SWP SITE REVIEW WEBINAR 2.0

Michigan Department of Health & Human Services

School Wellness Program (SWP)

October 3, 2018

HOUSEKEEPING

Webinar Link: http://breeze.mdch.train.org/cahc/

- Click "enter as guest"
- Please include your SWP site name

Phone:

- Dial-in: 1-877-810-9415
- Access Code: 3811397
- Please mute your phones by pressing the mute button or *6
- If we get disconnected, please dial back in.

Other Housekeeping:

- Ask questions using the chat box in bottom left-hand corner
- Ask questions over the phone during designated Q&A times, or stop us as we go along
- Site review tool was sent via e-mail

OUTLINE FOR TODAY'S EVENT

Helpful tools

Clinical review

Mental health review

Site review accreditation structure

Sentinel citations

Next steps and other announcements

HELPFUL TOOLS
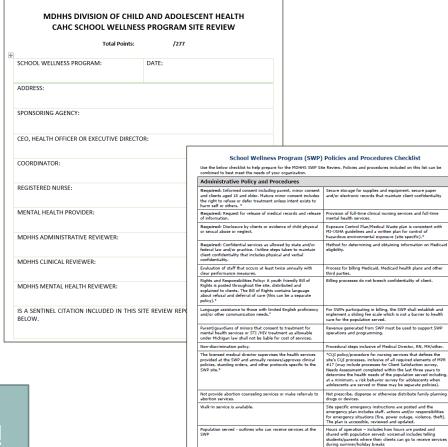
Courtnay Londo
SWP Coordinator

TOOLS TO HELP YOU PREPARE

Site review tool (updated Sept, 2018)

Policy and procedure checklist

"Essential elements" from webinar slides

- May 30, 2018: webinar 1
- October 3, 2018: webinar 2
- Will be placed in a stand-alone document

Visit www.michigan.gov/swp to download these tools!

CLINICAL REVIEW

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SWP Nurse Consultant

CLINICAL REVIEW

Clinical Organization

Continuous Quality Improvement

Health Services

Process for an Actual Clinical Visit

Clinical Environment

ESSENTIAL ELEMENTS OF A NURSING EVALUATION POLICY

- Definition: Nursing evaluation is the documentation of nursing practice that is based upon measurable objectives and includes self-assessment.

- Purpose: Nursing evaluation is essential to documenting and improving professional nursing practice in the School Wellness Program (SWP) and is necessary to promote the health, safety, and learning of students.

- Procedures:

1. Identify measurable objectives based on job descriptions, scope and standards of practice, competencies, and applicable state and federal laws.

2. Ensure there is input and goal-setting by the SWP nurse.

3. Include continuing education/professional development of the SWP nurse in the evaluation process.

4. Occurs twice annually.

Note: Skills, teamwork, collaboration, adherence to school policy and state and federal regulations, organizational skills, oral and written communication and the day-to-day nonclinical duties are examples of areas of practice that are appropriately supervised by non-nursing administrators

SAMPLE NURSING EVALUATION POLICY

Connecticut State Department of Education: Competency in School Nurse Practice, 2nd ed. (2014). Retrieved from: https://portal.ct.gov/-/media/SDE/School-Nursing/Nursing_Competencies.pdf

SCHOOL NURSE PERFORMANCE EVALUATION

School Nurse _____ School _____ Review by Nurse (date) _____ Review by Nursing Supervisor (date) _____

Code: M - Meeting Standard   P - Progress Toward Meeting Standard   N - Not Meeting Standard
Based on attached school nurse competency indicators for each standard at Emergent (EMG), Competent (COM), Proficient (PRO), and Expert (EXP) levels

SELF				STANDARDS	SUPERVISOR			
EMG	COM	PRO	EXP		EMG	COM	PRO	EXP
				Standard 1: Assessment – The school nurse collects, analyzes and synthesizes comprehensive data pertinent to the student's health or the situation.				
				Standard 2: Diagnosis – The school nurse analyzes assessment data to determine the nursing diagnoses and collective problems.				
				Standard 3: Outcomes Identification – The school nurse identifies expected outcomes for a plan that is individualized to the student or the situation.				
				Standard 4: Planning – The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.				
				Standard 5: Implementation – The school nurse implements the interventions identified in the plan of care/action.				
				Standard 5A: Coordination of Care – The school nurse coordinates care delivery.				
				Standard 5B: Health Teaching and Health Promotion – The school nurse provides health education and employs strategies to promote health and a safe environment.				
				Standard 5C: Consultation – The school nurse provides consultation to influence the identified plan, enhance the abilities of others and effect change.				
				Standard 6: Evaluation – The school nurse evaluates progress toward attainment of outcomes.				
				Standard 7: Quality of Practice – The school nurse systematically evaluates the quality and effectiveness of nursing practice.				
				Standard 8: Education – The school nurse attains the knowledge, skills and competencies required for quality practice in schools.				
				Standard 9: Professional Practice Evaluation – The school nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules and regulations.				
				Standard 10: Collegiality – The school nurse interacts with and contributes to the professional development of peers and school personnel as colleagues.				

