**Once EHR is fully implemented, track immunization acceptance rates** Develop or implement an interval immunization tracking solution using an electronic database, possible solutions include open source relational database software, the Illinois Comprehensive Automated Immunization Registry I-CARE or or similar database 1. Complete immunization policy and procedures revision to include: a. Modification that allows nurses, acting under protocol, to immunize patients. b. Annual health evaluation update of immunization status and offer of necessary immunizations. 2. Ensure that the implementation of the electronic health record includes requirements to track immunization and present immunization status automatically. 3. Explore the use of a reputable database to assess immunization status at intake and update immunizations prior to conclusion of the intake process. 4. Institute statewide training of nurses to on safe immunization practices and updated immunization procedures.	II.B.4; III.M.			EMR Project Manager, Agency Medical Coordinator, Agency Director of Nursing, Deputy Chiefs		22-Nov		
18	**Once EHR is fully implemented, develop a mechanism to notify providers of instances of medication non-adherence**	II.B.4; II.B.6.d.			EMR Project Manager and OHS staff, EMR Vendor				
19	**Once EHR is fully implemented, develop a system for infection control reporting to focus on the following infectious disease entities:** Human Immunodeficiency Virus Hepatitis C Tuberculosis *Methicillin Resistant Staph Aureus* (MRSA) Influenza COVID-19 and other emerging infectious diseases	II.B.4			OHS Deputy Chiefs, Agency Infection Control Coordinator, EMR Project manager, IDOC Department of Planning and Research, SIU Quality		22-Nov		
20	**Ensure all traditional releases receive a Medical Discharge Summary** Develop a standardized list of health care information to be provided to all discharges. Information will include: Diagnoses and active problem list, current medications, immunizations and screening. summary of recent medical care (clinic and specialist care) and instructions for follow-up and community health care resources.	II.B.5			OHS Deputy Chiefs, Agency Medical Coordinator, Agency Director of Nursing				
21	**Ensure appropriate discharge medication is provided at the time of discharge.** All discharges currently receive a 2 week supply of medication and a prescription for an additional 2 weeks of medication with one refill. HIV patients receive a 30 day supply of HIV medication upon discharge.	II.B.5; II.B.6.t			OHS Deputy Chiefs, Agency Medical Coordinator, Agency Director of Nursing				
22	**With the assistance of the audit teams and the Monitor, OHS will implement a preventable adverse event reporting system** OHS with SIU will evaluate third party adverse event reporting systems currently in use in other health care settings. SIU will assist in the implementation of this system.	II.B. 6.m	To utilize adverse event reporting system to improve quality of care		OHS Quality Control Coordinator, Deputy Chiefs, SIU, IDOC Chief Compliance Officer				
23	**With the assistance of the audit teams and the Monitor, develop and implement a process to analyze and use adverse event reporting to monitor quality of care.** 1. Data generated from the adverse event reporting system shall be used to shape safety improvement initiatives 2. Data will be provided to OHS Quality Improvement and audit teams for review and the team will design a corrective intervention 3. Following staff education, the intervention will be implemented. 4. Audit and data teams will monitor results and re-evaluate the success of the intervention at the conclusion of the designated study period. 5. Policy and or processes will be modified to embed the resulting process.	II.B. 6.m			OHS Quality Control Coordinator, Deputy Chiefs, SIU, IDOC Chief Compliance Officer		22-Dec		

#	Description	Reference	Purpose		Responsible		Date		
24	**With the assistance of the Monitor IDOC will establish patient safety program that incorporates information gleaned from critical events, adverse events, mortality review and audit results** Safety initiatives will include, but are not limited to: infection prevention, injury prevention, and reduction of medication errors.	**II.B.6.o.**	**To focus quality work on patient safety**		OHS Quality Control Coordinator, Deputy Chiefs, SIU, IDOC Chief Compliance Officer		22-Dec		
