

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Performance
Improvement & Risk Management

POLICY # AD II-10

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SUBJECT: Health Services Comprehensive Audits

EFFECTIVE DATE: October 2007

SUPERCEDES DATE: None

PURPOSE

To provide a method in which to evaluate the ongoing performance standards and practices at the facility level based on Health Services Policy and Procedures and the expected practices of any accrediting body

POLICY

All Health Services Facilities will be reviewed and /or audited on a yearly basis at a minimum. The Comprehensive Health Services audit will be completed every two (2) years by a team consisting of up to five persons dependent upon the mission and population of the facility. Members of the audit team may be one of the following: the Standards Director, Regional Assistant Directors of Nursing, Regional Nurse Liaisons, Regional Nurse Supervisors or trained facility Nurse Managers.

PROCEDURE

A. The team will review facility wide services including:

1. Medication Delivery
2. Environment of Care
3. Staff Development/Assessment
4. Infection Control
5. Miscellaneous facility wide services including:
 - a. Use of Sick Call Procedures
 - b. Segregation evaluations
 - c. Grievance reviews
 - d. Completion of Incident/Variance reports
 - e. Lab tracking system
 - f. Written shift report

B. The Team will also complete a review of medical records. Number of records reviewed will be based on the number of inmates in facility population:

1. < 100 inmates – 10 records,
2. 100- 1000 inmates – 20 records
3. >500 inmates with facility offering inpatient and outpatient services – 30 records

C. The medical records review will include review of:

1. History and Physical
2. Nursing Assessment
3. Patient Care Information and Data Updates
4. Labs/Diagnostic testing
5. Treatment plans

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6. Dental Services screening/protocols
7. Mental Health screening/protocols
8. Transfer and discharge planning
9. Refusals of treatment
10. Offering of patient education

D. A score will be determined based on a combination of the findings of the facility wide services and the medical records reviewed. Any facility with a score of:

1. 91-100% will be re-audited every 2 years
2. 81-90% will be re-audited by Regional Nurse Liaison in 1 year
3. 71-80% will be re-audited by Regional Nurse Liaison and Regional Nurse Supervisor in 6 months
4. $\leq 70\%$ will be **unacceptable**; a re-audit of facility will occur in 3 months

E. All audit findings will be reviewed in an exit conference with the Facility Administrator, Facility Nurse Manager, Assistant Superintendent for Programs and others designated by the Administrator. A written report will follow within 30 days of the audit.

F. A CQI Team will be initiated at the facility immediately to determine a Plan of Correction for all deficiencies identified. This plan will be submitted to the Standards Director and Regional Health Treatment Administrator for review and acceptance.

G. The Regional Health Treatment Administrator will follow up, monitor and review progress from the plan of correction and will submit a report to the Standards Director at the one year anniversary of audit.



10/26/07

Paula Smith MD, Director of Health Services

Date

SOR: Standards Director