SAMPLE NURSING EVALUATION POLICY CONT.

Connecticut State Department of Education: Competency in School Nurse Practice, 2nd ed. (2014). Retrieved from: https://portal.ct.gov/-/media/SDE/School-Nursing/Nursing_Competencies.pdf

					Standards			
					Standard 11: Collaboration – The school nurse collaborates with student, family, school staff and others in the conduct of school nursing practice.			
					Standard 12: Ethics – The school nurse integrates ethical provisions in all areas of practice.			
					Standard 13: Research – The school nurse integrates research findings into practice.			
					Standard 14: Resource Utilization – The school nurse considers factors related to safety, effectiveness, cost and impact on practice in the planning and delivery of school nursing services.			
					Standard 15: Leadership – The school nurse provides leadership in the professional practice setting and the profession.			
					Standard 16: Program Management – The school nurse manages school health services.			

ANNUAL GOALS: (Year)	FULLY ACHIEVED	PARTIALLY ACHIEVED	NOT ACHIEVED
1. Professional Growth:			
2. Special Contribution to School Community/Department:			

Other Special Achievements: _____

_____

Comments of Nursing Supervisor: _____

_____

Comments of Building Administrator: _____

_____

_____

SAMPLE NURSING EVALUATION POLICY CONT.

Connecticut State Department of Education: Competency in School Nurse Practice, 2nd ed. (2014). Retrieved from: https://portal.ct.gov/-/media/SDE/School-Nursing/Nursing_Competencies.pdf

ANTICIPATED ANNUAL GOALS: (Year)

1. **Professional Growth:** _____
   _____
   _____

Rationale: _____
   _____
   _____

Contribution to School Community/Department: _____
   _____
   _____

Expected Outcome(s) for Student Health: _____
   _____
   _____

_____ _____ _____ _____ _____ _____
Staff Member's Signature   Date   Building Administrator's Signature   Date   Supervisor's Signature   Date

Staff member's signature indicates that he or she has read this document.
It does not indicate agreement or disagreement with its content, except for self-evaluation.

ESSENTIAL ELEMENTS OF A NURSING EVALUATION POLICY

References:

American Nurses Association (ANA) and National Association of School Nurses (NASN). (2011). Scope and standards of practice: School nursing (2nd ed.). Silver Spring, MD: nursebooks.org

Connecticut State Department of Education: Competency in School Nurse Practice, 2nd ed. (2014). Retrieved from: https://portal.ct.gov/-/media/SDE/School-Nursing/Nursing_Competencies.pdf

National Association of School Nurses. (2016a). Framework for 21st century school nursing practice. NASN School Nurse, 31(1), 46-53. doi: 10.1177/1942602X15618644

National Association of School Nurses. (2018). Supervision & evaluation of the school nurse [Position statement]. Retrieved from: https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Position%20Statements/2018-ps-supervision.pdf

CLINICAL REVIEW: CLINICAL ORGANIZATION HIGHLIGHTS

Annual review and signatures of R.N. and Medical Director of standing orders and policies and procedures.

The RN adheres to medical orders and/or treatment plans written by other health care providers for individuals requiring health supervision while in school (care plans, emergency care plans).

Policies on informed consent.

CLINICAL ORGANIZATION: ESSENTIAL ELEMENTS OF A CONSENT POLICY

Definition: Consent policies describe the range of health services provided to clients in the School Wellness Program (SWP).

Purpose: The consent form explains the nursing and mental health services provided in the SWP within all applicable laws and is reviewed and approved by the school administration, school board and local community advisory committee. The consent policy also describes the events and procedures when a consent is not required.

Procedures include:

Description of policy for each type of consent needed in the SWP: parental consent, minor consent, emancipated minor.

Description of the length of time a consent form is valid.

Definitions of guardianship/parental status, minor consent/self consent and emancipated minor.

Description of how a parent/guardian, minor, emancipated minor can withdraw a parent/guardian consent form in writing.

Description of how parent/guardians, minors, emancipated minors are provided with the opportunity to review, ask questions and sign the SWP consent forms.

Description of services provided by the SWP requiring consent (e.g. administration of OTC medications, physician-directed standing orders, confidential risk assessment, immunizations, POC testing).

CLINICAL ORGANIZATION: ESSENTIAL ELEMENTS OF A CONSENT POLICY

Procedures continued:

Description of services that are inclusive of minor consent/self consent (pregnancy testing and referrals; STI screening, treatment and referral; HIV screening, counseling and referral; mental health services; substance abuse, counseling and referral).

