



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

HSOP VOL IV – 4.3 – 5.03	Statutory Authority: Title 66 of the <u>Code of Virginia</u>
Subject: Community Medical Referrals	Regulations: None.
	Board Policy: None. ACA # 4-JCF-4C-07; 4-JCF-4C-08; 4-JCF-4C-14;
	NCCIC # Y-E-12

5.03-1.0 PURPOSE

To ensure residents who need healthcare beyond the resources available at the facility receive the appropriate care and treatment through referral to community providers while maintaining continuity of care.

5.03-2.0 SCOPE

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

5.03-3.0 DEFINITIONS

Health Services Staff – The staff at the JCC consisting of Licensed Practical Nurses, Registered Nurses, dental assistants, and providers who provide health services to residents.

Local Health Authority (LHA) – The designated Registered Nurse (RN) (e.g., head nurse) who has been delegated the responsibility: for the management of all health services in the facility; including medical nursing, and dental; and for ensuring the quality and accessibility of all health care services provided to residents. Final medical judgments shall be the sole province of the Chief Physician.

Medical Department – The location at which the health services staff are located in the JCCs to provide health services to residents. The medical department may include nursing stations, examination rooms, infirmary, and dental office.

5.03-4.0 PROCEDURES

1. When a resident requires health care beyond the resources available at the facility, the resident shall be referred to a community health care provider, as appropriate.
2. Providers who believe a resident requires treatment outside of the facility will present the case to the Chief Physician.
 - a. The Chief Physician shall approve or deny the request based on community standards of medically necessary care.
 - b. Any denial shall be accompanied by an explanation for denial and an alternate plan of care.

- c. If the treating provider continues to disagree with the plan, the Chief Physician or designee shall evaluate the resident within one (1) week to determine need for care or treatment.
 - d. The Chief Physician has final authority on off-site non-emergency referrals.
3. The DJJ treating provider shall complete the Medical Consultation Report and file in the resident's medical record.
4. The Medical Consultation Report shall contain the following:
 - a. Resident name;
 - b. Date of birth;
 - c. Social security number;
 - d. Juvenile number;
 - e. Known allergies;
 - f. Problem lists;
 - g. Current medications;
 - h. Reason for referral;
 - i. Off-site provider name;
 - j. Off-site provider contact information; and
 - k. Space for a consultation report and discharge instructions.
5. The nurse shall review the form, make a copy and file in the medical record, and forward the original to the health services office services specialist (OSS). The OSS shall coordinate the appointments with the outside provider's schedule and the transportation schedule. The OSS shall document the appointment date and time on the form. The OSS shall make a copy of the form with the appointment information and file it in the medical record, removing the previous copy from the nurse.
6. The OSS shall notify the LHA or designee regarding scheduling.
 - a. Appointment schedules shall be coordinated with security to ensure adequate staffing for the transportation and the facility. However, the scheduling shall not exceed average appointment scheduling times in the community practice.
 - b. Once the appointment is scheduled, the completed Medical Consultation Report, a copy of the insurance card, and any required medical, lab or x-ray etc reports, required by the provider shall be sealed in an envelope with the transportation information attached. A sticker shall be placed on the outside of the envelope regarding any additional medical information the transporting staff may need to know, as documented on the Medical Consultation Report by the treating provider or Chief Physician.

- c. The transportation department, Chief of Security, and the Assistant Superintendent shall be notified of all transportation needs monthly and shall be updated daily as the calendar changes.
 - d. The LHA or designee shall ensure that any additional pre-appointment requirements are communicated to the Shift Commander in a timely manner (e.g., keeping resident NPO). When necessary, the LHA or designee shall inform the shift commander of the need for an infirmary admission or transfer to medical housing to ensure pre-appointment requirements are implemented.
7. Medical transportation information shall contain the following:
- a. Resident name;
 - b. Date of birth;
 - c. Juvenile number;
 - d. Date and time of appointment;
 - e. Off-site provider name;
 - f. Off-site provider contact information; and
 - g. Any special instructions for security staff to include, if applicable:
 - 1) Parking location; and
 - 2) How and where to access the building.
8. The resident shall be accompanied by security series staff for all off-site emergency or routine care. The charge nurse shall brief the transporting staff regarding any medically sensitive conditions or precautions to be taken by the transporting staff, as appropriate.
9. When the resident returns to the facility, the following shall occur:
- a. The resident shall be seen by the charge nurse or designee as soon as practicable and the encounter shall be documented.
 - b. The charge nurse or designee shall review the Medical Consultation Report and discharge instructions and, as necessary, contact the provider to review findings and receive orders. The review and provider notification shall be documented on the Medical Consultation Report. The nurse shall file the completed form in the medical record, removing the previous copy, and flag for provider review.
 - c. The provider shall review and sign the Medical Consultation Report during the next provider clinic at the facility. Written recommendations of the consulting health care provider shall be reviewed for approval by the DJJ provider prior to implementation.
10. The LHA shall ensure a list of all provider referral sources, including emergency and routine care. The LHA and Chief Physician shall review and update the list at least annually.

5.03-5.0 RESPONSIBILITY

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

5.03-6.0 INTERPRETATION



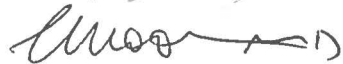
The Health Services Administrator and Deputy Director of Residential Services shall be responsible for the interpretation and the exception approval to this procedure.

5.03-7.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of 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.

5.03-8.0 REVIEW DATE

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

Approved by Director:		Date:	11/2/15
Approved by Health Services Administrator:		Date:	11/6/15
Approved by Chief Physician:		Date:	11/6/15
Effective Date:	1-19-2016	Office of Primary Responsibility:	Health Services; Division of Operations
Supersedes:	October 7, 2013	Forms:	Medical Consultation Report