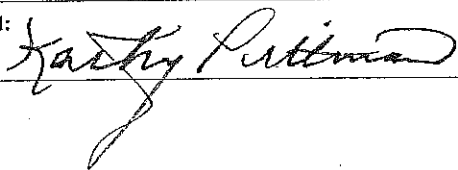


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
JUVENILE INSTITUTIONS**

Subject: Medical Services Review, Monitoring, and Reporting		Policy Number: 40
Number of Pages: 4		Section: XI
Attachments	Related Standards & References	
Health Services Supervisor's Weekly Report XI.40.A, Health Care Services Monthly Report XI.40.B, Medical Services Review and Monitoring Tool XI.40.C, Medical Records Review Monitoring Tools XI.40.D.1-15,	ACA Juvenile Health Care Performance Based Standards: 4-JTS-4C-22; 4-JTS-4C-27; 4-JTS-4C-36; 4-JTS-4C-37; 4-JTS-4C-38; 4-JTS-4C-39; 4-JTS-4C-42; 4-JTS-4C-52	
Effective Date: 09/01/06 Revision Date: 05/01/07, 04/14/08, 12/1/09, 1/25/10, 05/01/11	Approved: 	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, for the Agency's Health Services Coordinator to develop and implement a system to review health care services. This systematic review shall be designed not only to monitor Medical policies and procedures compliance, but also facilitate the provision of quality health care and programs. The necessary elements shall include, but are not limited to, the following activities: (4-JCF-4C-38)

- Staff credentialing (4-JCF-4C-52) Refer to MDYS Policy XI.3, Health Care Personnel Qualification;
- Reviewing, monitoring and evaluation of medical data on a regular basis through:
 - Health records review by the Health Authority/designee including investigations of health complaints and grievances review
 - Prescribing and medication administration practices review (4-JCF-4C-27) Refer to MDYS Policy XI.30, Pharmaceutical Prescribing, Procurement, Administration and Documentation Procedures.
 - Complaints and grievances review (4-JCF-4C-39). Refer to MDYS Grievance Policy XV.2, Youth Grievance.
 - Statistical reports and outcome measures (4-JCF-4C-37)
 - Contagious disease management (4-JCF-4C-22) Refer to MDYS Policy XI.33, Communicable Disease Management.
 - Deaths in custody, suicides or suicide attempts, illness outbreaks, and youth injury experience review (4-JCF-4C-42)
 - Creating corrective action plans (CAP) based on findings to address and resolve identified problems and concerns, including educational and training activities;
 - Re-evaluating problems or concerns to determine whether the corrective measures have achieved and sustained the desired results.

Subject	Policy Number	Page
Health Services Review, Monitoring and Reporting	XI.40	2 of 4

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply: None

III. PROCEDURE

A. The Agency's Health Services Coordinator/designee shall be responsible for conducting ongoing monitoring visits in each medical clinic.

1. Ensure that at least annually, the Medical Services Review Monitoring Tool (XI.40.C) is completed and reviewed with the Facility Administrator and Health Services Supervisor.
2. At least biannually, completing the Medical Records Review Monitoring Tool (XI.40.D).
 - a. The reviewer shall monitor at least ten (10) percent of the youth medical records or the records of all youth admitted during the monitoring period and complete the Medical Records Review Monitoring Tools XI.40.D.1-15 (all auditing tools may not be completed at the same intervals) Results of the monitoring tools shall be communicated to the Health Services Supervisors in a memo of corrective actions to be.
 - b. Health Services Coordinator may develop additional medical records monitoring tools to review selective indicators relevant to health care service delivery.
3. The Health Services Supervisor shall prepare a written corrective action plan within thirty (30) days after receiving the written report, if indicated. The action plan/s shall be presented to the Health Services Coordinator and a copy is forwarded to the Facility Administrator.
4. The Health Services Supervisor/designee shall be responsible for:
 - a. Weekly, completing the Health Care Services Weekly Report (XI.40.A) and submitting the report either via hard copy or electronically by the Wednesday of the following week to the Facility Administrator/designee. A report copy is forwarded to the Health Services Coordinator for review. The Health Care Services Weekly Report (XI.40.A) shall minimally addresses:
 - Statistical data collection for admissions and discharges;
 - Statistical data collection for intake physician exams and visits;
 - Statistical data collection for intake for dental screenings and visits;
 - Statistical data collection for initial psychiatric evaluation and follow-up visits;
 - Statistical data collection for nursing, physician, dental, and psychiatric services;
 - Statistical data collection for identification of any and all issues of communicable diseases;

Subject	Policy Number	Page
Health Services Review, Monitoring and Reporting	XI.40	3 of 4

- Numerical tabulation of number of pregnant youth;
 - Numerical tabulation of number of medication doses administered; and
 - Cumulative measure of contacts with the medical department staff.
- b. Monthly, completing the Health Care Services Monthly Report (XI.40.B).
- Statistical data collection for admissions and discharges;
 - Statistical data collection for intake physician exams and visits;
 - Statistical data collection for intake for dental screenings and visits;
 - Statistical data collection for initial psychiatric evaluation and follow-up visits;
 - Statistical data collection for nursing, physician, dental, and psychiatric services;
 - Statistical data collection for identification of any and all issues of communicable diseases;
 - Numerical tabulation of number of pregnant youth;
 - Numerical tabulation of number of medication doses administered; and
 - Cumulative measure of contacts with the medical department staff.
- c. At least monthly, reviewing the following forms and logs to ensure accountability and Policy and Procedure compliance:
- Autoclave Log (XI.4.B)
 - Medical Equipment Check List Form (XI.C.1 and 2)
 - First Aid/Spill Kit Inspection Record Form (XI.5.B)
 - AED Unit Inspection Form (XI.5.C)
 - Supply Control Form (XI.6.A)
 - Supply Control Monitoring Form (XI.6.B)
 - Sharps Inventory Control Form (25) Count (XI.7.A)
 - Sharps Inventory Control Form (50) Count (XI.7.B)
 - Medical Instrument/Sharps Inventory Daily Count Form (XI.7.C)
 - Dental Instrument/Sharps Inventory Count Form (XI.7.D)
 - Medical Instrument Sigh-Out Form (XI.7.E)
 - Dental Instrument Sigh-Out Form (XI.7.F)
 - Health Call Log (XI.13.B)
 - Physician Health Call Referral Log (XI.13.C)
 - Laboratory Logs
 - Admission Log (XI.15.B)
 - Dental Visit Log (XI.19.B)
 - Medical Department Off-Campus Log (XI.25.A)
 - Medication Error Report Form (XI.30.C)
 - Non-Prescription Pharmaceuticals Control Form (XI.31.A)
 - Contingency Medication and Controlled Substance Daily Count Sheet (XI.31.B)
 - Non-Prescription Pharmaceuticals Supply Monitoring Form (XI.31.C)
- i. Corrective action plans (CAP) shall be completed on any findings of noncompliance with the medical policies and procedures.

Subject	Policy Number	Page
Health Services Review, Monitoring and Reporting	XI.40	4 of 4

- ii. The Health Services Supervisors may develop additional forms or accountability tools to review selective indicators relevant to health care service delivery.
 - d. At least quarterly, meeting with the facility Administrator and Health Services Coordinator to discuss the health care delivery system and any health environment issues. Meeting minutes are maintained. Any condition that poses a danger to staff or youth health and safety are reported immediately to the Facility Administrator and Health Services Coordinator. Refer to MDYS Medical Policy XI.2, Health Care Services Program and Responsible Health Authority. (4-JCF-4C-36)
 - e. The Health Services Coordinator and Supervisors may develop additional monitoring tools to review selective indicators relevant to health care services delivery.
- B. Quality Assurance Records or actions that emanate from quality assurance activities shall be maintained in a confidential manner. Aggregated statistical information shall not disclose the identity or persons receiving or providing medical or mental health services in state institutions. Any questions regarding the appropriateness of release of such confidentiality materials should be directed to the agency's Health Authority and Chief Counsel.
- C. The Health Services Coordinator shall revise this policy as necessary.