MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES

Medical Services Review and Monitoring Tool

CONFIDENTIAL REPORT

FACILITY:		DATE OF SITE VISIT(S):		
REI	PORT COMPLETED BY:			
	e purpose of this evaluation is to provide objective fee indards and practice compliance.	dback based on a review of current Policies	s, ACA H	ealth Care
He	ealth Authority (MDYS Policy XI.2; ACA Standards	s 4-JCF-4C-33, 34, 36)		
1.	The facility employees a Registered Nurse (RN) as the or	n-site Health Services Coordinator.	Yes 🗌	No 🗌
2.	The facility contracts with a physician for on-site service	es.	Yes 🗌	No 🔲
3.	The Health Services Coordinator attends weekly Facility Facility Administrator. Date of last Meeting Attended:		Yes 🗌	No 🗌
4.	The Health Services Supervisors complete the Statistical	Reports Timely.	Yes 🗌	No 🗌
5.	The Health Services Supervisors meets with nursing staff	f at least monthly; agenda maintained.	Yes 🗌	No 🗌
6.	The Health Services Coordinator reviews the Health Care	e Policies Procedures annually.	Yes 🗌	No 🗌
				
СО	OMMENTS			
				
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<u>Pe</u>	ersonnel Qualifications (Policy XI.3; ACA Standard	is 4-JCF-4C-34, 50, 51, 52)		
1.	The Health Services Supervisors annually reviewed all p documentation on Form XI.3.A.	professionals' licenses and completes	Yes 🗌	No 🗌
2.	The Health Services Supervisor maintains a listing of co listing is posted with in the clinic setting and is updated to Date of Last Review:		Yes 🗌	No 🗌
3.	The Health Services Coordinator maintains a copy of the	e current physician's contract.	Yes 🗌	No 🗌
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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	1
RNs	
LPNs	2
Clerical Support	
TOTALS	

Nursing Staff Vacancies:	[Report Date:
	. ,

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

^{*} 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)

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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.	 The facility will provide adequate space for the Medical Department's needs. Space to allow for the private examination of youth. Space to allow for private dental examination of youth. 	Yes 🗌	No 🗌
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.	, , ,	Yes 🗌	No 🔲
	verify count.		
CO	MMENTS		
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He	alth Screening, Appraisal, and Examination (Policy XI.15. and XI.16; ACA Standards 4-J	CF-4C-011	
04)	(()		, , , , , , , , , , , , , , , , , , , ,
1.	Youth are screened by a Nurse upon admission to the facility.	Yes 🔲	No 🔲
2.	Youth are examined by a Physician/designee within 14 day of admission.	Yes 🗌	No 🗌
3.	The facility's Physician/designee 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 🗌
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CO	MMENTS		
<u>Ac</u>	cess 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 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 🗌
СО	MMENTS		
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	patient and Outpatient Hospital Services and Specialty Consultants (Policy XI.25; A	.CA Standa	ards 4-JCF-40
07,	08, 14)		
1.	A current "Letter of Hospital Agreement" is available for review. List below:	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 🗌
СО	MMENTS		
L			
De	ental 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 🔲

