

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
Medical Services Review and Monitoring Tool

CONFIDENTIAL REPORT

FACILITY: _____ DATE OF SITE VISIT(S): _____

REPORT COMPLETED BY: _____

The purpose of this evaluation is to provide objective feedback based on a review of current Policies, ACA Health Care Standards and practice compliance.

Health Authority (MDYS Policy XI.2; ACA Standards 4-JCF-4C-33M, 34, 36)

- | | | |
|--|------------------------------|-----------------------------|
| 1. The facility employs a Registered Nurse (RN) as the on-site Health Services Coordinator. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. The facility contracts with a physician for on-site services. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. The Health Services Supervisor attends weekly Facility Department Head Meetings with the Facility Administrator. Date of last Meeting Attended: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. The Health Services Supervisors complete the Monthly Narrative and Statistical Reports Timely. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. The Health Services Supervisors meets with nursing staff at least monthly; agenda maintained. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. The Health Services Coordinator reviews the Health Care Policies and Local Procedures annually. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

COMMENTS

Personnel Qualifications (Policy XI.3; ACA Standards 4-JCF-4C-34, 50, 51, 52M)

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|--|------------------------------|-----------------------------|
| 1. The Health Services Supervisors annually reviewed all professionals' licenses and completes documentation on Form XI.3.A. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. The Health Services Supervisor maintains a listing of community specialty physicians. The resource listing is posted with in the clinic setting and is updated annually. Date of Last Review: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. The Health Services Coordinator maintains a copy of the current physician's contract. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

COMMENTS

The staffing pattern is consistent with the various youth populations and adolescent health care needs. The Staffing plan is reviewed annually to determine the number and type of staff needed to provide adequate medical services provision for the identified need and mission. A letter of review signed by the Health Services Coordinator is forwarded to each Health Services Supervisor during the first quarter of the calendar year. The following report reflects the Approved Table of Organization and Nursing Vacancies:

Approved Table of Organization:

Med. Dept. Staff (FTE)	
Health Service Coordinator	1
Health Service Supervisor	2
RNs	12
LPNs	2
Clerical Support	1
TOTALS	18

Nursing Staff Vacancies: [Report Date: _____]

Med. Dept. Staff (FTE)	
Health Service Coordinator	0
Health Service Supervisor	0
RNs	1
LPN's	0
Clerical Support	0
TOTALS	1

* Agency nurses are being utilized to supplement staffing requirements. The vacant positions are posted and have been advertisement in local news papers.

Medical Facilities, Equipment, and Environment (Policy XI.4; ACA Standards 4-JCF-4C-59, 60M)

1. The Health Services Supervisor maintains necessary health publication as outlined in policy. Yes No
2. The Health Services Supervisor maintains a medical equipment inventory list. Yes No
3. Equipment is maintained in good working order. Yes No
4. The Health Services Supervisor forwards requests to purchase major equipment to the facility Administrator (who approves major equipment requests). Yes No
5. Each facility will provide adequate space for the Medical Department's needs. Yes No
 - Space to allow for the private examination of youth.
 - Space to allow for private dental examination of youth.
6. Sufficient secured storage space is available for medical supplies and pharmaceuticals. Only health care professionals have keys to pharmaceutical storage areas. Yes No
7. Medical Department keys are stored separate from facility keys. Yes No
8. Clinic area is neat and clean. Yes No
9. Laboratory areas are safe and are equipped with appropriate staff protection items. Yes No
10. Medical instruments are routinely counted and inventoried. Inventory logs are maintained to verify count. Yes No

COMMENTS

Health Screening, Appraisal, and Examination (Policy XI.15. and XI.16; ACA Standards 4-JCF-4C-01M, 02M, 03M, 04)

1. Youth are screened by a Nurse upon admission to the facility. Yes No
2. Youth are examined by a Physician within 14 day of admission. Yes No
3. The facility's Physician reviews and signs the youth's medical record on intake. Yes No
4. The Admission Log (XI.15.B) is completed and available for review at the nursing station. Yes No
5. Annual physical exams are completed on each youth. Yes No

COMMENTS

Access to On-Site Health Care (Policy XI.13; ACA Standards 4-JCF-4C-05M, 06)

1. Accessing health care is explained to youth upon arrival to the facility. Yes No
2. Nursing Health Call is conducted at least five (5) days per week. Youth who sign-up for Health Call request are seen timely. Yes No
3. Physician Health Call is scheduled at least one (1) day per week. Youth who are referred to Physician Health Call are seen timely. Yes No

COMMENTS

Inpatient and Outpatient Hospital Services and Specialty Consultants (Policy XI.25; ACA Standards 4-JCF-4C-07, 08, 14)

1. A current "Letter of Hospital Agreement" is available for review. List below: Yes No N/A

The hospitals listed below are utilized as needed for in-patient services:

2. When health care is required beyond the resources available in the facility, as determined by a Physician, the youth is transported timely to a medical facility where such care is provided. Yes No
3. Facility staff provide supervision and security when youth are admitted to a hospital or while receiving outpatient services. Yes No

COMMENTS

Dental Screening and Examination (Policy XI.19; ACA Standards 4-JCF-4C-15)

1. The facility contracts with a Dentist for on-site services. Yes No
2. A nurse on intake completes an admission dental screening. Yes No
3. Dental exams are completed within fourteen (14) days of admission to the facility. Yes No
4. Dental Cleaning is completed bi-annually. Yes No
5. Youth who are referred to Dental Health Call are seen timely. Yes No
6. Dental instruments are routinely counted and inventoried. Inventory logs are maintained to verify count. Yes No
7. Dental X-ray equipment is licensed by the Mississippi Department of Radiological Safety Yes No

COMMENTS

Female Health Services (Policy XI.21; ACA Standards 4-JCF-4C-19M)

- 1. Gynecological services are provided as needed. Yes No N/A
- 2. Obstetrical Services are provided as needed. Yes No N/A

COMMENTS

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Administration of Treatment (Policy XI.14; ACA Standards 4-JCF-4C-10M, 19M)

- 1. Standing Orders are maintained and updated annually. Date of last update: _____ Yes No
- 2. Standing Orders are activated according to the prescribed treatment signed off by the Physician. Yes No
- 3. Medication Formulary is maintained and available to nursing and physician. Yes No N/A

COMMENTS

Informed Consent/Authorization to Treat (Policy XI.11; ACA Standards 4-JCF-4C-43)

- 1. Parents are informed by phone and/or written notification when a youth requires significant off-site medical care required in Department Policy. Yes No
- 2. The Facility Administrator or designee signs all Consent/Authorization to Treat Forms. Yes No

COMMENTS

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Pharmaceutical & Medical Supplies (Policy XI.29, XI.30, XI.31 and XI.32; ACA 4-JCF-4C-27M, 28, 29)

- 1. Pharmaceuticals are prepared by the contracted pharmacy. Yes No
- 2. Pharmacy Policy Manuals are current and up-to-date. Yes No
- 3. Medications are only administered by licensed nurses or trained personnel. Yes No
- 4. Medication Administration Records (MAR's) are utilized for documentation. Yes No
- 5. Medications are administered timely and in accordance with the physician order and Agency Policy. Yes No
- 6. Medications are properly maintained in a clean and neat order. Medication and storage areas are locked when not in use. Yes No
- 7. Continuous inventory control is maintained on all prescription and over-the-counter medications. Count is correct. Yes No
- 8. Contingency medications are inventoried by Pharmacia staff daily, Monday through Friday. Yes No
- 9. Continuous inventory control is maintained on all medical sharps. Count is correct. Yes No
- 10. Sharps inventory is completed on each shift; log records are maintained for count verification. Yes No
- 11. Pharmaceutical disposal records are maintained. Yes No

12. All Pharmacy licenses are current and posted.

Yes No

COMMENTS

First Aid and Emergency Care (Policy XI.26; ACA Standards 4-JCF-4C-12M, 14, 52M, 58)

1. Emergency Medical Services are locally available for transporting youth.

Yes No

2. First Aid Kits and AED are inspected monthly.

Yes No

3. All required staff are trained in First Aid and CPR as outlined in MDYS Policy.

Yes No

COMMENTS

Specialized Health Programs & Education (Policy XI.20 and XI.22; ACA Standard 4-JCF-4C-16, 17, 18M, 26)

1. The Physician completes Medical Treatment Plans on youth with special needs.

Yes No

2. Youth with special needs are provided individual education/training by a nurse.

Yes No

3. Health education is provided to the youth by nursing staff.

Yes No

4. Special Diets are available when written by the physician.

Yes No

5. The Health Services Supervisors and nurses are familiar with MDYS Policy XI.23, Therapeutic Diets and Dietary Referrals.

Yes No

6. The Health Services Supervisors and nurses are familiar with MDYS Policy XI.24, Juvenile Participation in Medical Research.

Yes No

COMMENTS

Contagious and Infectious Diseases, Management of (Policy XI.33, XI.34, XI.35, XI.36, and XI.37; ACA Standards 4-JCF-4C-22M, 23M, 24M, 25M)

1. HIV testing of youth is completed after a doctor order has been written.

Yes No

2. Youth pre-counseling is held prior to HIV testing as evidence by chart documentation.

Yes No

3. Youth post-counseling is held when HIV results are received as evidence by chart documentation.

Yes No

4. There are no youth in the facility requiring medical isolation.

Yes No

- 5. Youth receive PPD Skin Testing on admission. Yes No N/A
- 6. Youth yearly PPD Skin Testing is completed, when applicable Yes No
- 7. Staff yearly PPD Skin Testing is completed. Yes No N/A
- 8. Youth immunizations are complete and update as required. Yes No
- 9. Staff Hepatitis B shots are offered and provided when requested. Yes No N/A
- 10. MDH Disease Control Manual is available on line. Yes No