25	**Consult with a dietician that will complete an analysis of nutrition and timing of meals for diabetic and renal failure patients, and specialized diets for selected disease states such as coronary artery disease, hypertension, hyperlipidemia, stroke, cancer, and other disease states as indicated.** OHS to consult SIU or other entity to develop process for dietary counseling	**II.B.6.j.**	**To measure performance and to adhere to Consent Decree**		Agency Medical Director, Dietician		23-Jun		
26	**Consult with dietician to review prescribed medical diets as above and the overall nutritional content of the meals for non-medical diets.** OHS to consult SIU, or other entity, to develop process for dietary counseling	**II.B.6.i.**			Agency Medical Director, Dietician		22-Jun		
27	**With the input of the Monitor, OHS will develop and implement performance and outcome measures.** A team comprised of the OHS QI Coordinator, Deputy Chief, SIU, Chief Compliance Officer audit team members, and data staff will identify and prioritize potential outcome measures based on OHS needs. After defining outcome measures the team lead by data manager will query EMR and/or develop other data collection instruments to collect data.	**II.B.7**			OHS Quality Control Coordinator, Deputy Chiefs, SIU, IDOC Chief Compliance Officer		22-Dec		
28	**With input from the Monitor, OHS will develop comprehensive medical policies** Revised policies will reference existing, widely accepted, correctional health care accreditation standards such as those promulgated by the National Committee on Correctional Health (NCCHC) and the American Correctional Association (ACA).	**II.B.8**							
29	**Develop a policy for medical holds that ensures any patient with a medical hold will not be transferred without a review of the patient's medical needs by the treating facility by health care staff.** **Develop a process for review of medical holds.** 1. Develop a standardized procedure for Intrasystems transfer to maintain continuity of care 2. Provide guidelines and updated forms to document appointments and referrals 3. Develop procedures for sending-facilities to identify and document referrals and other tasks not yet completed, medications, and updated problem lists prior to transfer. 4. Develop procedures for receiving facilities to include reconciliation of medications, prostheses and durable medical equipment, verification of transfer information and timely continuation of the plan of care. 5. Documentation of physician to physician handoff and nurse to nurse handoff 6. Coordinate transfers should rest with Regional Coordinators, Agency Director of Nursing, and Deputy Chiefs of Health for complex cases. 7. Develop audit instrument and education to healthcare and operations staff	**II.B.8; III.D.1 and 2**	**Establish a set of standardized operating procedures**		Deputy Chiefs, Director of Nursing, OHS Quality Control Coordinator, OHS Medical Coordinator		22-Sep		
30	**Develop Quality Improvement Partnership** IDOC has completed and formal agreement with Southern Illinois University School of Medicine to provide services related to the develop a comprehensive Quality Improvement Program. Services may include the hiring of quality improvement specialists, audit team members, process engineers, data management and analytic staff, and assistance with the implementation of system-wide quality and safety training.	**III.L.1**			Agency Medical Director, SIU		20-Aug		
31	**OHS and SIU, with the assistance of the Monitor will:** 1. Review all relevant quality management documentation, including but not limited to, standard operating procedures, administrative directives 2. IDOC will finalize Quality Improvement policy, and with assistance from SIU and the monitor develop a new continuous quality improvement manual from IDOC. 3. Evaluate NCCHC Standards as model and perform gap analysis 4. Identify best practices and standards of care recommendations for inclusion in IDOC for updates to Administrative Directives 5. Create a centralized quality improvement dashboard 6. Identify best practices performance improvement methodology for continued process and healthcare outcome improvement 7. Develop ongoing quality management metrics and measurement instruments 8. Develop intervals for policy and metrics review, update, and approval 9. Identify pilot sites and appropriate staff for quality management test phase 10. Develop initial Compliance Survey Instrument 11. Disseminate and train staff on updated Administrative Directives	**III.L.1**			OHS Quality Control Coordinator , Agency Medical Coordinator, Deputy Chiefs, Agency Medical Director, SIU, IDOC Chief Compliance Officer		22-Dec		
32	**Identify quality management teams at each facility for targeted roll out (after pilot testing)**	**III.L.1**	**To ensure that staff are properly trained.**						
33	**Develop position descriptions for audit team members**	**III. L.1**					21-May		
34	**Post position descriptions for audit team members**	**III. L.1**					22-Jun		
35	**Hire Audit Team Members**	**III. L.1**					22-Dec		
36	**Revise CMS 104 job description for Agency Quality Improvement Coordinator**	**III.L.1**			Agency Medical Director		21-Sep		
37	**Appoint facility quality improvement coordinators**	**III.L.1**			Agency Medical Director		21-Mar		

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#	Description	Ref			Responsible		Date		
38	**Train facility quality improvement coordinators** Training will include quality improvement methodologies and safety using curriculum developed by OHS/SIU or other healthcare quality improvement entities or correctional health accreditation organizations.	III.L.1			OHS Quality Control Coordinator, Deputy Chiefs, SIU		22-Dec		
39	**Provide ongoing training for nurses, physicians, mid-level providers and other staff based on training need and role.** In addition to standard IDOC Cycle training, Health Care specific trainings will include: 1. Administrative Directives, policies and procedures; 2. Lippert Consent Decree initiatives such as vaccination training for nurses using CDC guidance; 3. Quality improvement and Safety; 4. Process updates (such as medication administration, clinical operations, and infection control)	II.B3; III.L.1			OHS Quality Control Coordinator, Deputy Chiefs, Agency Director of Nursing, SIU				
40	**Initiate process improvement project by focusing on key problems related to Consent Decree: medication administration, sick call, improving access to specialty care, improving chronic care delivery.** **The process for specialty care should include:** 1. Analysis of use of telemedicine and e-consult to improve access to specialists. 2. Analysis of whether additional equipment (telemedicine) or contracts (with university programs) might improve access to specialty care. 3. Analysis of primary care physicians referral patterns for specialty care and utilization of consultant services. 4. Analysis of timeliness of consultant reports, and whether facility providers take appropriate action on those reports.	II.B.6; II.B.9; and III.F.							
41	**This process improvement for sick call should address:** 1. Identification of barriers to access sick call. 2. Inefficiencies in the sick call process. 3. Promptly achieving a face-to-face encounter with a nurse 4. Methods and practices needed to fully address patient requests 5. Review and updates to nursing protocols 6. A review of how patients' requests are documented in the health record. 7. Determining the continuing competency of nurses assigned to sick call. 8. Establishing tools to monitor performance and quality of sick call	III.A.10; III.F.1-2			OHS Quality Control Coordinator , Agency Medical Coordinator, Agency Director of Nursing, Deputy Chiefs, Agency Medical Director, SIU		22-Jun		
42	SIU has identified potential resources to address improvements with chronic care. OHS will also reference correctional accreditation standards and best practices such as those provided by NCCHC, ACA, and the Federal Bureau of Prisons (FBOP). Revisions to chronic clinic practice will also reference evidenced based clinical guidelines. **This process improvement for chronic care should address:** 1. Ensuring that chronic problems are accurately entered into the medical record problem list by providers. 2. Developing of a chronic care roster to track persons with chronic illness. 3. Seeing patients for all of their chronic illnesses in a single clinic and addressing all chronic conditions at every clinic. 4. Clinic scheduling will be based on patient's degree of control. 5. Ensuring appropriate and timely referral to specialists when management exceeds the experience or knowledge of the provider. 6. Provide staff training 7. Implement recommendations for enhanced medication administration. 8. Integrate solutions and work flows with EMR	II.B.6.f.	**To improve medication delivery, sick call, chronic care, and reception center intake programs.**						
