

**Child Health Program Policies And Procedures Assessment Tool**  
**Policies and Procedures/Documentation for Implementation of Policies/Procedures**

County: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewers: \_\_\_\_\_

<b>PROGRAM POLICY/PROCEDURE</b>	<b>DOCUMENTED POLICY IMPLEMENTATION</b>						
	<i>Place a check <input type="checkbox"/> in each block to indicate if policy has been implemented</i>						
Instructions: Child Health Program policies/procedures must be reviewed during agency self-assessment prior to the Child Health Program Review date. It is helpful to the reviewer(s) if policies/procedures are flagged or the location of each policy is identified. This can expedite the Child Health review process with minimal agency staff time required during the review visit.	<i>Circle</i> "Yes" if policy "No" if no policy	<b>Child Health #351</b>	<b>Newborn Home visit</b>	<b>CSC #318</b>	<b>Ped. Primary Care #358</b>	<b>CSHS</b>	<b>Behav. Health</b>
<b>I. Quality Assurance and Improvement Plan</b> Assess each Child Health program annually and CSC twice a year. All record audits should be done through a random record selection process.	<b>Yes/No</b>						
<b>II. Outreach and Community Education</b>							
<b>A.</b> Mechanisms to recruit patients	<b>Yes/No</b>						
<b>B.</b> Plan for Community Education	<b>Yes/No</b>						
<b>C.</b> Plan for informing the public about services	<b>Yes/No</b>						
<b>D.</b> Orientation about Child Health services offered by the local health department for staff working in other community health and social service agencies.	<b>Yes/No</b>						
<b>E.</b> Provision of outreach materials to other community agencies.	<b>Yes/No</b>						
<b>III. Patient Record Management</b>							
<b>A.</b> Maintenance and retention of clinical records.	<b>Yes/No</b>						
<b>B.</b> Systematic organization of clinical records to include forms securely attached to a folder	<b>Yes/No</b>						
<b>C.</b> Release of client information to:							
1. client	<b>Yes/No</b>						
2. others	<b>Yes/No</b>						

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<b>III. Patient Record Management (cont)</b>							
<b>D.</b> 1. Correction of a documentation error.	Yes/No						
2. Approved/standard abbreviations.	Yes/No						
3. Correct use of standing orders.	Yes/No						
4. Signatures and initials used appropriately.	Yes/No						
5. Correct use of physician's orders (written, fax, verbal and telephone)	Yes/No						
6. Telephone encounter documentation.	Yes/No						
<b>E.</b> Record management for home visiting/off-site programs:							
1. Secure storage and handling	Yes/No						
2. Time limits for documentation	Yes/No						
<b>IV. Referral/Follow-Up</b>							
<b>A.</b> Missed appointments.	Yes/No						
<b>B.</b> Referral/follow-up for abnormal clinical findings.	Yes/No						
<b>V. Interpreter Services</b>							
<b>A.</b> Deaf and hard of hearing	Yes/No						
<b>B.</b> Non-English speaking clients	Yes/No						
<b>VI Clinical Plans and Protocols</b>							
<b>A.</b> Clinical protocols and standing orders are reviewed/updated annually	Yes/No						
<b>B.</b> Basic nutritional assessment and referral	Yes/No						
<b>C.</b> Social assessment and referral	Yes/No						
<b>D.</b> Sickle Cell Syndrome policies (that include):							
1. Education on trait and disease.	Yes/No						
2. Free testing on request with informed consent.	Yes/No						
3. Referral or on-site counseling for individuals with Sickle Cell Syndrome	Yes/No						
<b>VII. Plan or Protocol for Coordination of All WCH Clinical Services</b>							
<b>A.</b> Written protocol or procedures for WCH coordination between clinical services	Yes/No						