Description of events and procedures when a parent/guardian consent is not required (emergency care, first aid, crisis intervention, referral for suspected child abuse/neglect).

Information that is included in the consent form:
- Exchange of information with primary care provider and other health are providers for continuity of care.
- Collaboration and exchange of information with school officials and need to know school staff.
- Disclosure of protected health information for internal peer review audit.
- Exchange of information complies with all applicable laws e.g. HIPAA, FERPA and Michigan Statutes for governing minor's rights to access consent for care.
- Self consent or emancipated minor.

References:

MPR # 14, MPR # 16, MPR # 18

Network for Public Health Law (2012). *Michigan laws related to right of minor to obtain health care without consent or knowledge of parents.* Retrieved from https://www.michigan.gov/documents/mdch/Michigan_Minor_Consent_Laws_for_Sexual_Health_292774_7.pdf

CLINICAL ORGANIZATION: ESSENTIAL ELEMENTS OF CONSENT POLICIES

Definitions

Minor: Person 17 years or younger

Emancipated Minor: Occurs by court order via a petition filed by a minor with the family division of circuit court. Emancipation also occurs when a minor is validly married, reaches the age of 18 years and during the period when the minor is on active duty with the armed forces of the U.S.

Reporting Abuse and Neglect

Pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than12 years of age is reasonable cause to suspect child abuse and neglect have occurred and must be reported.

Michigan Law and Minor Consent

- Minors may receive the following confidential health services:
  - Referrals, screening, counseling and treatment for sexually transmitted diseases including HIV under a physician standing order per fiduciary.
  - Referrals for family planning under physician standing order per fiduciary.
  - Pregnancy testing and referrals under physician standing order per fiduciary.
  - Substance abuse counseling and referral.
- Minors 14 years of age or older can receive limited outpatient mental health services not to exceed 12 visits over four months and not to include any medications.

Events and Procedures When a Consent is Not Required

- Referral for suspicion of child abuse and/or neglect.
- Emergency care/first aid
- Crisis Intervention including:
  - Client is threatening suicide.
  - Client's life is threatened.
  - Client is threatening harm to someone else.
  - Client has or intends to harm self.

CLINICAL ORGANIZATION: ESSENTIAL ELEMENTS FOR A DIABETES STANDING ORDER*

Definitions Include:

- Diabetes Type 1
- Diabetes Type 2
- Diabetes Medical Management Plan (DMMP)
- Diabetes Emergency Plan (DEP)
- Individualized Health Care Plan (IHP)

Supplies Include:

Clear identification of where supplies are stored, emergency supplies such as glucagon and/or glucose replacement, supplies for providing diabetes care tasks that are obtained from parent/guardian, other supplies indicated in the DMMP

Signs/Symptoms:

Hyperglycemia (high)

Hypoglycemia (low)

Documentation Includes:

Medication (name, time of administration, dose, LOT #, and expiration date), when parent/guardian communication occurred**, health care provider(s) communication with parental consent**, subjective/objective findings, interventions, condition of client when leaving clinic, client/parent education, follow-up plan

*See MPR #10

** Phone, text, email, in-person

Procedures Include:

Assessment including vital signs

When to call 911

Checking the DMMP and DEP for routine care and steps to take for hyperglycemia and hypoglycemia

Client and parent education

Client and parent follow-up plan

Communication/sending documentation to the health care provider

Sharing the DMMP and DEP with "Need to Know" school staff and role of SWP in training school staff

Respect confidentiality and privacy

References:

National Association of School Nurses (2017). Diabetes management in the school setting. Position statement. Retrieved from: https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-diabetes

National Institute of Diabetes and Digestive and Kidney Diseases (2016). Helping the Student with Diabetes Succeed: A guide for School Personnel. Retrieved from: https://www.niddk.nih.gov/health-information/communication-programs/ndep/health-professionals/helping-student-diabetes-succeed-guide-school-personnel

CLINICAL ORGANIZATION: SWP SAFEGUARDS FOR BMI SCREENING

1. Ensure appropriate processes are in place for parent/guardian consent and/or communication when measuring client's height and weight.

2. Ensure setting for height and weight measurements is private.

3. Use equipment that is accurate and reliable when measuring for height and weight. Coats, jackets, shoes, boots removed.

4. Ensure BMI number/%tile is calculated and interpreted correctly.

5. Apply Continuous Quality Improvement (CQI) processes to evaluate intended outcomes and unintended consequences for BMI screening.

6. Ensure resources are available for safe and effective follow-up especially with the primary care provider.

7. Provide all parents with clear and respectful communication explaining the BMI measurement results and follow-up activities.

