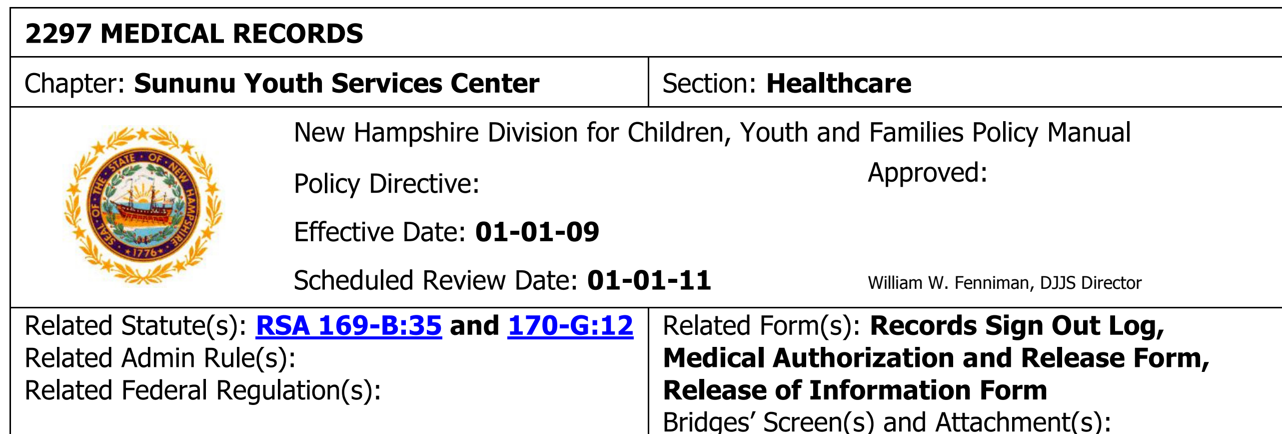

2297 MEDICAL RECORDS	
Chapter: **Sununu Youth Services Center**	Section: **Healthcare**
New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: Effective Date: **01-01-09** Scheduled Review Date: **01-01-11**	Approved: William W. Fenniman, DJJS Director
Related Statute(s): **RSA 169-B:35 and 170-G:12** Related Admin Rule(s): Related Federal Regulation(s):	Related Form(s): **Records Sign Out Log, Medical Authorization and Release Form, Release of Information Form** Bridges' Screen(s) and Attachment(s):

Each resident of the SYSC shall have a dedicated medical record containing all relevant information and documentation regarding his/her medical condition and health care and treatment. These records shall be maintained in the Medical Department of SYSC. To ensure the confidentiality of information, and with respect to each resident's privacy, access to a resident's permanent record shall be limited to appropriate staff.

Purpose

The purpose of this policy is to establish the SYSC Medical Department record's procedure.

Procedure

I. **Standard Format and Location**

A. The Medical Department's records shall be formatted and stored in the following manner:

1. Each resident's medical record shall contain all documentary information related to the medical condition and health care of that resident. This shall include materials arriving from outside sources and those generated from within SYSC. The form, format, procedures for maintenance and safekeeping, approved by the health authority.

2. Creation and maintenance of each resident's medical record shall be the primary responsibility of the nursing staff.

3. Each resident's medical record shall be maintained at the Nursing Station in the Medical Department until that resident is discharged. All medical records will be controlled by the Health Authority.

4. The health authority shall share with the Residential Bureau Chief information regarding a juvenile's medical management, security, and ability to participate in programs.

II. **Content**

A. The Medical Department's records shall contain the following information:

1. Active resident medical records are maintained at the Nursing Station in the Medical Department of SYSC throughout the resident's commitment or detention. They contain the following:

   (a) Signed Medical Authorization (Form 2266) and Release Form/ signed OTC list.

   (b) Nursing Health History and Assessment.

   (c) Physical Assessment.

   (d) Nursing Progress Note – Progress Reports

   (e) Physician's Orders.

   (f) Physician's Progress Reports.

   (g) Hearing/vision screening.

   (h) Medication Administration Record (for Medex file).

   (i) PPD information/consent form.

   (j) Informational Kardex cards (for Kardex file).

   (k) Copy of Health Discharge Summary (as sent to court).

