

POLICY

SUBJECT: Access to Health Care and Outside Referrals

NUMBER: HC-311-18

APPLICABLE TO: Residential Facility and Somatic Health Services Staff

APPROVED: _____ /s/ signature on original

Sam Abed, Secretary

DATE: _____ 4/4/18

I. POLICY

At admissions all youth will receive an orientation about how to access health care services. This information shall be communicated verbally and in writing, and is conveyed in a language that is easily understood by each youth. When a literacy problem, language problem, or physical handicap prevents a youth from understanding oral and written information, a staff member or translator shall assist the youth. No member of the facility staff shall impede a youth's request for access to health-care services. Youth shall be permitted to initiate requests for health services on a daily basis.

Treatment by a health care professional shall be performed pursuant to written standing or direct orders by a health care practitioner. Health care practitioners, such as nurse practitioners and physician's assistants, practice within the limits of applicable laws and regulations.

Youth who need health care beyond the resources available, as determined by the responsible health care practitioner, are transported under appropriate security provisions to a facility where such care is provided.

II. AUTHORITY

A. Md. Code Ann., Human Services, §9-203 and §9-204.

B. American Correctional Association (ACA) Standards, 4-JCF-4C-05, 4-JCF-4C-06, 4-JCF-4C-07, and 4-JCF-4C-10

III. DIRECTIVES/POLICIES RESCINDED

None

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. **STANDARD OPERATING PROCEDURES**
Standard operating procedures have been developed.

VI. **REVISION HISTORY**

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	4/4/18

PROCEDURES

SUBJECT: Access to Health Care and Outside Referrals

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APPLICABLE TO: Residential Facility and Somatic Health Services Staff

APPROVED: _____ /s/ signature on original

Linda McWilliams, Deputy Secretary

DATE: _____ 3/1/18

I. PURPOSE

To provide guidelines for youth orientation of health care services, to include admission screening, ongoing care, and procedures for initiating a request for health care services.

II. DEFINITIONS

Nurse means an employed or contractual Registered Nurse (RN) or Licensed Practical Nurse (LPN) responsible for the provision of health services at the facility.

Nursing Assessment Protocols is a set of predetermined criteria that define appropriate nursing interventions which articulate or describe situations in which the nurse makes judgments relative to a course of action for effective management of common patient care problems.

Health Care Practitioner means clinicians trained to diagnose and treat patients to include, physicians, dentists, psychologists, podiatrists, optometrists, nurse practitioners and physician assistants.

Health Care Professional means staff who perform clinical duties to include, health care practitioners, nurses, emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.

Sick Call means an organized procedure conducted by a nurse or, if necessary, another Health Care Professional to evaluate and treat the non-emergent health complaints of youth.

Triage means the prioritizing of a youth's health requests by a nurse.

III. PROCEDURES

A. **Admission Health Services Orientation**

1. The admitting nurse is responsible for orienting all newly admitted youth in procedures for how to access health care services. This information shall be communicated to the youth orally and in writing prior to completion of the Admission Health Screening and Nursing Assessment. If the youth has a literacy problem, language problem, or physical handicap that prevents the youth from understanding oral and written information, a staff member or translator shall assist the youth.
2. Youth shall be provided a translator in accordance with the *Communication with Limited English Proficient Persons Policy and Procedures*.
3. Orientation shall also include but is not limited to information for sick call, physical examination and continued management of pre-existing health care issues.
4. The admitting nurse shall ensure an **Acknowledgement of Health Care Services Form (Appendix 1)** is signed by the youth and placed in Section VI of the Youth Health Record.

B. **Sick Call**

1. Youth can request health care services on a daily basis by submitting a **Sick Call Request Form (Appendix 2)**. These forms shall be located on each living unit. These forms and access to a pencil shall be freely assessable to youth at all times. No staff shall impede the youth's access to health care services. The completed forms shall be placed in a labeled and secure sick call box located on the unit. Nursing staff shall pick up the Sick Call Request forms after the completion of AM medication administration daily.
2. Instructions shall be posted near the sick call box to inform youth to verbally notify the unit Direct Care staff if they require medical treatment after the morning sick call pick up. Direct Care staff shall notify the nursing staff of the youth's request, and shall communicate to the youth and adhere to the instructions given by the nurse. Direct Care staff shall document the youth's request and the instructions given in the unit log book. Nursing staff shall document the request and instructions given in the youth's health record.
3. Non-emergency sick call requests should be triaged the same day and within seventy-two hours on weekends at facilities that do not have a nurse on duty Saturday, Sunday or Holidays. Facilities with 24/7 nursing shall have non-emergency sick call requests triaged seven (7) days per week.

