



MEDICAL DOCUMENTATION

POLICY.

It is the policy of the Deschutes County Sheriff's Office – Adult Jail (AJ) that all health care rendered to the inmates is documented in writing.

PURPOSE.

The purpose of this policy is to outline procedures for the creation and review of a medical file and the maintenance of a medical log.

OREGON JAIL STANDARDS:

- G-106 Contents of Health Care Records
- G-107 Confidentiality of Health Care Records
- G-205 Requests for Health Care
- G-207 Treatment Plans

SECTION A: MEDICAL SERVICES AND BILLING FORMS

A-1. The Medical Unit maintains various Forms (including *Health Care Request Form No. 545*, and *Billing for Services Rendered Form No. 546*). Forms are available for review by the Medical Director and other appropriate health care professionals, as necessary.

A-2. The “Sick-Call” process is generally managed through the use of an Electronic Health Record (EHR). If the EHR is unavailable, members will use the *Sick-Call Medical Follow-Up Form No. 573*. The Form will contain:

- a. The date and name of each inmate seen;
- b. Who requests non-emergency medical treatment;
- c. Who experiences an actual or possible emergency medical condition; and/or
- d. Who is seen by a doctor, dentist, lab or behavioral health professional.

Sick-Call Medical Follow-Up Form No. 573 entries shall include a brief summary of the reason for sick-call and what action was taken.

A-3. The *Billing for Services Rendered Form No. 546* will contain the following, at a minimum:

- a. The date and name of each inmate seen;
 - b. The service(s) rendered;
 - c. The cost of each service
- A-4.** The *Health Care Request Form No. 545* requests care directly from the inmate. Upon signing the form, the inmate authorizes consent for care and billing for services. The cost of health care services is listed on the form.

SECTION B: MEDICAL RECORD FILE

- B-1.** An EHR is created once a member initiates the electronic version of Form 501, Intake Medical Screening. The EHR will include information about specific care and/or ongoing medical management of an identified problem. The EHR will include, but is not limited to:
- a. Health Assessment forms
 - b. Intake Medical Screenings forms
 - c. All records of findings, diagnoses, treatment and disposition
 - d. Record of prescribed medications and their administration
 - e. Reports of laboratory, x-ray and diagnostic studies
 - f. Progress notes
 - g. Consent and refusal forms
 - h. Release of information forms
 - i. Discharge summaries of examinations and medical care provided at hospitals and doctors' offices
 - j. Record of behavioral health, dental, psychiatric and other consultations, including dental after care forms
 - k. Digital signature and title of each provider
 - l. Inmate sick call request forms
 - m. Medical and mental health evaluation reports
 - n. Records relating to outside referrals for health care
 - o. Other information related to an inmate's health, health care, dental care, and behavioral health.

SECTION C: LEGIBILITY

- C-1.** All progress notes, chart entries, reports, signatures, counter signings and all other records of inmate medical care, regardless of author, shall be sufficiently legible to enable health care professionals to comprehend and act upon such documentation.
- C-2.** Treatment notes by a nurse, behavioral health specialist or Medical Director may be dictated and transcribed. Most notes will be typed into the EHR. A nurse, behavioral health specialist, Medical Director and/or other provider(s) will document the course of treatment for each inmate.

SECTION D: REVIEW

- D-1.** The Medical Director shall (on a weekly basis) review medical record files for inmates under medical care to ensure all documentation required by the Medical Policy and Procedures Manual has been performed.
- D-2.** A *Medication Error Report Form No. 597* will be completed for prescription medication errors, medication administration errors, and medication dispensing errors. If an adverse reaction occurs on its own or because of a medication error an *Adverse Medication Reaction Report Form No. 598* will be completed.

FORMS USED:

- Medication Error Report Form No. 597
- Adverse Medication Reaction Report No. 598
- Health Care Request Form No. 545
- Billing for Medical Services Rendered Form No. 546