

POLICY

SUBJECT: Continuity of Medical Care
NUMBER: HC-320-18
APPLICABLE TO: Somatic Health and Residential Staff

APPROVED: _____ /s/ signature on original
Sam Abed, Secretary
DATE: _____ 7/20/18

I. POLICY

The Department of Juvenile Services (DJS) shall provide a written medical summary to facilitate continuity of care when a youth is referred to a community-based health-care provider or released from the facility. A written medical summary shall also be provided for all intrasystem transfers.

II. AUTHORITY

- A. Md. Code Ann., Human Services, §9-203 and §9-204.
- B. Md. Code Ann., Health-General, §4-301, et. seq., and §20-102.
- C. American Correctional Association (ACA) Standards, 4-JCF-4C-08 and 4-JCF-4C-09

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 DIRECTIVES/POLICIES RESCINDED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.

I. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	7/16/18

PROCEDURES

SUBJECT: Continuity of Medical Care
NUMBER: HC-320-18
APPLICABLE TO: Somatic Health and Residential Staff

APPROVED: _____ /s/ signature on original
Linda McWilliams, Deputy Secretary
DATE: _____ 7/19/18

I. PURPOSE

To provide procedures for the provision of a written medical summary in order to facilitate continuity of care when a youth is referred to a community-based health-care provider, transferred from one DJS facility to another or is released from the facility.

II. DEFINITIONS

Intrasystem transfer means youth transferred from one DJS facility to another DJS facility to include from detention to committed facilities.

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, social workers, dietitians, emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.

III. PROCEDURES

A. Referrals to Community-based Health-Care Providers

1. When youth are referred to a community-based health-care provider, the nurse shall confidentially send a written medical summary to the provider to maintain continuity of care. The medical summary shall include the reason for the referral, facility contact information, history of the present illness, medications, allergies, and relevant laboratory, imaging, or other study results. This information shall be documented on the **Medical Referral Request and Report Form (Appendix 1)**.

2. The medical summary information may be delivered to the provider by transportation staff or may be sent in advance by medical staff. If the youth is being released the information may be given to the parent/guardian/custodian, the youth, placement staff, or be sent directly to the provider.

B. Notification of Release

1. The Facility Case Management Specialist (CMS) shall notify the nurse of a youth's planned release at least 10 business days in advance of a scheduled release date. The CMS shall provide the name of the parent/guardian/custodian, or placement and the address. In unscheduled or emergency situations the Shift Commander shall make verbal notification to the nurse and shall also send an email notification to the nurse supervisor or designee and the facility CMS.
2. The nurse shall notify the physician or nurse practitioner of youth who require medication orders or prescriptions due to a release. The physician or nurse practitioner shall order or write prescriptions to ensure an adequate supply of medication(s) not to exceed 30 days. Medication or prescriptions may be released in accordance with the *Medication Management at Discharge/Release or Placement Policy and Procedures*.

C. Scheduled and Unscheduled Releases

1. The nurse shall initiate the completion of the **Medical and Dental Discharge Summary (Appendix 2)** for youth who are *scheduled to be released* from the facility. The physician or nurse practitioner shall review, edit, complete, and sign the Medical and Dental Discharge Summary.
2. The nurse shall notify the parent/guardian/custodian or placement of any scheduled or required follow-up medical appointments.
3. The **Medical and Dental Discharge Summary** may be completed and signed no more than **30 calendar days** PRIOR to the release of a youth and shall be revised as needed for changes in the medical status of the youth that may occur prior to discharge.
4. The nurse and physician shall complete the **Medical and Dental Discharge Summary** within **10 business days** of notice of an unscheduled or scheduled release. If there is urgent health care information that must be communicated right away, the nurse shall notify the parent/guardian/custodian, or youth and may request assistance from the Community CMS as appropriate, unless specifically prohibited by Md. Code Ann., Health General, §20-102.
5. Copies of the **Medical and Dental Discharge Summary** shall be sent to the parent/guardian/custodian, the placement, or youth as appropriate.
6. A copy of the **Medical and Dental Discharge Summary** shall be placed in the youth's health record.