4. Documentation of the sick call encounter placed in the Sick Call Log shall include:
 - a. Date of the encounter;
 - b. Name of the youth;
 - c. Health concern; and
 - d. Disposition of health concern.
 5. Youth shall be provided appropriate care according to the Nursing Assessment Protocols. If referring to the physician/nurse practitioner, the youth shall be scheduled for the next clinic visit. The nurse shall complete the **Health Status Alert form (Appendix 3)** and distribute as appropriate.
 6. If a youth reports to sick call more than two (2) times with the same complaint, the nurse shall refer/schedule the youth to be seen by the physician/nurse practitioner on the next clinic date.
- C. Health care services shall be available in a clinical setting at least five days a week and are provided by a qualified health care professional. A health care practitioner is available at least once a week to respond to youth health care concerns.
- D. **Outside Referrals**
1. All youth requiring healthcare, which is not available at the facility, shall be referred to a community health care provider by the nurse. This includes but is not limited to outpatient specialty clinics, physician's offices, hospitals, emergency rooms, or 911/emergency medical services. A written list of referral sources, including emergency and routine care, is available and reviewed/updated when changes occur and at least **annually**, by January 31st, by the Nursing Supervisor.
 2. A **Medical Referral Request and Report Form (Appendix 4)** shall be completed by the nurse and sent with the youth to the outside provider. The nurse shall place a copy of the Medical Referral Request and Report Form being sent with the youth in the Youth's Health Record.
 3. In the absence of a nurse, the on-call nurse shall be notified of a medical emergency and a **Medical Referral Request and Report Form (Appendix 4)** shall be completed by the Shift Commander or designee with the assistance of the on-call nurse. The Medical Referral Request and Report Form shall be sent with the youth and a copy shall be forwarded to the nursing department.
 4. The nurse shall notify the Shift Commander when the youth must be transported to a community health care provider. The youth shall be transported in accordance with the *Transportation of Youth- Residential and Community Policy and Procedures*.
 5. The nurse shall ensure medically sensitive conditions and/or specific precautions that are to be taken by transportation officers are addressed and documented prior to transport.

6. The Transportation Officer shall give the **Medical Referral Request and Report Form (Appendix 4)** to the community health care provider for completion and retrieve the completed form prior to departure. Upon return to the facility, the completed **Medical Referral Request and Report Form (Appendix 4)** shall be given to the nurse.
7. The nurse shall review the completed **Medical Referral Request and Report Form (Appendix 4)** upon the youth's return to the facility and provide the appropriate follow up.
8. In the absence of a nurse, the Transportation Officer shall give the **Medical Referral Request and Report Form (Appendix 4)** to the Shift Commander who shall notify the on-call nurse of the youth's return. The on-call nurse shall review the completed **Medical Referral Request and Report Form (Appendix 4)** with the Shift Commander to determine if any further health care intervention is needed. The on-call nurse shall follow up with the on-call medical doctor or nurse practitioner (MD/NP) as needed.
9. In the absence of a nurse, the next nurse to report shall complete the appropriate documentation in the youth's health record, the Off Grounds Health Care Log and the Communication Log following the youth's return to the facility.
10. The nurse shall review and process (medication orders, follow-up appointments) the information on the **Medical Referral Request and Report Form (Appendix 4)**. The nurse shall notify the MD/NP on-call of the health care visit to confirm orders.
11. The nurse shall schedule the youth for the next clinic by the MD/NP for review of the off grounds health care visit, to meet with the youth as needed, and to sign off on the completed **Medical Referral Request and Report Form (Appendix 4)**.
12. The nurse shall place the completed **Medical Referral Request and Report Form (Appendix 4)** in section three (III) of the Youth's Health Record.
13. Emergency referrals shall be addressed in accordance with the *Emergency Health Care Services for Youth Policy and Procedures*.

IV. RESPONSIBILITY

The Superintendent, Health Administrator and the Medical Director are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

The Deputy Secretary for Operations and the Health Administrator shall be responsible for interpreting and granting any exceptions to these procedures.

