



## **MEDICAL DOCUMENTATION**

### **POLICY.**

It is the policy of the Deschutes County Adult Jail (DCAJ) and Work Center (WC) 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.** A *Sick Call Medical Follow-Up Form No. 573*, *Health Care Request Form No. 545*, and *Billing for Services Rendered Form No. 546* will be maintained by the facility nurses and medical staff. Forms will be available for review by the Facility Provider and other appropriate health care professionals, as necessary.
- A-2.** The *Sick Call Medical Follow-Up Form No. 573* will contain the following information, at a minimum:
- 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, or mental health professional.

*Sick Call Medical Follow-Up Form No. 573* entries shall set forth a brief summary of the reason for such contact and shall state 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.** A complete medical record file is not necessarily established for every inmate lodged at the DCAJ. Medical record files are made if an inmate requires specific care and/or ongoing medical management of an identified problem. The medical record file will include, but is not limited to:

- a. Health Appraisal 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. Reports of dental, psychiatric and other consultations, including Dental After Care forms, DCAJ Mental Health Care Report forms, Physician's Telephone Order forms, Documentation Corrective Action forms, etc.
- k. Place, date and time of each medical encounter
- l. Signature and title of each documenter
- m. Inmate sick call request forms
- n. Medical and mental health evaluation reports
- o. Records relating to outside referrals for health care
- p. Other information related to an inmate's health and health care.

***SECTION C: LEGIBILITY***

**C-1.** All progress notes, chart entries, reports, signatures, counter signings, the Medical Log 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.** Extensive notes of treatment by the Registered Nurses or Facility Providers may be dictated and transcribed, or brief notes of care may be made in legible handwriting directly written in the inmate's medical file.

***SECTION D: REVIEW***

- D-1.** The Facility Provider or Supervising Nurse shall review weekly medical record files for inmates under medical care at the DCAJ 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 filled out for medication prescription 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 filled out.

**FORMS USED:**

- Medication Error Report Form No. 597
- Adverse Medication Reaction Report No. 598
- Health Care Request Form No. 545
- Sick Call Medical Follow-Up Form No. 573
- Billing for Medical Services Rendered Form No. 546