   (l) Nurse Care Plans – as indicated by need.

   (m) Discharge Summary of hospitalization and other termination summaries.

   (n) Registered Dietician's evaluation and notes if necessary.

   (o) Psychiatric assessments and progress notes.

   (p) Nutritional Assessments and progress notes.

2. In addition, the resident's medical record may contain the following forms, depending on the health needs of the individual resident:

   (a) Consult forms (e.g., EEG, EKG, X-ray, dental, specific physician services ordered).

   (b) Suicide/lethality assessment.

   (c) Billing information sheets.

   (d) Release of information form.

   (e) Dietary consult/alert form.

   (f) Flow sheets.

(g) HIV test/consent form.

3. Medical records shall be kept legible and current, and shall include the date and time of all services rendered, along with the signature and title of the service provider. Only Medical staff, designated by the Health Authority, shall make entries into the medical record. Any daily health issues attended to by a nurse shall be entered in the progress notes, including a final note upon discharge that summarizes the resident's health issues and services rendered. Medical records will contain all findings, diagnoses, treatments and dispositions.

III. **Access**

A. Access to Medical Department's records shall be limited to the following:

1. Only SYSC Medical staff and other identified individuals authorized by the DJJS Director or designee shall have access to the resident's medical records. The Nurse Manager shall maintain a list of authorized staff.

2. Resident medical records shall be reviewed only in the Medical Department.

3. Complete medical files shall not be removed from the Medical Department without a court order, with the following exception: Copies of medical records may be given to authorized individuals upon completion of and approval of a properly executed DJJS Release of Information form. Any time a court order requests a medical record the Director shall be notified.

4. Parents, legal guardians, and residents' attorneys, in accordance with RSA 169-B:35 and 170-G:12, may view or receive copies of relevant portions of a resident's medical record with the authorization of the DJJS Director or designee.

5. When a medical record is removed from or returned to the SYSC medical records room, the person using the file shall make an entry in the Medical Record Sign-Out Log.

IV. **Medical Records Room**

A. The Medical Department Records Room procedure shall be as follows:

1. The permanent medical records of former residents are maintained in the SYSC medical records room until their age of majority.

2. The door to the records room shall remain locked when the room is not in use.

3. A sign on the door shall indicate that the records are confidential.

4. Access to this room is limited to SYSC nursing staff and to other authorized individuals who have a demonstrated need and right to access the records room and who have the written authorization of the DJJS Director or designee.

V. **Transfer of Medical Information/Records**

A. Medical Department records shall be transferred in the following manner:

1. When a resident is transferred between a DHHS contracted shelter and SYSC, a copy of essential medical information shall accompany the resident. All other medical information shall be supplied to the shelter once DJJS receives a signed Release of Information form from the resident's parent/legal guardian.

2. When a resident is released to court and subsequently placed with a service provider entrusted with the resident's treatment, medical records necessary to ensure continuity of care shall be transferred, pending a signed Release of Information form. If necessary, upon release to the court, a medical discharge summary (including medical information, allergies, and a signed medical information release) is sent along with the resident to the attention of the parent/guardian.

3. When it is believed that medical services for an SYSC detained or committed resident could be enhanced by obtaining records from his/her previous placement, the Manager of Health Services, or designee, may request copies of all relevant records and information. Pursuant to RSA 169-B:35 and 170-G:12, additional access to records may be granted by court order or upon written consent of the resident.

VI. **Closure**

A. Once a resident is discharged from SYSC their medical records shall be handled in the following manner:

1. Active resident medical records include those of residents currently at SYSC. These active medical records shall be maintained at the Nursing Station in the Medical Department.

2. Inactive resident medical records include those of residents on Administrative Release (AR), Administrative Furlough, or parole. These records shall be moved from the Nursing Station to a filing cabinet in the medical records room.

3. When a resident reaches the age of majority or his/her commitment is discharged or dismissed, the Medical Department shall transfer the resident's entire medical record to the Records Clerk, who will attach it to (but not consolidate it with) the resident's permanent record.

4. When the former resident reaches the age of 21 the permanent records shall then be boxed and sent to the DHHS Archives in Concord.

5. The Records Clerk shall maintain an up-to-date list of closed records, including where they are stored.