D. Intrasystem Transfers

1. A written medical summary is required for all intrasystem transfers to maintain continuity of care. **When a youth is transferred, nursing staff shall prepare and confidentially forward the health record including a medical summary to the receiving facility prior to or at the arrival. The following documents shall be included:**
 - a. **Master Problem List (Appendix 3)**
 - b. Immunization records;
 - c. Tuberculosis screening and testing results;
 - d. Pertinent laboratory and other diagnostic testing results;
 - e. Vision tests;
 - f. X-rays;
 - g. Physician order sheets;
 - h. Referrals and consults;
 - i. Asthma action plans if applicable;
 - j. Special Needs Treatment Plans as applicable;
 - k. Pending medical or dental appointments;
 - l. Prescriptions if applicable;
 - m. Copy of the current medication administration record;
 - n. Most recent Admission Health Screening and Nursing Assessment;
 - o. Most recent History and Physical Examination;
 - p. Nursing Assessment - 30 Day Reviews;
 - q. Any past or recent medical records necessary for the youth's continuity of care; and
 - r. Medical and Dental Discharge Summary.
2. The **Master Problem List (Appendix 3)** shall serve as the medical summary if the Medical and Dental Discharge Summary is not available in an emergency situation.
3. The nurse shall notify the transportation staff of youth who have a *medically sensitive condition or who may require specific precautions to be taken, and of medication or health interventions required while in route*. These instructions shall be given to transportation staff in writing and will be given separately from the youth's confidential health record. A copy of these instructions shall be placed in the youth's health record.

E. Health Information that is covered under the minor consent law, Md. Ann. Code, Health-General §20-102(c) which allows minors to consent for treatment for drug abuse, alcoholism, sexually transmitted infections, pregnancy, contraception, and rape/ sexual offense, and initial medical screening and physical examination in detention centers, may be released with the youth's consent.

1. If a release is not obtained, laboratory testing covered under the minor consent law may be documented as being completed but results shall not be given on the discharge summary if the summary is being released outside of the DJS system.

2. Exceptions to this rule may be made at the discretion of the treating clinician when
 - a. communicating with another treating clinician,
 - b. reporting communicable diseases to the health department, or
 - c. communicating with a parent/guardian/custodian when the youth is under 18 and the information is vital to the health and well-being of the youth.

F. Confidentiality of health records shall be maintained at all times. The transfer of health record information shall be maintained by using secure email, a dedicated confidential fax, or a tamper-proof security envelope.

IV. RESPONSIBILITY

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

V. INTERPRETATION

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

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

None

VIII. APPENDICES

1. Medical Referral Request and Report Form
2. Medical and Dental Discharge Summary
2. Master Problem List



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DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Continuity of Medical Care
NUMBER: HC-320-18
APPLICABLE TO: Residential and Somatic Health 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.

(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>			



MEDICAL AND DENTAL DISCHARGE SUMMARY

FACILITY ADDRESS
FACILITY PHONE/FAX #

YOUTH NAME: _____ DOB: _____

DATE CARE BEGAN: _____ DATE RELEASED FROM CARE: _____

Date of last History and Physical Examination: _____ Date of last Preventative Dental Examination: _____

MEDICAL & DENTAL CONDITIONS TREATED WHILE IN CARE:

ALLERGIES:

CHRONIC HEALTH CONDITIONS REQUIRING ON-GOING CARE:

(Attach asthma action plan or other health forms if indicated)

SIGNIFICANT LABORATORY OR RADIOGRAPHIC FINDINGS: (attach lab results)

IMMUNIZATIONS: (see attached immunization record)

- Immunizations up to date
Vaccine records incomplete or missing
Immunizations still needed and date needed:

TUBERCULOSIS (PPD) TESTING:

Date of PPD: _____
Date PPD Read : _____
Results in mm: _____
Chest X-Ray: _____

MEDICATIONS AND OTHER DISCHARGE CARE INSTRUCTIONS:

(Attach prescriptions, diet plan, etc. if needed)

PENDING MEDICAL AND DENTAL APPOINTMENTS, REFERRALS, AND FOLLOW-UP CARE:

- Annual routine dental care
Annual physical examination with your doctor

PERSON COMPLETING FORM: _____ SIGNATURE: _____ DATE: _____

MD/NP SIGNATURE: _____ DATE: _____

Send Copies of Discharge Summary to:

- Chart
Parent/Guardian/Custodian
Youth
Facility/Placement: _____
Community Case Manager
Medical Provider: _____
Other:

Continuity of Medical Care Policy-Appendix 2

Master Problem List

DATE	Problem Number	Problem	Intervention/Treatment	Clinician's Initials	Resolution Date	Clinician's Initials
	1	ALLERGIES:				
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
DATE	Problem Number	PAST PROBLEMS/ HOSPITALIZATIONS	Intervention/Treatment (e.g. old records obtained)	Clinician's Initials	Resolution Date	Clinician's Initials

Youth's Name: _____ **DOB:** _____ **Facility:** _____