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COI	MMENTS		
			
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<u>Fer</u>	nale Health Services (Policy XI.21; ACA Standards 4-JCF-4C-19)		
1.	Gynecological services are provided as needed.	Yes 🔲	No 🗌 N/A 🗀
2.	Obstetrical Services are provided as needed.	Yes 🗀	No 🗌 N/A 🗀
CO	MMENTS		
Ad	ministration of Treatment (Policy XI.14; ACA Standards 4-JCF-4C-10, 19)		
		v 🗆	
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
CO	MMENTS		
		-	
<u>Inf</u>	ormed 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 🗌
CO	MMENTS		
Ph	armaceutical & Medical Supplies (Policy XI.29, XI.30, XI.31 and XI.32; ACA 4-JCF-4C-27N	м, 28, 29)	
1	Pharmaceuticals are prepared by the contracted pharmacy.	Yes 🗍	№ П
1. 2.	Pharmacy Policy Manuals are current and up-to-date.	Yes 🗆	No 🔲
2. 3.	Medications are only administered by licensed nurses or trained personnel.	Yes 🗀	No □
3. 4.	Medication Administration Records (MAR's) are utilized for documentation.	Yes T	No □
4, 5,	Medications are administration Records (MAR's) are utilized for documentation. Medications are administered timely and in accordance with the physician order and Agency Policy.	Yes [No []
<i>5</i> .	Medications are properly maintained in a clean and neat order. Medication and storage areas	Yes [No 🗌
7.	are locked when not in use. Continuous inventory control is maintained on all prescription and over-the-counter medications.	Yes □	No 🗍
	Count is correct. Contingency medications are inventoried by nursing staff daily, Monday through Friday.		<u></u>
8. 9.	Continuous inventory control is maintained on all medical sharps. Count is correct.	Yes ☐ Yes ☐	No □
9. 10.	·	Yes ☐	No ∐ No ∏
	Pharmaceutical disposal records are maintained.	Yes □ Yes □	No □
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2.	All Pharmacy licenses are current and posted.	Yes 🗌	No 🗌
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<u>ir</u>	st Aid and Emergency Care (Policy XI.26; ACA Standards 4-JCF-4C-12, 14, 52, 58)		
	Emergency Medical Services are locally available for transporting youth.	Yes 🗌	No 🗌
	First Aid Kits and AED are inspected monthly.	Yes 🗌	No 🗌
	All required staff are trained in First Aid and CPR as outlined in MDYS Policy.	Yes 🗀	No 🗌
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<u> </u>	MMENTS		
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	ecialized Health Programs & Education (Policy XI.20 and XI.22; ACA Standard 4-JCF-4C-		
	The Physician completes Medical Treatment Plans on youth with special needs.	Yes 🗌	No [
	Youth with special needs are provided individual education/training by a nurse.	Yes ∐	No [
	Health education is provided to the youth by nursing staff.	Yes 🗌	No 🗀
	Special Diets are available when written by the physician.	Yes 🗌	No 🗀
	The Health Services Supervisors and nurses are familiar with MDYS Policy XI.23, Therapeutic Diets		
	and Dietary Referrals.	Yes 🗌	No L
	The Health Services Supervisors and nurses are familiar with MDYS Policy XI.24, Juvenile	Yes \square	No [
	Participation in Medical Research.	r es 🗀	NO L
O	MMENTS		
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	ontagious and Infectious Diseases, Management of (Policy XI.33, XI.34, XI.35, XI.36, and F-4C-22, 23, 24, 25)	1 XI.37; A	CA Stan
Ų.	·-+U-24, 43, 44, 43)		
	HIV testing of youth is completed after a doctor order has been written.	Yes 🗌	No 🗀
	Youth pre-counseling is held prior to HIV testing as evidence by chart documentation.	Yes 🗌	No 🗆
١.	Youth post-counseling is held only when positive results are received as evidence		
	by chart documentation	Ves M	No F

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4. 5. 6. 7. 8. 9.	Youth Youth Staff y Youth Staff I	are no youth in the facility receive PPD Skin Testing on yearly PPD Skin Testing is coverally PPD Skin Testing is communizations are completed. Hepatitis B shots are offered at Disease Control Manual is av	admission. completed, when applicable mpleted. and update as required. nd provided when requested.	Yes	No	√A 🗌
CON	MMEN	TS				
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	1					
Ex	posur	e Control (Policy XI.38; A	.CA Standards 4-JCF-4C-61)			
1.	Spill l	Kits are inspected monthly.		Yes 🗌	No 🗌	
2.	Stand	ard Precautions signs are post	ed throughout the facility.	Yes 🗌	No 🗌	
3.	Mana	gement of Biohazardous Wast	re is maintained.	Yes 🗌	No 🗌	
CO	MMEN	TTS				
						
<u>He</u>	alth I	Records and Confidenti	ality (Policy XI.8; ACA Standards 4-JCF-4C-31, 32)			
1.		cal records are maintained con nitment records.	ifidentially in the Medical Department and separate from the	Yes 🗌	No 🗌	
2.			ock system and accessible only by health care professionals.	Yes 🗌	No 🗌	
3.			der hard cover and stamped "confidential".	Yes 🗌	No 🗌	N. 7/4 [7]
4.		cal Records are transferred wi cal Records are maintained in	thin the system as youth leaves the institution.	Yes ☐ Yes ☐	No □ No □	N/A 📙
5.	Medi	cai Records are maintained in	a neat and orderry manner.	165	140 [_]	
CO	MMEN	NTS			···	
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He	ealth]	Department Inspections	s and/or Visits from other out-side Local and/or S	tate Agenc	eies:	
Da	ite(s)	Agency	Comments			
	· · · · · ·					
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File Review:		
Date(s)	Comments	
Medical Servi	ces Review, Monitoring, and Reporting (MDYS Policy XI.39):	
The following mor Department Polici	nitoring tools and reports are complete and/or reviewed timely by the Health Servies and Procedures:	ices Supervisor(s) as required
At least annually	, the following form is completed:	
■ Health Care I	Personnel Licensure Verification Form (XI.3.A)	Yes 🔲 No 🗌
At least annually	the following form is reviewed:	
 Medical Serv 	ices Review and Monitoring Tool (XI.40.C)	Yes 🗌 No 🗌
At least monthly	, the following forms and logs are completed and/or reviewed:	
	ogs reviewed and monitored for compliance of returned lab results(XI.17)	Yes No No
	Services Monthly report (XI.40.A)	Yes No
	Services Statistical data Report (XI.40.C)	Yes No
	ords Review Monitoring Tool Form (XI.40.C)	Yes No
Autoclave Lo		Yes No No
	pment Check List Form (XI.4.C.1 and 2)	Yes No
	Il Kit Inspection Record Form (XI.5.B)	Yes No
	spection Form (XI.5.C)	Yes No
	ol Form (XI.6.A) ol Monitoring Form (XI.6.B)	Yes ☐ No ☐ Yes ☐ No ☐
		= =
	tory Control Form (25) Count (XI.7.A) tory Control Form (50) Count (XI.7.B)	Yes ☐ No ☐ Yes ☐ No ☐
	rument/Sharps Inventory Daily Count Form (XI.7.C)	Yes ☐ No ☐ Yes ☐ No ☐
	ment/Sharps Inventory Count Form (XI.7.C)	Yes No
	rument Sigh-Out Form (XI.7.E)	Yes No
	ment Sigh-Out Form (XI.7.E)	Yes No No
	og (XI.13.B)	Yes No No
	alth Call Referral Log (XI.13.C)	Yes No No
 Admission L 		Yes No No
	og (XI.13.B) Log (XI.19.B)	Yes No
	artment Off-Campus Log (XI.25.A)	Yes No
	Error Report Form (XI.30.C)	Yes No No
	tion Pharmaceuticals Control Form (XI.31.A)	Yes No No
	Medication and Controlled Substance Daily Count Sheet (XI.31.B)	Yes No
	otion Pharmaceuticals Supply Monitoring Form (XI.31.C)	Yes No
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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					

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Compliance Summary

Page #	Section (Health Services)	Total # of Indicators	Compliant	Non- compliant	Non- Applicable
1	Health Authority	8			
1	Personnel Qualifications	4		1	
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			
11	Health Records and Confidentiality	5			
12	Medical Quality Assurance Monitoring and Reporting	29			

TOTAL Indicators	
Compliant	
Non-compliant	
Non-Applicable	

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