VI. LOCAL OPERATION PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

1. Communication with Limited English Proficient Persons Policy and Procedures
2. Emergency Health Care Services for Youth Policy and Procedures
3. Transportation of Youth- Residential and Community Policy and Procedures

VIII. APPENDICES

1. Acknowledgement of Health Care Services
2. Sick Call Request Form
3. Health Status Alert Form
4. Medical Referral Request and Report Form



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

POLICY: Access to Health Care and Outside Referrals
NUMBER: HC-311-18
APPLICABLE TO: Residential Facility and Somatic Health Services Staff

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

ACKNOWLEDGEMENT OF HEALTH CARE SERVICES

Youth's Name: _____ DOB: _____

**I have received information and am aware of the procedure to access
Health Care Services when I am sick or have concerns about my health.**

Youth's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

HEALTH STATUS ALERT

All information contained on this form must be kept confidential in accordance with State and federal laws and DJS policy and procedures.

Date: _____

Name: _____ DOB: _____ Facility: _____ Unit: _____

HEALTH CONDITIONS

- Allergic To: _____ Reaction: _____
- Diabetes Sickle Cell Asthma Seizure Disorder Heart Condition
- Injury: Type/Location: _____
- Dental Appliance: Type: _____ Vision Impairment Contact Lenses Eyeglasses
- Hearing Deficit Speech Impairment
- Other Disabilities/Health Concerns: _____

RESTRICTIONS & INSTRUCTIONS

- From: _____ To: _____ No Sports No Lifting Bedrest Medical Isolation
- No Kitchen Detail (*Youth Centers Only*) Other: _____
- Comments: _____

DIETARY ORDERS

- Food Allergy: _____
- Lactose Intolerance Dietary Substitutions: _____
- Special Diet Ordered Type: _____ From: _____ To: _____
- Other Dietary Orders: _____
- Registered Dietitian Notified: Telephone Fax From: _____ To: _____
- Facility Food Service Department Notified: Date: _____ Time: _____ Via: _____
- Comments: _____

SELF ADMINISTERED MEDICATIONS

Please use with the Self-Administered Medication/Treatment Record form and must have a current physician's order.

From: _____ To: _____ Medication/Treatment: _____

Directions: _____

NOTIFICATION OF HEALTH STAFF

Notify Health Services if:

DISTRIBUTION

- Unit Control Center Registered Dietitian Food Service
- Recreation School Shift Commander Other: _____

Nurse's Signature: _____ Date: _____ Time: _____

(Insert Facility Name, Address, Medical Phone # and Medical Fax #)

MEDICAL REFERRAL REQUEST AND REPORT

PROVIDER REFERRED TO:	DATE:	TIME:	REFERRAL #:
PROVIDER ADDRESS:		PROVIDER PHONE #:	
YOUTH'S NAME:		AGE:	DOB:
PARENT/LEGAL GUARDIAN'S NAME:			
PARENT/GUARDIAN ADDRESS:		PARENT/GUARDIAN PHONE #:	
INSURANCE/BILLING INFORMATION:			
REASON FOR REFERRAL & MEDICAL HISTORY			
PATIENT IS REFERRED FOR:			
CURRENT MEDICATIONS:		ALLERGIES:	
OTHER INFORMATION:			
Referring Physician/Nurse Signature:		Date:	
REFERRAL EVALUATION			
<i>Please document below the assessment, treatment given, recommendations, and required care and follow-up.</i>			
Provider Signature:		Date:	
<i>NOTE: Please write prescriptions for all medications ordered and prescribe prescription opioids only as medically necessary. Please fax the final note & diagnostic testing results to the facility medical fax number above. If there are any questions, please call _____.</i>			
<i>Thank you for seeing this youth!</i>			

SICK CALL REQUEST

FACILITY: _____ UNIT: _____

Name:	Today's Date:	
DOB:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
<p>Sick Call is scheduled daily in the morning. If you should feel ill (sick) after sick call, tell your Unit Supervisor. The Nurse will determine when you will be seen.</p> <p>Please remember that Sick Call is like making an appointment when you were at home, either at the clinic or with your doctor when you were feeling sick. The information you share with the nurse about your health complaint is considered confidential.</p>		
I would like to report for Sick Call because:		
SECTION COMPLETED BY HEALTH CARE PROFESSIONAL ONLY		
<p>This section is to document the assessment completed and the care provided by the health care professional. Documentation on this form does not negate documentation on the progress notes in the youth's Health Record file.</p>		
Disposition/Instructions:		
Nurse's Signature:	Date:	Time: