

Successful Youth • Strong Leaders • Safer Communities

## **POLICY**

**SUBJECT:** Health Care Statistical Reports

**NUMBER: HC-324-18** 

**APPLICABLE TO: Somatic Health Services Staff** 

APPROVED:	/s/ signature on original
	Sam Abed, Secretary
<b>DATE:</b>	2/27/18

#### I. POLICY

Health Care Statistical Reports shall be prepared quarterly to assist in the monitoring of health care services and the allocation of resources.

#### II. <u>AUTHORITY</u>

- A. Md. Code Ann., Human Services, §9-203 and §9-204.
- B. American Correctional Association (ACA) Standard 4-JCF-4C-38

#### III. <u>DIRECTIVES/POLICIES RESCINDED</u>

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. <u>STANDARD OPERATING PROCEDURES</u>

Standard operating procedures have been developed.

### VI. <u>REVISION HISTORY</u>

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	2/27/18



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### **PROCEDURES**

**SUBJECT:** Health Care Statistical Reports

**NUMBER: HC-324-18** 

**APPLICABLE TO: Somatic Health Services Staff** 

**APPROVED**: /s/ signature on original

Linda McWilliams, Deputy Secretary

**DATE:** 2/26/18

#### I. PURPOSE

Health Care Statistical Reports shall be completed monthly to document the delivery of health care services and assist management in monitoring youth health care needs and allocation of resources.

#### II. DEFINITIONS

Health Service Supervisor is the Registered Nurse Supervisor.

#### III. PROCEDURES:

- 1. The on-site facility Nursing Supervisor shall complete the **Health Care Monthly Statistical Report (Appendix 1)** to document health care services each **month.** The report shall be submitted to the Director of Nursing and Health Administrator by the *15*<sup>th</sup> of the following month.
- 2. The statistical reporting form shall include but is not limited to the following information:
  - a. On-site Nursing/medical activities
  - b. Immunization Administration
  - c. Group Health Education
  - d. Infectious Disease Reporting
  - e. Diagnostic Tests and X-Rays Completed
  - f. On-site GYN Activities
  - g. Sick Call
  - h. Infirmary Admissions
  - i. Referrals to Specialists- Off site
  - j. Completed Off-Site Referral
  - k. Missed Referral with Reason
  - 1. Hospital Admissions- Off site
  - m. Serious Injuries

- n. Suicide Attempts
- o. Deaths
- 3. Data on serious injuries and suicide attempts shall be provided to the DJS Health Administrator **monthly** by the office of the DJS Director of Research and Evaluation. The DJS Health Administrator will then forward the statistical information to each Nursing Supervisor for inclusion in their Health Care Monthly Statistical Report.
- 4. Pharmacy services shall provide a quarterly report of medication usage to the health Administrator and Medical Director.
- 5. The Pharmacy Services Inspection Form is completed **monthly** by the contracted pharmacy which includes a review of medication administration and orders.
- 6. The Health Administrator and the Nursing Supervisor shall review the Health Care Monthly Statistical Reports quarterly to determine any needed modifications to health care delivery to youth and staffing.

#### IV. <u>RESPONSIBILITY</u>

The Health Administrator is 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

No policies referenced.

#### VIII. <u>APPENDICES</u>

1. Health Care Monthly Statistical Report



DATE

# DJS POLICY AND STANDARD OPERATING PROCEDURES

# Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Health Care Statistical Reports NUMBER: HC-324-18 APPLICABLE TO: Somatic Health Services Staff
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.
understand that failure to sign this acknowledgment form within five working days of receipt on the policy shall be grounds for disciplinary action up to and including termination of employment.
understand that I will be held accountable for implementing this policy even if I fail to sign this ecknowledgment form.
SIGNATURE PRINT FULL NAME

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

**WORK LOCATION**