County: \_\_\_\_\_

Date: \_\_\_\_\_

<b>PROGRAMATIC GUIDELINES FOR CHILD HEALTH: PROGRAM POLICY/PROCEDURE</b>	<b>DOCUMENTED POLICY IMPLEMENTATION</b>			
	<i>Place a check <input type="checkbox"/> if policy has been implemented</i>			
<b>Instructions:</b> Child Health Program policies/procedures must be reviewed during agency self-assessment prior to the Child Health Program Review date. It is helpful to the reviewer(s) if policies/procedures are flagged or the location of each policy is identified. This can expedite the Child Health review process with minimal agency staff time required during the review visit.	<i>Circle</i> <b>"Yes" if policy</b> <b>"No" if no policy</b>	<b>Child Health #351</b>	<b>CSC #318</b>	<b>Pediatric Primary Care #358</b>
<b>VIII. Child Health Objectives:</b>				
1. If the Health Check Program is provided, there is an up-to-date roster of qualified Health Check Registered Nurse Screeners.	Yes/No			
2. There is a written plan and procedure(s) for follow-up of those infants less than 12 months of age who are served in Child Health clinics and who have been born to Hepatitis B surface-antigen positive mothers.	Yes/No			
3. Coordinator has a computer and own email address.	Yes/No			
4. There is a written plan and procedure(s) for increasing staff awareness of <b>disparities in health status</b> and service delivery, especially disparities related to race/ethnicity, disability, and socioeconomic status.	Yes/No			
5. There is a written plan and procedure(s) for <b>customer service</b> promoting customer friendly services that meet the needs of populations that are underserved.	Yes/No			
<b>IX. Child Service Coordination Program</b>				
1. There are signed provider agreements between CSC agencies and updated annually. <i>See DMA CSC Policy, Section 6.1</i>	Yes/No			
2. Minimum qualifications met for all CSC staff. <i>Minimal qualification listed in DMA CSC Policy, Section 6.2</i>	Yes/No			
3. Caseload size is 75 or fewer for full-time CSC staff; Prorated for part -time CSC staff. <i>See DMA CSC Policy, Section 6.2</i>	Yes/No			
4. The CSC log is maintained. <i>See DMA CSC Policy, Section 5.2</i>	Yes/No			
5. CSC waiting list. <i>See DMA CSC Policy, Section 5.18</i>	Yes/No			
6. All CSCP providers must meet minimum staff qualification requirements, as specified in the most current Division of Medical Assistance CSCP Clinical Coverage Policy. Documentation of qualifications, new staff orientation and trainings must be on file and available for review.	Yes/No			
7. All new CSCs must complete state-sponsored standard orientation. All new CSC social workers, without previous public health experience or education, are recommended to complete, within one year of hire date, the Introduction to Principles and Practices of Public Health Training. Each agency is required to send at least one staff member to state supported regional meetings.	Yes/No			

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	<i>Circle</i> <b>"Yes" if policy</b> <b>"No" if no policy</b>	<b>Child Health #351</b>	<b>CSC #318</b>	<b>Pediatric Primary Care #358</b>
<p><b>Instructions:</b> Child Health Program policies/procedures must be reviewed during agency self-assessment prior to the Child Health Program Review date. It is helpful to the reviewer(s) if policies/procedures are flagged or the location of each policy is identified. This can expedite the Child Health review process with minimal agency staff time required during the review visit.</p>				
<b>X. Pediatric Primary Care</b>				
1. Definition of target population to be served.	<b>Yes/No</b>			
2. Quantifiable program objectives.	<b>Yes/No</b>			
3. Description of medical services and clinic hours.	<b>Yes/No</b>			
4. Description of basic laboratory services.	<b>Yes/No</b>			
5. Written agreement for back-up services.	<b>Yes/No</b>			
6. Description of staff to be used in PPC Program	<b>Yes/No</b>			
7. Description of how PPC services are integrated with other services.	<b>Yes/No</b>			
8. Description of quality assurance program.	<b>Yes/No</b>			

## ***Instructions For Completing Self-Assessment For Child Health Program Policies and Procedures***

### **I. Quality Assurance and Improvement Plan**

Plan: Written plan for conducting quality assurance program for agency services, particularly for all child health programs. Plan must include: (a) Review of at least 10 records annually, CSCP review every six months; (b) Programs to be reviewed; All Child Health Programs;

(c) Staff to conduct review (identified staff should not review records they are responsible for); (d) Process for recording program review findings; (e) Process for development of a corrective action plan and a timeframe for completing the corrective action; (f) Process to assure follow-up of corrective action.

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation: (All agency Child Health Programs). Examples of implementation may include: Minutes from QA Program meetings; Staff meeting minutes; etc.

*Implementation-Place a "v" in each applicable block to indicate if plan has been implemented.*

### **II. Outreach and Community Education**

Plan: Written policy may be specific to Child Health Programs or an agency-wide plan. Policy must include: (a) Mechanisms for recruiting patients; (b) Plan for Community Education about agency programs; (c) Plan for informing the public about the agency's programs and services; (d) Orientation about Child Health services for staff working in other community health and social service agencies; (e) Provision of outreach materials (particularly related to Child Health Programs) to other community agencies.

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation: Examples of implementation may include: Copies of newspaper articles or other forms of media; schedule of health education training sessions for other agencies; health education logs indicating placement of brochures in community agencies; etc.