- Communicate information to parent/guardian through a secure process such as mailing a letter (avoid sending a note home with child).
- Provide parents with a clear and respectful explanation of the BMI results and a list of appropriate follow-up actions that includes contacting the primary care provider. Letters sent to the parent might simply identify the child's height, weight, and BMI-for-age percentile and include a table defining BMI-for-age percentile categories.
- Utilize statements such as "suggests your child might have an unhealthy weight" to communicate when a child is overweight/obese or his/her weight was found to be low/normal/high for height and age.
- Provide information on school- and community-based programs that promote nutrition and physical activity.
- Explain health risks associated with unhealthy weight when appropriate.
- Provide tips for parents when their child is classified as normal weight that promote health, physical activity and nutrition (include a variety of fruits and vegetables, whole-grain products, and fat-free or low-fat milk in the diet each day). Parents should also be aware that youth should engage in at least 60 minutes of physical activity on most, preferably all, days of the week.

Provide contact information for SWP nurse.

CLINICAL ORGANIZATION: SAMPLE ACTION PLAN FOR UNHEALTHY WEIGHT

Assessment:

Subjective

- Parent/guardian communication to determine significant health history related to unhealthy weight.
- Eating habits that includes breakfast, fruit and vegetables, sugary beverages, fast food consumption, person responsible for meal preparation, other family meal routines.
- Barriers to healthy food consumption including food insecurity.
- Current amount of daily physical activity.
- Current amount of daily screen/device time.

Objective

- Height, weight, BMI, blood pressure, pulse, respiration, pulse oximetry.

Nursing Diagnosis: Altered Growth and Development

Long Term Goals:
1. Maintain or decrease body weight.

Short Term Goals:
1. Decrease sugary beverage consumption to _____ per week.
2. Increase physical activity to _____ minutes per day.
3. Limit screen/device time to _____ minutes per day.

Plan (Appropriate for age and developmental level of client):

1. Parent/guardian and PCP communication/collaboration about actions that can be taken at both school and home.
    - Healthy food choices in the cafeteria.
    - Healthy food choices at home.
    - Encourage consumption of water and decrease intake of sugary beverages
    - Physical activity choices/reasonable options at school and home (60 minutes of moderate to vigorous activity is recommended by the CDC).
    - Motivational interviewing.
    - Follow-up plan for the SWP and PCP.
2. Share resources with client and parent/guardian as appropriate (e.g. farmer's markets, local 211).
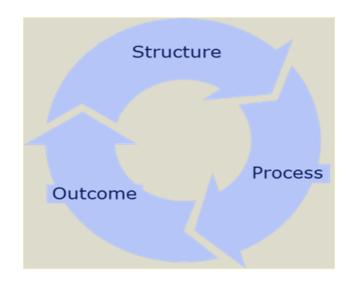3. Referrals (e.g. community, dietician/nutritionist, social work).

Possible Expected Outcome: Maintain or decrease body weight

CLINICAL REVIEW: CONTINUOUS QUALITY IMPROVEMENT (CQI)

CQI Plan

CQI Policy & Procedure

CLINICAL REVIEW: ESSENTIAL ELEMENTS OF A CQI POLICY & PROCEDURE

Definition: Continuous Quality Improvement (CQI) is a systematic, data-guided activity designed to bring about immediate improvement in health care delivery.

Structure: SWP nurses, medical director, behavioral health specialists.

Process: Nursing interventions carried out correctly and timely.

Outcome: Result of the nursing intervention.

Purpose: Ensure quality care is provided in the School Wellness Program (SWP) by developing and implementing a continuous quality assurance management program that monitors and evaluates the nursing and behavioral health clinical performance and record documentation.

Policy:

The SWP shall implement a continuous quality improvement plan that monitors and evaluates the appropriateness and effectiveness of nursing and behavioral health care provided.

CLINICAL REVIEW: ESSENTIAL ELEMENTS OF A CQI POLICY & PROCEDURE

Procedures:

Continuous Quality Improvement Plan developed for SWP services that includes:

- Identified CQI coordinator.
- Discussion and selection of the record review and clinical performance measures are based on current organization indicators, nursing best practices in school health and behavioral health best practices.
- Indicators and thresholds will be set at SWP staff meetings. All indicators will have a target/threshold for improvement.
- CQI meetings for staff of all disciplines working in the SWP held at least quarterly (schedule of meeting dates, agendas, minutes, participants).
    - Includes discussion of chart reviews.
    - Includes discussion of any identified issues and corrective actions.
- Nursing record review (10 charts) and behavioral health record review (5 charts) conducted at least twice annually by an appropriate peer and/or peer level staff of the sponsoring agency to determine that conformity exists with current nursing standards of care and behavioral health standards of care.
    - Record reviewer must be identified
- A system to implement corrective actions when deficiencies are noted. To ensure that acceptable performance standards are being met, the indicator shall be reviewed until the CQI Coordinator, medical director and SWP nurse are satisfied that the quality of care is meeting the acceptable performance standard and behavioral health standards are being met.
- Indicators are evaluated annually for necessity of continued monitoring. Indicators may be removed from monitoring when the appropriate performance standard has been met three consecutive times. However, if an indicator is important to the program or has a significant impact on clients, then it should be continued.

