

MANAGEMENT - Check mark each box that is true of your health care unit management

- | | |
|---|---|
| <input type="checkbox"/> Medical records are owned and stored by your facility | <input type="checkbox"/> Off-site bills are repriced (scrubbed) |
| <input type="checkbox"/> Copies of facility policies are accessible in the medical unit | <input type="checkbox"/> Invoices are itemized <ul style="list-style-type: none">• Pharmaceutical expenses• Off-site costs |
| <input type="checkbox"/> There are NO blanket medical policies | |
| <input type="checkbox"/> There is NO medication formulary | <input type="checkbox"/> County is credited back for decreases in average daily population (ADP) |
| <input type="checkbox"/> Corporate Authorization is NOT required for off-site care | <input type="checkbox"/> Certificate of insurance (COI) includes civil rights endorsement |

MEDICAL STAFF - Check mark each box that is true of your health care unit medical staff

- | | |
|--|--|
| <input type="checkbox"/> Practitioner is on call 24/7/365 | <input type="checkbox"/> An RN is on-site at all times |
| <input type="checkbox"/> Nurses work 12 hour shifts | <input type="checkbox"/> Nurses DO NOT use standing orders |
| <input type="checkbox"/> County is credited back for unworked staff hours | <input type="checkbox"/> Nurses are peer reviewed annually |
| <input type="checkbox"/> Coverage is provided for sick time, holidays, and PTO | <input type="checkbox"/> RN at intake |

TRAINING - Check mark each box that is true of your health care unit training

- | | |
|---|--|
| <input type="checkbox"/> Officers have received health care training in the last year <ul style="list-style-type: none">• First aid certification• HED & CPR certification• Mental health first aid• Suicide prevention• PREA medical specialty | <input type="checkbox"/> All staff receives OSHA training annually |
| | <input type="checkbox"/> Regular man down/disaster drill training |
| | <input type="checkbox"/> All staff trained on location/ use of emergency bag |

If you have questions or need assistance determining next steps, reach out to training@sparktraining.us

Disclaimer

All materials have been prepared for general information purposes only. The information presented should be treated as guidelines, not rules. The information presented is not intended to establish a standard of medical care and is not a substitute for common sense. The information presented is not legal advice, is not to be acted on as such, may not be current, and is subject to change without notice. Each situation should be addressed on a case-by-case basis. When in doubt, send them out!®

Last Update: September 4, 2024

BEHAVIORAL HEALTH - Check mark each box that is true of your behavioral health unit

- | | |
|--|--|
| <input type="checkbox"/> Provider meets qualified mental health care professional (QMHP) requirements <ul style="list-style-type: none">• Holds minimum of master's degree• Is state licensed• COI does NOT exclude corrections | <input type="checkbox"/> Offers Alcoholics Anonymous/ Narcotics Anonymous meetings |
| <input type="checkbox"/> QMHP present at intake | <input type="checkbox"/> Offers group and 1-on-1 therapy |
| <input type="checkbox"/> Uses evidence-based suicide screening tools specific to corrections <ul style="list-style-type: none">• Addiction/SUD Screener• Ask Suicide Screening Questions (ASQ)• Basic Suicide Safety Assessment (BSSA) | <input type="checkbox"/> Has medication-assisted treatment (MAT) programming |
| | <input type="checkbox"/> Uses co-responder model |
| | <input type="checkbox"/> Staffed with discharge planner |
| | <input type="checkbox"/> 24/7 behavioral health |

*EMR SYSTEM - Check mark each box that is true of your health care EMR system

*Electronic Medical Records (EMR)

- | | |
|---|--|
| <input type="checkbox"/> Interfaces with existing jail management system (JMS) | <input type="checkbox"/> Fully functional without internet connection |
| <input type="checkbox"/> Syncs with NavCare and Surescripts | <input type="checkbox"/> Customizable <ul style="list-style-type: none">• Reports• Forms• Server maintenance |
| <input type="checkbox"/> Ability to communicate with other systems <ul style="list-style-type: none">• Labs• Hospitals• Other EMRs• Continuous Quality Improvement (CQI) | <input type="checkbox"/> Automatic task generation |
| | <input type="checkbox"/> Automatic server backups |

EVALUATION - Evaluate your health care processes and procedures

Continuous Quality Improvement (CQI) completed at least quarterly ☐

Number of OSHA reportable events (such as needle sticks) in the last year: _____

Total hours of health care training received in the last year: _____

Number of medical grievances & lawsuits: _____

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