


2250 HEALTH SERVICES QUALITY ASSURANCE	
Chapter: Sununu Youth Services Center	Section: Healthcare
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: _____ Approved: _____ Effective Date: 01-01-09 Scheduled Review Date: 01-01-11
	William W. Fenniman, DJJS Director
Related Statute(s): _____ Related Admin Rule(s): _____ Related Federal Regulation(s): _____	Related Form(s): Health Record Review Form Bridges' Screen(s) and Attachment(s): _____

It is the Division's goal to provide high quality medical and dental services, mental health services, nursing services, personal hygiene, dietary services, health education, and attending to environmental conditions. Medical Services shall recognize and promote adherence to professional standards pertaining to the delivery of health services. Medical Services 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 contract services, and shall include a performance improvement component.

Purpose

The purpose of this policy is to establish the Division's health services quality assurance procedure.

Procedure

- I. **Designated Health Authority:** The Director will designate a Health Authority who will be responsible to arrange for all levels of health care, assuring the quality of all health services, and assuring that juveniles have access to them. Final medical judgments shall rest with the SYSC Physicians.

- II. **Monthly Health Record Review:** Clinical reviews will be used to assess and monitor compliance with health service standards and to ensure quality health care service delivery. The clinical review process will be as follows:
 - A. Physician and Health Authority Review – The SYSC Physician and Health Authority will review a minimum of 10% of resident health records monthly.
 - B. Health Record Review Form
 - C. The Physician and Health Authority will use the Health Record Review Form to perform the reviews.
 - D. Corrective Action – The Corrective Action Plan will be used to develop a plan for correcting any deficiencies.

- III. **Annual Clinical Reviews:** The Health Authority will complete annual clinical reviews of each physician, nurse practitioner, physician assistant, and dentist. When deficiencies are discovered, corrective actions will be taken as deemed necessary by the Health Authority.

IV. **Quarterly Continuous Quality Improvement Meetings:** The Health Authority will ensure that a quarterly continuous quality improvement meeting is conducted amongst health care staff to facilitate communication, share information, and solve relevant problems.

A. The Residential Bureau Chief will serve as the chairperson of the facility's health services quality assurance meeting. The following staff will be invited, as a minimum:

1. Residential Bureau Chief
2. Health Authority
3. Clinical Manager
4. Psychiatrist
5. Physician
6. Dentist
7. Clinical Staff
8. Nursing Staff

B. Staff unable to attend the meeting will be required to read and sign the meeting minutes.

C. Meeting Agenda – At a minimum, the agenda will include:

1. New Policies;
2. Health care services;
3. Behavioral health care services;
4. Dental Services;
5. Standards compliance;
6. Health records reviews;
7. Behavioral health statistical reports;
8. Health services statistical reports;
9. Issues that impact service delivery;
10. Communication amongst service providers and administration;
11. Infection control efforts;
12. Performance improvements; and
13. Correction action plan.

- D. The Residential Bureau Chief will ensure that the meeting minutes and corrective actions plans are produced and disseminated within 5 business days of the meeting.
- V. **Annual Report:** The Health Authority will maintain documentation of quality assurance activities by calendar year. The Health Authority will compile an annual report by January 1st of each year that analyzes the statistical data gathered monthly to determine staffing patterns and programmatic needs. No quality assurance documentation will be filed in any youth's health record. Documentation of quality assurance activities will be readily available for review and/or audit. The documentation will include, at a minimum:
 - A. Quarterly Continuous Quality Improvement Meeting Minutes;
 - B. Monthly statistical reports; and
 - C. Monthly corrective action plans.
- VI. **Statistical Reports:** Statistical reports will be compiled based on the number of residents receiving health services by category of care as well as other pertinent information (e.g., operative procedures, referrals to specialist, ambulance services, etc.).
- VII. **Health Care Delivery System Annual Review:** The Health Authority shall review annually each Health Care policy, procedure, and program to ensure quality service delivery. Each document bears the date of the most recent review or revision and the signature of the Health Authority or designee.

Health Authority Signature

Date