CLINICAL REVIEW: ESSENTIAL ELEMENTS OF A CQI POLICY & PROCEDURE

Procedures:

- Conduction of a client satisfaction survey at a minimum annually.
  - Discussion and review of client satisfaction surveys and any identified clinical issues are documented in the minutes.
  - Parent satisfaction surveys can be included.
  - Staff satisfaction surveys can be included.
- Record review documents include:
  - Indicators of goals or thresholds for evaluation/improvement.
- Completion or updating of a needs assessment, or having access to a needs assessment process conducted within the last three years to determine the health needs of the population including, at a minimum, a risk behavior survey for adolescents served by the SWP.

CQI: SAMPLE MEETING AGENDA

Sample Meeting Agenda

Name of Organization

Date

Quarter Reviewed

Attendance

1. Chart Review Document results from the chart reviews– determine if care was less than optimal based on previously identified thresholds.

2. Satisfaction Survey Review

3. Concerns – Chart Review

4. Concerns – Satisfaction Surveys

5. Concerns- Needs Assessment (every three years)

6. Open discussion specific to site about a specific issue (e.g. communication with school staff, obtaining emergency action plans, clinic flow)

7. Follow-up on any needed items

CQI: SAMPLE MEETING DOCUMENTATION FOR CHART REVIEW

Chart Review	May/Jun	Nov/Dec
Number of Charts		
Clinical Concerns		
Open Discussion		
Follow-up Plan and Corrective Actions		

CQI: SAMPLE MEETING DOCUMENTATION FOR SATISFACTION SURVEYS

Satisfaction Survey Review	May/June
Number of Surveys (client, parent, staff)	
Concerns Identified in the Survey	
Open Discussion	
Follow-up and Corrective Action	

CQI: SAMPLE INDICATORS

Completion of risk assessment	Parent/guardian follow-up from clinic visit
Appropriate referrals completed (post risk assessment)	Follow-up plan documented
BMI > 85% refer to primary care provider	Client education documented in the chart for chronic illnesses
BMI > 85% communication with primary care provider	Pregnancy counseling form provided to clients with a positive pregnancy test
Asthma Action Plan	Blood pressure recorded
Food allergy emergency plan	Immunizations reviewed at a pre-determined interval

CQI: SAMPLE QUALITY ACTION PLAN

Sample Quality Action Plan

Current Date:			
Accountable Members:			
Indicator: **Plan:** **Steps to Complete Plan:** **Note progress or Lack of Progress in Each Quarter**			

1st Quarter Progress	2nd Quarter Progress	3rd Quarter Progress	4th Quarter Progress

Milestones/Tactics
Status/Comments/Plan Revision
Follow-Up/Plan Revision

CQI: SAMPLE CHART REVIEW FOR RAAPS

Sample CQI Worksheet

Date: _____ Peer to Peer Nurse Team: _____ CQI Measure: Vital Signs for Client Visits

Indicator/Criteria: Risk Assessment (RAAPs) Completed in 80% of client records reviewed	Met	Unmet	Notes
Client Record # _____ **RAAPS completed**			
Client Record # _____ **RAAPS completed**			
Client Record # _____ **RAAPS completed**			
Client Record # _____ **RAAPS completed**			
Client Record # _____ **RAAPS completed**			

% of Goal Met for Client Record Review _____ **Follow-up Review Date:** _____

Identified Corrections/Changes Needed/Gaps in Care:

Reviewer Signature: _____ **Date:** _____ **Reviewee Signature:** _____ **Date:** ___

QI: SAMPLE CHART REVIEW FOR VITAL SIGNS

Sample CQI Worksheet

Date: _____ Peer to Peer Nurse Team: _____ CQI Measure: Vital Signs for Client Visits

Indicator/Criteria: Vital signs documented in 80% of client records reviewed	Met	Unmet	Notes
Client Record # _____ **Assessment/Objective (measured)**: (temperature, blood pressure, heart rate, respiratory rate). Height and weight included when appropriate.			
Client Record # _____ **Assessment/Objective (measured)**: (temperature, blood pressure, heart rate, respiratory rate). Height and weight included when appropriate.			
Client Record # _____ **Assessment/Objective (measured)**: (temperature, blood pressure, heart rate, respiratory rate). Height and weight included when appropriate. Client Record # _____ **Assessment/Objective (measured)**: (temperature, blood pressure, heart rate, respiratory rate). Height and weight included when appropriate.			
Client Record # _____ **Assessment/Objective (measured)**: (temperature, blood pressure, heart rate, respiratory rate). Height and weight included when appropriate.			

% of Goal Met for Client Record Review _____ **Follow-up Review Date:** _____

Identified Corrections/Changes Needed/Gaps in Care:

Reviewer Signature: _____ **Date:** _____ **Reviewee Signature:** _____ **Date:** _____

CQI: SAMPLE CHART REVIEW FORM FOR NURSING FOLLOW-UP CARE

Sample CQI Worksheet

Date: _____   Peer to Peer Nurse Team: _____   CQI Measure: Follow-up plan

Indicator/Criteria: A follow-up plan from the client visit is documented in 100% of client records reviewed.	Met	Unmet	Notes
Client Record # _____ **Follow-up**: Parent/guardian communication, primary care provider communication, referrals, when to return to health center or no return needed is documented.			
Client Record # _____ **Follow-up**: Parent/guardian communication, primary care provider communication, referrals, when to return to health center or no return needed is documented.			
Client Record # _____ **Follow-up**: Parent/guardian communication, primary care provider communication, referrals, when to return to health center or no return needed is documented.			
Client Record # _____ **Follow-up**: Parent/guardian communication, primary care provider communication, referrals, when to return to health center or no return needed is documented.			
Client Record # _____ **Follow-up**: Parent/guardian communication, primary care provider communication, referrals, when to return to health center or no return needed is documented.			

% of Goal Met for Client Record Review _____   **Follow-up Review Date:** _____

Identified Corrections/Changes Needed/Gaps in Care:

Reviewer Signature: _____ **Date:** _____ **Reviewee Signature:** _____ **Date:** _____

CLINICAL REVIEW: HEALTH SERVICES HIGHLIGHTS

Registered nurse meets the recognized, current standards of practice for care and treatment of the population served (American Nurses Association & National Association of School Nurses (2017). School nursing: Scope and standards of practice (3rd ed.) Silver Spring, MD: Author)

Systems level case management and care coordination

Education and pregnancy testing – counseling form

CLINICAL REVIEW: PROCESS FOR AN ACTUAL CLINICAL VISIT HIGHLIGHTS

Process for communicating with the assigned primary care provider, based on criteria established by the provider and medical director, that doesn't violate confidentiality.

Findings and treatment plan are reviewed/communicated with parents, unless prohibited by client (consistent with Michigan minor consent laws).

CLINICAL REVIEW: CLINICAL ENVIRONMENT (HIGHLIGHTS)

Medications

Medical Emergencies (on or off site)

Medical Waste

CLIA Certification

Equipment

CLINICAL ENVIRONMENT: ESSENTIAL ELEMENTS OF A LABORATORY POLICY & PROCEDURE

Definition: Procedures for point of care (POC) testing/waived tests and "send out" specimens in the SWP .

Purpose: Ensure the SWP complies with all applicable laws, regulations [such as the Clinical Laboratory Improvement Amendments of 1988 (CLIA)], and standards of care, when providing POC testing/waived tests and other laboratory procedures for clients receiving care in the SWP.

The following POC/waived tests are provided and the following specimens may be collected for send out for testing (list waived tests).

CLINICAL ENVIRONMENT: ESSENTIAL ELEMENTS OF A LABORATORY POLICY & PROCEDURE

Procedures include:

Laboratory Administration

Laboratory "Director" is identified and responsible for oversight of the SWP laboratory.

Current CLIA license or certificate of waiver (if applicable) specific to the SWP is posted as required.

CLIA waiver (if applicable) is renewed and amended for addition or deletion of tests or change of name on waiver.

Process for on-site training of personnel responsible for laboratory procedures and annual competency testing.

Process for training/review of OSHA safety standards for possible occupational exposure and follow-up procedures for personnel performing specimen collection and/or testing.

Identification of person responsible and accountable for maintaining daily laboratory logs, equipment logs, maintenance records, CQ documents, testing records and test results. Length of time for storage of laboratory documentation materials is identified.

Identified process for corrective action when test performance measures and actual POC testing don't meet laboratory standards.

CQI processes to assure test results are followed up and closing of laboratory results are appropriately managed.

CLINICAL ENVIRONMENT: ESSENTIAL ELEMENTS OF A LABORATORY POLICY & PROCEDURE

Laboratory Environment

Environment testing and storage areas are monitored for temperature per testing materials guidelines and documented.

Identified separate clean and dirty areas in the laboratory space.

Equipment maintenance is scheduled and documented per prescribed standards.

Restrictions for "non-lab" materials in laboratory space noted (food/eating, food stored in specimen refrigerator).

Hand washing facility or antiseptic hand washing solutions on site.