43	**The process for medication administration should address:** 1. The use of two-part patient identification with the medication administration record. 2. Accurate and timely transcription of medication administration record. 3. Documenting the medication administration record at the time medication is administered. 4. Administration of medication directly from pharmacy-dispensed, patient-specific unit dose containers. 5. Elimination of medication discontinuity that occurs as a result of the non-formulary request and prescription renewal processes. 6. Pharmacy initiated consultation with providers regarding polypharmacy and prescribing patterns. 7. Expanded use of pharmacists to work with providers in managing chronic conditions, as is done now in the HIV clinic medication .	II.B.6.c			OHS Quality Control Coordinator , Agency Medical Coordinator, Agency Director of Nursing, Deputy Chiefs, Agency Medical Director, SIU				
44	**OHS will ensure all routine health maintenance, adult immunizations, and cancer screenings as recommended by CDC and USPSTF (A and B recommendations) are being offered for all at risk patients** 1. Train healthcare staff on new immunizations and cancer screening policies 2. Develop or implement an interval immunization and cancer screening tracking solution until EMR implementation as described above 3. Develop mechanism to audit compliance with immunization and cancer screening policies 4. . Evaluate facilities to determine readiness (equipment, supplies, and staff) to complete cancer screenings. 5.. OHS will identify the health care staff personnel responsible for screenings. 6.. OHS will identify barriers to obtaining appointments for offsite screening 7. OHS will establish a method of documenting screenings and immunizations in the medical record	III.M.1.a, b and c			OHS Quality Control Coordinator, Deputy Chiefs, Agency Director of Nursing, SIU				

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#	Task	Ref	Goal	Responsible	Due	%
45	**Hire infection control coordinator**	III.J.1		IDOC OHS, Human Resources	21-Jun	100%
46	**Replace tuberculosis skin testing (TST) with Interferon-Gamma Release Assays (IGRA) blood testing.** A trial initiated October 2021 is currently in place at all IDOC R&C facilities using an updated IGRA test with UIC laboratory services provide through the current vendor (Wexford health services). The results of the trial will be evaluated with expansion to the remaining IDOC facilities.	III.M.1.b.		Agency Medical Coordinator, Infection Control coordinator	22-Jan	
47	**Develop procedures to ensure medical record contains a problem list along with clinically appropriate diagnostic and therapeutic plans** 1. Inventory of chronic and acute illnesses and dental conditions listed on a problem list shall be completed by providers. 2. Providers shall work to obtain an adequate medical history regarding chronic problems and complications including hospitalizations. 3. For each condition there should be an assessment describing the status of the patient's condition with a therapeutic plan. The dental assessment should include a therapeutic plan which is scheduled for the patient. 4. Appointments should be made for any recommended follow up and treatment. 5. Prior records should be requested when relevant to the evaluation of the patient's current condition. 6. Results of lab tests must be available for the provider to review and create a treatment plan 7. An immunization history should be taken during medical reception and recommended vaccines provided. I-CARE should be utilized for this purpose to determine current status. 8. A therapeutic plan for dental care should be documented at the conclusion of the intake dental exam with appointments made to begin any recommended dental treatment. 9. Dental x-rays should be digital and entered into a picture archiving and communication system (PACS) to ensure x-rays are available statewide when the EMR is fully implemented.	III.C.3; III.E.1		Deputy Chiefs, Agency Medical Coordinator, Quality Improvement Coordinator	22-Jun	
48	**Increase access to HCV treatment** OHS revised the Hepatitis C treatment protocol following consultation with the monitors and the UIC Hepatitis C Telemedicine Clinic. Revised policy changes changes include removing the opt out option for Hep C screening, all positives are referred for fibroscan, and all Hep C patients are referred to UIC for evaluation regardless of fibroscan results. The process of referral to Wexford physician for approval was also removed.			Infection Control Coordinator Agency Medical Director	Ongoing	
49	**Increase access to HCV treatment for individuals with F0 and F1 fibrosis levels**				Ongoing	
50	**Update job description (CMS-104) for Environmental Services Coordinator**	II.B.2; II.B.3; III.B.1-2; III.F. 1; III.I.5; III.J.2-3			21-Dec	
51	**Post position for Environmental Service Coordinator**	II.B.2; II.B.3; III.B.1-2; III.F. 1; III.I.5; III.J.2-3		OHS and Human Resources	22-Feb	
52	**Hire Environmental Services Coordinator**	II.B.2; II.B.3; III.B.1-2; III.F. 1; III.I.5; III.J.2-3			22-Sep	
53	**Develop safety and sanitation audit instrument that includes survey of all clinical spaces, equipment, supplies, etc.** OHS will develop a standardized safety and sanitation policy detailing procedures for cleaning and sanitizing medical areas and identifying a responsible party at each facility. The policy will also outline necessary training, supplies and equipment to be used. Policy details will address security issues such as lockdowns and safeguarding areas containing medical supplies	III.J.3	**To ensure that staff are properly trained.**	Environmental Services Coordinator, OHS Quality Control Coordinator, Deputy Chiefs, SIU, IDOC Chief Compliance Officer	22-Mar	
54	Test safety and sanitation audit with Monitors at multiple sites to ensure adequacy of the audit.	III.J.3.			22-Aug	
55	**Assess the elderly population to determine their needs** Explore partnership with an academic institution, state agency or other resource to develop a survey instrument Analysis will focus on: 1. Ability to independently perform the activities of daily living 2, Presence of physical, or sensory impairment 3. Individuals with dementia 4. Need for medical equipment, prosthetics, hearing aids, dentures, and other items 5. Demographics (age, race, presence of chronic disease) and health risk factors	II.B.1.	**Establish needs of elderly population to ensure that necessary access to services is available system wide**	Agency Medical Director, Deputy Chiefs, Partner Organization or Agency		
56	**Based on the analysis of persons over 50, develop a plan to ensure medical needs and levels of care are appropriate** Identify needs for other health care resources including geriatricians, nutrition specialists, physical and occupational therapy, palliative and end of life care. Work with IDOC operations staff, program staff, CDB to identify potential facilities to concentrate healthcare resources for the needs of an aging population.	II.B.1-2				
57	Identify by facility, number of infirmary beds	II.B.2-3; III.B.1-2		Deputy Chiefs, Agency Medical Coordinator, Agency Director	21-Jun	100%
58	Identify the current number of appropriately equipped and appropriately sized examination rooms by facility.	III.B.2			22-Sep	

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59	**Develop a standardized expected list of furnishings, equipment and supplies necessary for every clinic examination room.** 1. Work with fiscal to procure emergency equipment for each facility 2. Develop policy that ensures each facility has identical emergency medical equipment 3. Educate staff on new emergency response equipment list policy 4. With the assistance of the Monitor and the audit team, develop annual audit to ensure emergency equipment is available on site and operational.	III.B.2	To ensure that exam rooms are appropriately equipped with the necessary supplies.		Agency Chief of Health Services or Deputy Chief of Health Services/Agency Director of Nursing/Agency Medical Coordinator/facility healthcare staff	22-Sep	
60	**Develop a standardized emergency response bag with a list of contents.** 1. Work with fiscal to procure emergency response bag and contents for each facility 2. Develop policy that ensures each facility has identical contents in their emergency response bag 3. Educate staff on new emergency response bag policy 4. With the assistance of the Monitor and the audit team, develop annual audit to ensure emergency response bags contain appropriate items and are securely stored	III.B.2	To ensure that all emergency response bags are properly equipped and available.			22-Sep	
61	**Develop a standardized emergency response equipment list.** 1. Work with fiscal to procure emergency equipment for each facility 2. Develop policy that ensures each facility has identical emergency medical equipment 3. Educate staff on new emergency response equipment list policy 4. With the assistance of the monitor and the audit team, develop annual audit to ensure emergency equipment is available on site and operational.	III.B.2	To ensure that appropriate emergency equipment is available.			22-Sep	
62	**Develop a standardized list of equipment to be available in every health care unit** 1. Work with fiscal to procure healthcare equipment for each facility 2. Develop policy that ensures each facility has the required healthcare unit medical equipment, necessary specialized for populations (women's health, dialysis, etc.) 3. Educate staff on new health care unit equipment policy 4. With the assistance of the Monitor and the audit team, develop annual audit to ensure health care unit equipment is available on site and operational.	III.B.2	To ensure that health care units are appropriately equipped with operational equipment.			22-Sep	
