

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 17-16	Policy # 11.42
Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)	Related Standards & References: NCCHC Juvenile Health Care Standards, 2011: Y-A-04, Y-A-06 ACA Standards: 4-JCF-4C-22, 4-JCF-4C-37, 38, 39	
Chapter 11: HEALTH AND MEDICAL SERVICES	Effective Date: 12/22/17	
Subject: HEALTH SERVICES QUALITY ASSURANCE	Scheduled Review Date: 12/22/18	
Attachments: A – Annual Comprehensive Review B – RHSA Monthly Facility Evaluation Report C – DHA Monthly Facility Evaluation Report D – Health Records Review Form E – Corrective Action Plan	Replaces: 6/10/16 Division of Support Services, Office of Health Services APPROVED:  <hr/> Avery D. Niles, Commissioner	

I. POLICY:

The Department shall recognize and promote adherence to professional standards pertaining to the delivery of health services in all DJJ facilities. The DJJ Medical Director in coordination with the Augusta University’s Department of Correctional Health-Juvenile Healthcare (GCHC-JH) Senior Director shall be responsible for the implementation and administration of a health services quality assurance program. The quality assurance program shall provide for the periodic review of all health services, including contracted services, and shall include a performance improvement component.

II. DEFINITIONS:

Designated Health Authority (DHA): The individual responsible for the facility’s health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The Designated Health Authority will be a Registered Nurse.

Regional Health Services Administrator (RHSA): Licensed health service staff who provides support to facility health staff and oversight to ensure the quality and accessibility of all health services provided in the facility.

Statistical Reports: Reports that include at a minimum, use of health services by category, referrals to specialists, medication usage, laboratory and radiographic analysis, chronic care clinic, hospital admissions, serious injuries and illnesses, suicide attempts, deaths and off site transports for medical care.

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III. PROCEDURES:

- A. The Juvenile Tracking System (JTS) will be used to generate a monthly Health Services Statistical Report for each facility to review and analyze trends and program needs.
- B. A program of clinical reviews will be used to assess and monitor compliance with standards related to medical service delivery. The Georgia Correctional Health Care-Juvenile Health Care (GCHC-JH) Medical Director and/or designee will ensure an annual clinical review of each physician, nurse practitioner, and physician assistant. When deficiencies are discovered, corrective actions will be submitted to the GCHC-JH Senior Director.
- C. The Regional Health Services Administrator (RHSA) will conduct a comprehensive review of each facility's health service delivery system at least every 12 months. The comprehensive review will assess the facility's compliance with DJJ policies, professional standards and directives from the DJJ Medical Director and GCHC-JH. (See Attachment A)
- D. The RHSA will conduct a monthly review (with additional site visits as determined by the immediate needs of the individual facilities) to ensure the delivery of quality health services at each site. The RHSA will submit a report of findings (Attachment B) to GCHC-JH and the DJJ Medical Director monthly.
- E. Each facility's Designated Health Authority (DHA) or designee will review the following JTS reports each work day to check for accuracy:
 - Help Requests for Services;
 - Nurse Health Appraisals;
 - Medical Intakes;
 - Physical Examinations; and
 - Dental 14 day and 6 month examinations.
- F. Each facility's DHA will submit a Monthly Designated Health Authority Facility Report (Attachment C) and all listed attachments to the RHSA and facility Director monthly.
- G. Each facility's DHA will coordinate an internal quality assurance program to determine the quality and consistency of the health services provided and ensure that health care is delivered according to professional standards, policies, and directives.
 1. The facility's physician, assisted by the DHA and/or other health care staff, will review a minimum of 10% on the day of the audit of the health records monthly.

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2. Each review will be documented using the Health Records Review Form (Attachment D), which will be signed by the responsible physician and DHA.
 3. The Corrective Action Plan (Attachment E) will be used to develop a plan for correcting any deficiencies.
 4. The RHSA will review the Corrective Action Plan during each site visit.
- H. The DHA will ensure that a Continuous Quality Improvement (CQI) meeting (in conjunction with monthly staff meetings) is conducted with health care staff to facilitate communication, share information, and solve relevant problems.
1. Monthly staff meetings will be held to discuss operational and procedural issues.
 2. The monthly Health Services Statistical Report will be discussed as part of the CQI meeting and filed as part of the monthly meeting minutes.
 3. The findings from the monthly health records review (see Section III.G.) will be discussed, including any planned corrective actions and re-evaluations of prior plans.
 4. Minutes of the meeting will be documented and maintained on file for review by staff that were unable to attend and for review/audit. The minutes must reflect those staff in attendance. Staff members that were unable to attend must sign the minutes after reviewing them.
- I. Each facility Director will conduct a quarterly health services quality assurance meeting to review the delivery of all health services in the facility.
1. The facility Director will serve as the chairperson of the facility's health services quality assurance meeting. In the absence or vacancy of the facility Director, the designee of Assistant/Associate Director or above will serve as the chairperson.
 2. The meeting will be scheduled and communicated to all staff required to attend at least 30 days in advance of the meeting date.
 3. The following staff will be invited to the meeting, at minimum:
 - a) Facility Director's immediate supervisor;
 - b) Facility Assistant Director(s);
 - c) Designated Health Authority;

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- d) Mental health clinical director and/or Qualified Mental Health Professionals;
- e) Psychiatrist;
- f) Psychologist;
- g) Physician;
- h) Dentist;
- i) Behavioral health staff;
- j) Nursing staff;
- k) Regional Health Services Administrator; and
- l) Regional Behavioral Health Services Administrator.

4. At minimum, the agenda will include:

- a) New policies and the development of local procedures by clinical staff;
- b) Health care services;
- c) Behavioral health care services;
- d) Dental services;
- e) Standards compliance;
- f) Health records reviews;
- g) Regional staff monthly reviews;
- h) Office of Continuous Improvement technical support and reviews;
- i) Behavioral health statistical reports;
- j) Health services statistical reports;
- k) Issues that impact service delivery;
- l) Communication with service providers and administration;
- m) Infection control efforts;
- n) Performance improvement; and

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o) Corrective action plan (Attachment E).

- J. The facility Director will ensure that the minutes of the meeting are recorded and staff members who are unable to attend the meeting will review and sign the meeting minutes. The meeting minutes and corrective action plans will be submitted within 5 business days of the meeting to the facility's assigned Regional Health Services Administrator, Regional Behavioral Health Services Administrator, Regional Administrator, and the GCHC-JH Senior Director..
- K. Each facility's Designated Health Authority (DHA) will maintain documentation of quality assurance activities by calendar year. No quality assurance documentation will be filed in the youth's health record. Documentation of quality assurance activities will be readily available for review/audit. The documentation will include, at a minimum:
- Monthly Continuous Quality Improvement meeting minutes;
 - Monthly Health Services Statistical reports;
 - Monthly DHA Facility Evaluation Reports;
 - Monthly Infection Control Reports;
 - Monthly corrective action plans; and
 - Site visit reports and comprehensive review reports completed by the Regional Health Services Administrator.
- L. The DJJ Medical Director and GCHC-JH Senior Director will conduct quarterly quality assurance meetings which will be used to review statewide programmatic issues and statistical trends, review facility-specific quarterly comprehensive review findings, and develop plans for statewide performance improvement.
- M. The DJJ Medical Director and GCHC-JH Senior Director will compile an annual report that analyzes the statistical data gathered monthly to determine staffing patterns and programmatic needs.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO