



**Department of Juvenile Justice  
Health Services Operating Procedure**

<b>HSOP VOL IV – 4.3 – 1.05</b>	<b>Statutory Authority:</b> Title 66 of the <u>Code of Virginia</u>
<b>Subject:  Procedures and Quality Improvement</b>	<b>Regulations:</b>
	<b>Board Policy:</b> 12-001 <b>ACA #</b> 4-JCF-4C-39
	<b>NCCHC #</b> Y-A-06

**1.05-1.0 PURPOSE**

To establish a standardized system for developing standardized health services operating procedures and maintaining a quality improvement program at each facility.

**1.05-2.0 SCOPE**

These procedures apply to all Juvenile Correctional Center (JCC) and halfway house employees and staff assigned to the JCCs and halfway houses by other units, agencies, or departments.

**1.05-3.0 DEFINITIONS**

None.

**1.05-4.0 PROCEDURES**

**1.05-4.1 Development of Operating Procedures**

1. Procedures shall be developed at the direction and approval of the Health Services Administrator.
2. The Health Services Procedures Committee shall meet quarterly to prepare and revise procedures.
3. Each procedure shall be assigned a number by the Health Services Administrator
4. Procedures shall be reviewed by DJJ's Policy and Planning Unit prior to approval to ensure compliance with standards, board policy, and administrative procedures.
5. Procedures shall be approved by the Health Services Administrator, Chief Physician, Deputy Director of Operations, and DJJ Director.
6. Procedures shall be issued by the Deputy Director of Operations. Facilities shall be expected to train staff and implement the procedure within 30 days of the effective date.
7. The Local Health Authority shall ensure hard copies of the procedures are maintained at each medical department and satellite clinic. The Superintendent shall maintain copies of the procedures in accordance with SOP 001 (Development of SOPs). Electronic copies of the

procedures shall be maintained on the Department's shared folder drive for staff access.

#### **1.05-4.2 Quality Improvement Studies**

The Local Health Authority shall implement a basic quality improvement program. The quality improvement program shall identify problems, implement and monitor corrective action, and study its effectiveness.

1. The Local Health Authority shall ensure a minimum of one process quality improvement study and one outcome quality improvement study are conducted annually as follows:
  - a. Identify a health or behavioral health services matter or need;
  - b. Develop and implement a corrective action plan;
  - c. Monitor and track results; and
  - d. Document improvement or restudy the problem.
2. The quality improvement studies shall comply with legal requirements on confidentiality of records.
3. The Local Health Authority shall ensure a monthly quality improvement study is completed as directed by the Chief Nurse.
4. The Local BSU Treatment Director shall ensure a monthly quality improvement study is completed as directed by the BSU Director.
5. In accordance with best practices and to ensure compliance with auditing requirements, any quality improvement study that fails to achieve 85% compliance on any measure shall require a corrective action plan.
6. Quality improvement study results may be utilized as part of process or outcome studies.
7. The Local Health Authority and Local BSU Treatment Director shall maintain quality improvement information in a confidential file marked "Privileged and Confidential Quality Improvement".
8. The Local Health Authority shall share quality improvement summaries during the health services administrative meetings and with medical and mental health care staff.
9. The Local Health Authority shall complete an annual review of the effectiveness of the quality improvement program by reviewing the studies, minutes of administrative and /or staff meetings, or other pertinent documentation.

#### **1.05-4.3 Quality Improvement Committee**

1. Each JCC shall have a quality improvement committee consisting of the following members:
  - a. Local Health Authority;
  - b. Chief Physician;
  - c. Local BSU Treatment Director; and
  - d. Superintendent or designee.

2. The committee shall meet at least quarterly to review quality improvement studies and infection control data. Meeting minutes and documentation shall be maintained by the Local Health Authority for a minimum of three (3) years.
3. The Local Health Authority shall forward any pertinent findings and/or recommendations to the Superintendent, health services staff, Chief Nurse, Health Services Administrator, and BSU Director, as appropriate.

**1.05-5.0 RESPONSIBILITY**

The Local Health Authority, BSU Director, and Superintendent shall be responsible for implementing this procedure.

**1.05-6.0 INTERPRETATION**

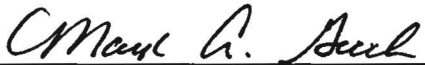

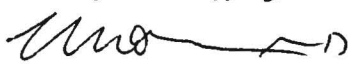
The Health Services Administrator and Deputy Director of Operations shall be responsible for the interpretation and the exception approval to this procedure.

**1.05-7.0 CONFIDENTIALITY**

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution or the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

**1.05-8.0 REVIEW DATE**

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director: 	Date: 8/22/13
Approved by Health Administrator: 	Date: 8/26/13
Approved by Chief Physician: 	Date: 8/27/13
Effective Date: October 1, 2013	Office of Primary Responsibility: Health Services Behavioral Services Unit Division of Operations
Supersedes: None.	Forms: None.