COMMENTS

Exposure Control (Policy XI.38; ACA Standards 4-JCF-4C-61)

- 1. Spill Kits are inspected monthly. Yes No
- 2. Standard Precautions signs are posted throughout the facility. Yes No
- 3. Management of Biohazardous Waste is maintained. Yes No

COMMENTS

Health Records and Confidentiality (Policy XI.8; ACA Standards 4-JCF-4C-31, 32)

- 1. Medical records are maintained confidentially in the Medical Department and separate from the commitment records. Yes No
- 2. Medical Records are kept under a lock system and accessible only by health care professionals. Yes No
- 3. Medical Records are maintained under hard cover and stamped “confidential”. Yes No
- 4. Medical Records are transferred within the system as youth leaves the institution. Yes No N/A
- 5. Medical Records are maintained in a neat and orderly manner. Yes No

COMMENTS

Health Department Inspections and/or Visits from other out-side Local and/or State Agencies:

Date(s)	Agency	Comments

ACA File Review:

Date(s)	Comments

Medical Services Review, Monitoring, and Reporting (MDYS Policy XI.39):

The following monitoring tools and reports are complete and/or reviewed timely by the Health Services Supervisor(s) as required by Department Policies and Standard Operating Procedures:

At least annually, the following form is completed:

- Health Care Personnel Licensure Verification Form (XI.3.A) Yes No

At least annually, the following form is reviewed:

- Medical Services Review and Monitoring Tool (XI.39.E) Yes No

At least monthly, the following forms and logs are completed and/or reviewed:

- Laboratory Logs reviewed and monitored for compliance of returned lab results Yes No
- Health Care Services Monthly report (XI.39.A) Yes No
- Health Care Services Statistical data Report (XI.39.C) Yes No
- Medical Records Review Monitoring Tool Form (XI.39.D) Yes No
- Medication Administration Review Form (XI.39.D) Yes No
- Health Care Outcome Measures Report Yes No
- Autoclave Log (XI.4.B) Yes No
- Medical Equipment Check List Form (XI.4.C.1 and 2) Yes No
- First Aid/Spill Kit Inspection Record Form (XI.5.B) Yes No
- AED Unit Inspection Form (XI.5.C) Yes No
- Supply Control Form (XI.6.A) Yes No
- Supply Control Monitoring Form (XI.6.B) Yes No
- Sharps Inventory Control Form (25) Count (XI.7.A) Yes No
- Sharps Inventory Control Form (50) Count (XI.7.B) Yes No
- Medical Instrument/Sharps Inventory Daily Count Form (XI.7.C) Yes No
- Dental Instrument/Sharps Inventory Count Form (XI.7.D) Yes No
- Medical Instrument Sigh-Out Form (XI.7.E) Yes No
- Dental Instrument Sigh-Out Form (XI.7.F) Yes No
- Health Call Log (XI.13.B) Yes No
- Physician Health Call Referral Log (XI.13.C) Yes No
- Admission Log (XI.15.B) Yes No
- Dental Visit Log (XI.19.B) Yes No
- Medical Department Off-Campus Log (XI.25.A) Yes No
- Medication Error Report Form (XI.30.C) Yes No
- Non-Prescription Pharmaceuticals Control Form (XI.31.A) Yes No
- Contingency Medication and Controlled Substance Daily Count Sheet (XI.31.B) Yes No
- Non-Prescription Pharmaceuticals Supply Monitoring Form (XI.31.C) Yes No

Medical Contract Services Schedule:

Contractors	Monday	Tuesday	Wednesday	Thursday	Friday
Physician Health Call and Intake Examinations					
Dental Health Call					
Psychiatry Health Call					
Nurse Practitioner Health Call & Examinations					

Compliance Summary

Page #	Section (Health Services)	Total # of Indicators	Compliant	Non-compliant	Non-Applicable
1	Health Authority	8			
1	Personnel Qualifications	4			
2	Medical Facilities & Equipment	10			
3	Health Screening, Appraisal and Examination	5			
4	Access to On-site Health Care	3			
5	In/out Patient Hospital Services and Specialty Consultants	3			
5	Dental Screening and Examination	8			
6	Female Health Services	2			
6	Administration of Treatment	3			
6	Informed Consent/Authorization to Treat	2			
6	Pharmaceutical & Medical Supplies	13			
8	First Aid and Emergency Care	3			
8	Specialized Health Programs & Education	6			
9	Contagious and Infectious Disease Management	10			
10	Exposure Control	3			
10	Health Records and Confidentiality	5			
11	Medical Quality Assurance Monitoring and Reporting	29			

TOTAL Indicators	
Compliant	
Non-compliant	
Non-Applicable	