63	**Develop a standardized list of equipment to be available in every infirmary** 1. Work with fiscal to procure infirmary equipment for each facility 2. Develop policy that ensures each facility has the required infirmary equipment. 3. Educate staff on new infirmary equipment policy 4. With the assistance of the Monitor and the audit team, develop annual audit to ensure infirmary equipment is available on site and operational.	II.6.p; III.I; III.B.2	To ensure that facility infirmaries are appropriately equipped with operational equipment.			22-Sep	
64	**Develop a standardized list of equipment to be available in every dental operatory.** 1. Work with fiscal to procure dental equipment for each facility 4. Develop policy that ensures each facility has the required dental equipment. 3. Ensure all facilities should have lead radiation aprons with thyroid collars for patient protection during X-Rays. 4. Educate staff on new dental equipment policy 5. With the assistance of the Monitor and the audit team, develop annual audit to ensure dental equipment is available on site and operational.	III.B.2	To ensure that dental units are appropriately equipped on an ongoing basis.			22-Sep	
65	**Based on the number of expected staff needed to timely perform all requirements of the consent decree, identify how many examination rooms, and other physical spaces that are necessary** **Then compare this number to number of existing examination rooms and spaces and determine by facility the additional examination rooms or spaces that need to be developed.** For projects administered by the Capital Development Board there is an Architect/Engineering firm hired to design the construction. Firms hired for both A/E and construction are competitively procured once the specifications are published, and then overseen by both CDB, who also employs architects and engineers, as well as the Department.	II.B.2-3; III.B.1-2	To ensure that the current number of spaces is appropriate based on expected health needs		Agency Chief of Health Services or Deputy Chief of Health Services/Agency Director of Nursing/Agency Medical Coordinator/facility healthcare staff/State of Illinois Capital Development Board	21-Sep	
66	Defendants, monitor, and plaintiffs develop data and information requirements for IDOC reports as stipulated in item V.G.	V.G.			Defendants, monitor and plaintiffs	22-Jan	
67	Develop mechanism to track, by name, physicians who lack required training as specified in Consent Decree III.A.2	III.A.2			Agency Medical Director, Deputy Chiefs	22-Feb	
68	IDOC to establish an account with National Practitioner Data Bank	III.A.3-6	To improve chronic care program.		Agency Medical Director, Deputy Chiefs	22-Mar	
69	**Develop a mechanism to remove unqualified physicians, dentists, and other health care providers. Recommendations for removal will be based on the following:** **1.** Evaluation of physician performance 2. Further investigation of problematic physicians 3. Confer with the monitor to discuss problematic physicians. 4. Remove or take corrective actions on problematic physicians.	III.A.2.	To improve the care provided, maintain quality of life, prevent morbidity and mortality.		Agency Medical Director, Deputy Chiefs	22-Mar	

#	Task	Ref	Purpose		Responsible		Date		
70	**Finalize plan for physician review to include: review of physician peer review, sick call contacts, chronic care clinic contacts, infirmary admission contacts and lab /x-ray reviews, a list of adverse patient events and associated corrective action plans and associated healthcare grievances and conclusions**	III.A.3-6			Agency Medical Director, Deputy Chiefs , Dental Director, Agency Director of Nursing		22-Jun		
71	**Develop peer review process for providers.** Develop policy and forms outlining peer review process Train staff on provider peer review process	II.B.2, IIIK.9			Agency Medical Director, Deputy Chiefs, Medical vendor		22-Aug		
72	**OHS to review physician/dentist evaluations and make appropriate recommendations for performance improvement**	II.B.2-3			Agency Medical Director, Deputy Chiefs, Dental Chief		Ongoing		