Cleaning process (when, who, what materials used).

PPE, eye wash stand (equivalent), sharps container (s), other medical waste disposal (as needed) in place.

Spaces where specimens are collected are clean, well lit, comfortable and provide confidentiality for the client.

Posting of safety information for clients and staff.

CLINICAL ENVIRONMENT: ESSENTIAL ELEMENTS OF A LABORATORY POLICY & PROCEDURE

POC Testing Quality Control

Quality control testing process per standard (manufacturer, fiduciary, other) that includes when is the testing completed, who is the person completing the testing and what is the documentation process (log book, forms, etc.). Corrective action procedures are included.

Process for tracking individual POC tests and specimens "sent out" for testing (electronic, paper logs, other, who is responsible and when tracking occurs , and how closed out).

Process for specimen pick up/transport to outside laboratory.

Specimen Collection/POC Testing

Description of specimen collection/testing initiation (routine/type of client visit, standing order, test order by provider, other).

Process for specimen collection (who, how client is identified, how counseling on/explanation of testing is given, specimen obtained per test instructions).

POC testing process per manufacturer instructions and documentation for tracking requirements.

POC test result "reporting" process (documentation).

Process for sending out specimens to outside laboratories (includes initial tracking documentation and clear procedures for follow-up and closure of laboratory results is specified.

CLINICAL ENVIRONMENT: ESSENTIAL ELEMENTS OF A LABORATORY POLICY & PROCEDURE

References:

Centers for Disease Control and Prevention Office of Surveillance, Epidemiology and Laboratory Services (2011). Ready? Set? Test? Retrieved from: https://wwwn.cdc.gov/clia/Resources/WaivedTests/pdf/ReadySetTestBooklet.pdf

MIOSHA Standard 1209. Retrieved from: www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf

MMR Morbidity and Mortality Weekly Report (2005). Good laboratory practices for waived testing sites. Retrieved from: file:///C:/Users/patbe/Documents/DHHS2/CLIA/MMR.pdf

Michigan Department of Health and Human Services (2018). Regional Laboratory Manual. Retrieved from: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5103_7168-15018--,00.html

Examples of point of care tests that may be provided in the SWP:

- Influenza
- RSV
- Cholesterol
- Rapid strep testing
- STI/HIV testing
- Lead
- Hg A1C

- Urine dipstick
- Urine pregnancy test
- Hemoglobin
- Blood glucose finger stick
- Strep A
- Mono

MENTAL HEALTH REVIEW

Lauren Kazee, LMSW
Mental Health Consultant

PREPARING FOR THE MENTAL HEALTH REVIEW

Look through the site review tool…

- Ensure the indicators listed are available to reviewer
- Pull all mental health policies and procedures together
- Have documentation available as needed (supervision, charts, group notes if applicable)
- Set aside time to meet with the reviewer for discussion and chart review
- Have up to 5 charts identified to review

MOST COMMON MENTAL HEALTH CITATIONS

Supervision
- Contract in place
- Documentation it's happening

Continuous Quality Improvement
- MH thresholds identified
- Happening regularly

Measurable goals on Tx plans and re-assessed regularly

Missed appointments (tracking?)

Internal/External Referrals (tracking?)

MDCH CAHC Mental Health Chart Documentation Review

Date: _____ Site: _____

PATIENT IDENTIFIER															
CRITERION	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. Progress note completed at time of each visit:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Progress note includes a mental status evaluation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Progress notes measures progress towards treatment goals and objectives	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

ASSESSMENT	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
Documentation of this **assessment** contains the following:															
1. A description of presenting problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Previous mental health, substance abuse, physical and/or sexual abuse history	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Social History	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Relevant physical health concerns including medication; tx history	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Identified, familial, social, educational, legal, developmental and environmental factors and strengths and weaknesses	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. A crisis/safety plan, if applicable	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. Care coordination with health center clinical provider and/or other primary care provider	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. Evidence of parental notification if necessary, consistent with Michigan law	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

SITE REVIEW ACCREDITATION STRUCTURE

Courtnay Londo, MA
SWP Coordinator

HOW IS ACCREDITATION STATUS DETERMINED?

Accreditation status is based on the site review score.

The site review score is translated to a percentage score, a corresponding grade (A, B, or Not Satisfactory), and to accreditation status (Full Accreditation, Provisional Accreditation, and Probationary Status; respectively).

Please note that "Best Practice" criteria are included in the site review tool to guide SWPs in the improvement of policy and practice, but citations against "Best Practice" criteria are NOT included in determining a site review score or accreditation status.