73	**Develop and implement an effective mortality review process** SIU has completed a preliminary draft of the mortality review process. Updates will include the following monitor's recommendations 1. Provide all death records to the Monitor as they occur. 2. All deaths should include an autopsy. 3. Provide a tracking log of all deaths at least quarterly. This log should include name, IDOC #, date of death, age, date of incarceration, facility at time of death, category of death, cause of death, whether the death was expected or unexpected, whether an autopsy was done and the date of the autopsy. The log should also include whether a mortality review has been completed. 4. A mortality review should be performed for each death by an audit team. The mortality review needs to include at a minimum: a. Date of review b. Patient name c. IDOC number d. Date of death e. Age and date of birth f. Facility at the time of death g. Place of death (e.g. hospital, infirmary, etc.) h. Category of death (natural, homicide, suicide, etc.) i. Expected or unexpected death j. Cause of death k. Mental health diagnoses l. Medical diagnoses m. IDOC problem list n. Medications at facility at the time of death o. Case summary that includes both nursing and physician input that includes a summary of the care of the patient for their illnesses and care related to the cause of death or care that needs to be highlighted to identify opportunities for improvement. p. Autopsy diagnosis q. Opportunities for improvement and recommendations for corrective action r. Identified opportunities for improvement need to be evaluated by the OHS quality committee. That committee needs to assign	II.M.2	To ensure that an adequate mortality review process is in place		OHS Quality Control Coordinator, Deputy Chiefs, Audit Team, SIU		22-Mar		
75	**Hire a Chief of Dental Health Services**				IDOC Human Resources				
75	**With input from monitor develop set of standardized dental policies and procedures**	II.B.8; III.K.4-5;			Chief of Dentistry, Agency Medical Director, QI Coordinator, SIU				
76	**Ensure all facilities should have lead radiation aprons with thyroid collars for patient protection during X-Rays.** See #57 Above.	III.K.5			Chief of Dentistry, Agency Medical Director, QI Coordinator, SIU		22-Mar		
77	**Develop instrument for annual dental survey of dental equipment at every clinic** See #57 Above.	III.K.13			Chief of Dentistry, Agency Medical Director, QI Coordinator, SIU		22-Jun		
78	**Develop with QI audit team audit questions necessary to demonstrate compliance with items III.K.1-13 . Consider and determine who is to perform dental audits.**	II.B.9.			Chief of Dentistry, Agency Medical Director, QI Coordinator, SIU, Chief Compliance Officer		22-Jun		
79	**Review and revise as indicated inmate orientation manual on access to dental care that is applicable to all facilities**	III.K.2	To ensure standardized information is available to inmates regarding access to dental care.		Chief of Dentistry, Agency Medical Director, QI Coordinator, SIU		22-Jun		
80	**Develop a standardized protocol for patient treatment at the reception center to ensure:** 1. Chronic and acute illnesses and dental conditions are listed on a problem list 2. Problem lists are completed by providers 3. Medical and dental history and physical exams are completed 4. Patients receive medical and dental treatment plans	III. C.1; III.C.3-4			Chief of Dentistry, Agency Medical Director, QI Coordinator, SIU		22-Jun		

#	Task	Ref	Purpose		Responsible		Date	%	
81	**Develop audit to ensure a comprehensive dental treatment plan is created at the time of the first comprehensive dental visit, unless the initial visit is an emergency**	**III.K.1-13**	**To ensure adequate dental quality of care**		Chief of Dentistry, Agency Medical Director, QI Coordinator, SIU		21-Dec		
82	**Develop audit to ensure comprehensive examinations, X rays, oral cancer screening, and appropriate charting occurs prior to dental treatment.**	**III.K.1-13**	**To ensure adequate dental quality of care**		Chief of Dentistry		22-Jun		
83	**Develop a dental peer review instrument and methodology including who is to perform the dental peer review**	**III.K. 9**	**To ensure dentists are practicing in a safe and medically appropriate manner**		Chief of Dentistry		20-Nov		
84	**Develop training for dental staff. Training to include:** Dental records with comprehensive examinations, X Rays, and treatment plans. Dental records with legible notation if EMR are not available. Notes should be standardized using an acceptable dental documentation format or template to include patient medical history and dental examination. (initial and updated). Consent form for extractions (Current X-Ray taken prior to extraction must be present). Dental treatment remarks/complaint form. Dental specialist referral form. Medical services request form. Dental laboratory form if necessary. Patient education and oral hygiene completion form	**II.B.3**	**To ensure that dentists have use of a medical record that adequately**	**To evaluate dental staffing needs**	Chief of Dentistry, Agency Medical Director, Agency Medical Coordinator		22-Mar	50%	
85	**Dental Director to work with QI and SIU, with the assistance of the Monitor, to determine adverse reporting, audit instrument, process improvement, outcome and performance measures, and quality improvement reporting requirements for the dental program.** Dental QI processes will be a subset of OHS's overall QI process.	**II.B.9.**	**To ensure that dental services are represented in QI efforts**		Chief of Dentistry, Agency Medical Director, Agency Medical Coordinator, Agency QI Coordinator, EMR Project Manager, SIU		22-Jun		
86	**Make changes in urgent/emergent services to include:** 1. Standardize the clinical and operational review of onsite emergency response episodes as evidenced in policy and procedure. 2. Define criteria for acceptable documentation received from offsite services. 3. Revise and standardize offsite services log 4. Develop workload metrics necessary to ensure that patients are seen and their plan of care reviewed within 48 hours of return from off-site emergency services.	**II.B.6.b, III.G.1, III.G.2, III.G.3, III.G.4**			Agency Medical Director, Deputy Chiefs, Agency Medical Coordinator, Agency Director of Nursing, Agency QI Coordinator		22-Dec		
87	**Set forth guidelines and benchmarks related to infirmary care.** **Aged and Disabled Population (See Tasks #36 - #37 above)** 1. Determine the number of aged and disabled patients with specialized medical care needs and the types of care needs. 2. Using results of above, determine the type of care setting(s) needed and the medical care that is required to meet those needs. This should include housing for these individuals. 3. Provide survey results to OHS and CDB team architect performing IDOC space survey. 3. The assessment should also draw conclusions about the number of beds needed by type of care setting. This may include identifying new or renovated housing for this population. 4. Determine how to improve services to allow more elderly and disabled to remain in general population settings and that medical bed use is optimized. 5. Determine the impact of early medical release on the size of the population needing specialized care settings and the potential of early medical release on addressing medical needs of the aged. 6. Develop a list of the services needed to appropriately manage this population in both infirmaries and general population. 7. Work with Re-entry Services and Parole Board to develop process to identify eligible persons and make requests for early medical release.	**II.B.6.k; II.B.6.p; III.I.1-5**			Agency Chief of Health Services or Deputy Chief of Health Services/Agency Director of Nursing/Agency Medical Coordinator/State of Illinois Capital Development Board/Parole Board		23-Jun		

88	**Set forth guidelines and benchmarks related to infirmary care**
	Additional implementation tasks that improve access to quality of care provided in infirmaries include:
	1. Identify physical plant repairs or renovations that are necessary for existing infirmaries. Initiate capital requests to fund and complete necessary renovations.
	2. Assess utilization of infirmary beds to include reasons for non-medical admissions, the prevalence, and reasons for lengths of stay longer than 7 days, reasons for readmissions to the infirmary in less than 30 days.
	3. Define the purpose of infirmary care and the scope of services to be provided.
	4. Determine the number of beds needed to provide the defined scope of service. 5. Define the responsibilities of staff assigned to provide infirmary care.
	6. Provide staff education to increase capacity to manage emerging areas of concern (aging, dementia, mobility impairment etc.)
	7. Assess the equipment and supplies that are needed to provide the scope of services.
	8. Develop programmatic methods to manage infirmary services to include:
	  a. Daily huddle or rounds by physician and nurse.
	  b. Utilization review and approval.
	  c. Treatment plans.
	  d. Case management.
	  e. Programming.
	9. Establish procedures for infirmary care.
	10. Develop reporting requirements and establish tools to monitor performance.
		II.B.6.k; II.B.6.p; III.I.1-5			Agency Medical Director, Deputy Chiefs, Agency Medical Coordinator, Agency Director of Nursing, Agency QI Coordinator		23-Jun	