FULL ACCREDITATION STATUS & SITE REVIEW FREQUENCY

Score: 249 points to 277 points (90% - 100%)

Grade: A

SWP is meeting or exceeding the requirements necessary to operate successfully

- **5-year site review rotation**
- No withholding of payment/no funding reduction as a result of site review
- 45 days to respond to and correct all citations issued in the site review report (unless otherwise noted) before being placed on Provisional Accreditation

PROVISIONAL ACCREDITATION STATUS & SITE REVIEW FREQUENCY

Score: 221 points to 248 points (80% – 89%)

Grade: B

SWP is meeting many requirements necessary to operate successfully

- **3-year formal, follow-up review** rotation

- Quarterly grant payments may be withheld until/unless citations are resolved

- 45 days to respond to and correct all citations issued in the site review report (unless otherwise noted) before being placed on Probationary Status

PROBATIONARY ACCREDITATION STATUS & SITE REVIEW FREQUENCY

Score: 220 points or less (79% or less)

Grade: NS (Not Satisfactory)

SWP is not performing satisfactorily

- Formal, follow-up review **within six months**
- **One-year full site review** rotation
- Quarterly grant payments may be withheld until/unless all citations are resolved
- Other actions may be taken depending on nature of citations

SENTINEL CITATIONS

Courtnay Londo, MA
SWP Coordinator

SENTINEL CITATIONS

While SWPs normally have 45 days to respond to citations within a site review report, there are on occasion citations which are so critical in nature that the SWP must take action on resolution to the citation within 15 days.

These citations are known as "Sentinel Citations."

Each Sentinel Citation results in an automatic 30-point deduction from the site review score.

Should a site review include any Sentinel Citations, the health center will automatically be placed on Probationary Status until the citation is corrected.

SENTINEL CITATIONS CONT.

A formal, follow-up review focused on the Sentinel Citation will be conducted at a date determined by site reviewers, but no later than six months from the date of the original site review.

If corrective action is not taken on a Sentinel Citation within 15 days of the site review, or if such a citation remains unresolved for a prolonged period of time, further penalties including potential loss of funding may apply.

An exhaustive list of Sentinel Citations cannot feasibly be created, but such citations are made if there are violations of law, non-compliance with certain MPR's, and any violations that increase liability and/or potential harm to clients, the health center and its parties of interest (e.g., school, agency, funders).

NEXT STEPS & OTHER ANNOUNCEMENTS

Courtnay Londo, MA
SWP Coordinator

SWP SITE REVIEW PLANS

Target timeframe:

- Fall, 2018: Begin to schedule site reviews
  - E-mail londoc1@michigan.gov with spring and summer months and dates that work for you!
- Spring, 2019: Site reviews to begin (delay in original schedule due to maternity leave)

Use the tool to begin preparing your site

- Update policies and procedures (make sure they match practice)
- Ensure alignment with MPRs (Community Advisory Committee, CQI – Chart Reviews and Client Satisfaction Surveys, etc.)
- Pull together a binder to organize sections
- Use this tool as a checklist
- Divide and conquer as a team!

FY18 YEAR-END REPORTING

Due Tuesday, October 30 for activities conducted between July 1, 2018 and September 30, 2018

Use same reporting forms that you have submitted with FY18 Q1-Q3 reports

Fall narrative due October 30 (template sent via e-mail)

- Use this format to provide CQI information as well as explanation for anything on the GAS that was a "-2" degree of achievement at year-end.

And, although it is optional, we really value the time and richness of success stories that you share.

FY19 REPORTING REQUIREMENTS & CLINICAL REPORTING TOOL (CRT)

Remember that the updated SWP Reporting Requirements go into effect this fiscal year!

- For activities conducted October 1, 2018 through September 30, 2019

Start reporting via online Clinical Reporting Tool (CRT) in FY19 beginning with Q1 report

- Due January 30, 2019 for activities conducted October 1, 2018 through December 31, 2018
- Several pilot SWP sites have already begun using the CRT
- Plan to roll out to all sites via web-based training in mid-December

Visit www.michigan.gov/swp for FY19 reporting requirements and a sneak peak at the SWP CRT user guide

MDHHS FALL COORDINATOR MEETING

The SCHA-MI Annual Conference will be held in conjunction with the Fall Coordinator Meeting on November 8-9, 2018 in Lansing.

All SWPs are encouraged to attend.

The MDHHS meeting will be at the Lansing Radisson Hotel.

Registration is now open: https://www.surveymonkey.com/r/2018CAHCMeeting

Meeting basics:
- November 9, 2018 from 8:30-11:45 am
- 8 am – registration and hot breakfast buffet
- The half day will consist of MDHHS updates, review of the recently completed long-term evaluation on Child and Adolescent Health Centers in Michigan by JFM Consulting, and networking time/activities.

Photos: As mentioned above, please send some candid shots of your health center, team, students, and/or anything that captures your corner of the world!

Design 1

Design 2

Design 3

Design 4

Design 5

Design 6

QUESTIONS?

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