*Implementation-Place a "v" in each applicable block to indicate if plan has been implemented.*

### **III. Patient Record Management**

Plan: Written plan may be an agency-wide plan. Plans must include: (a) Maintenance and retention of clinical records; (b) Systematic organization (chart order for each Child Health Program) of clinical records to include forms are securely attached to the folder; (c) Release of client information to the client and to others; (d) Correction of documentation errors, approved standard abbreviations, correct use of standing orders, proper use of signatures and initials, correct use of physician's orders (written, fax, verbal, and telephone), and telephone encounter documentation.

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation: Examples of implementation may include findings during the QA Program review or the findings of the review by Child Health Nurse Consultants; Current signature/initial listing for all staff, etc.

*Implementation-Place a "v" in each applicable block to indicate if plan has been implemented.*

**IV. Referral/Follow-Up**

Plan: Written plan may be specific to Child Health Programs or may be an agency-wide plan. Plan must include process to follow-up on missed appointments and a plan to assure referral/follow-up for abnormal clinical findings.

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation Examples of implementation may include findings during the QA Program review or the findings of the review by Child Health Nurse Consultants; agency "tickler" system; etc.

*Implementation-Place a "✓" in each applicable block to indicate if plan has been implemented.*

**V. Interpreter Services (Non-English speaking; deaf and hard of hearing)**

Plan: Written plan may be an agency-wide plan. Plan must address agency procedures for serving clients that do not speak English or are deaf or hard of hearing.

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation: Examples of implementation may include agency lists for available interpreters; staff employed as interpreters; understanding and awareness of Title VI laws; use of telephone services for clients needing translation assistance; etc.

*Implementation-Place a "✓" in each applicable block to indicate if plan has been implemented.*

**VI. Clinical Plans and Protocols**

Plan: Written plans may be agency-wide. Plans must include assurance that all clinical protocols and standing orders will be reviewed and updated *at least* annually. Plans should describe procedure for this review and who is responsible for the review of such protocols and standing orders. Clinical protocols specific to the Child Health Program include: Basic Nutritional Assessment and Referral; Basic Social Assessment and Referral; and Sickle Cell Syndrome policies (containing education on trait and disease; free testing on request with informed consent; referral or on-site counseling for those with Sickle Cell Syndrome).

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation: Examples of implementation will include current child health program policies and procedures; current health department protocols and standing orders for all child health programs offered at the health department; up-to-date signatures by responsible persons/Medical Director, etc; medical record review findings that indicate agency policies and standing orders are followed.

*Implementation-Place a "✓" in each applicable block to indicate if plan has been implemented.*

**VII. Plan or Protocol for Coordination of All WCH Clinical Services**

Plan: Plan or protocol must assure that children/families participating in Child Health services are referred to other WCH clinical services such as WIC, Immunization, Family Planning, etc.

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation: Examples of implementation may be found during the medical record review that referrals were made as appropriate to other WCH services offered by the health department.

*Implementation-Place a "✓" in each applicable block to indicate if plan has been implemented.*

## ***Instructions For Completing Self-Assessment For Child Health Program Policies and Procedures***

### **VIII. Child Health Objectives**

Plan: Child Health program policies must include a plan to maintain up-to-date roster of qualified Health Check Registered Nurse Screeners. In addition, policies must also include a plan and procedure to follow-up infants that are less than 12 months of age who are served in Child Health clinics and who have been born to mothers testing positive for Hepatitis B surface-antigen.

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation: Examples of implementation may include a letter from the Office Of Public Health Nursing listing certified Nurse Screeners; continuing education records; etc. Implementation of procedures for infants born to Hepatitis B positive mothers may be found in the medical record review, etc.

*Implementation-Place a "v" in each block to indicate if plan has been implemented.*

### **IX. Child Service Coordination Program**

Plan: Written plan must include procedure for updating signed provider agreements between CSC agencies (if applicable); assurance that CSC staff has met professional qualifications; CSC caseload size requirements that include pro-rated caseload size for part-time CSC staff; assurance that the CSC log is reviewed and maintained; and an agency protocol for children that are placed on a waiting list.

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation: Examples of implementation include copies of the most current Division of Medicaid Bulletins that address the CSC Program; copies of signed provider agreements; CSC staff training logs or continuing education participation certificates; review of the agency CSC log to address case load size and proof of maintenance of the log; waiting lists for children referred to CSC; etc.

*Implementation-Place a "v" in each block to indicate if plan has been implemented*

### **X. Pediatric Primary Care**

Plan: *Please note: Written policy/procedure for Pediatric Primary Care applies to those health departments that receive Pediatric Primary Care funds from the state.*

Written plan must include the following: target population to be served; quantifiable program objectives; description of medical services and clinic hours; description of basic laboratory services; written agreements for back-up services; description of staff working in the clinic; description of how primary care services are integrated with other services; and description of quality assurance program.

*Plan-If present, circle "yes"; If absent, circle "no".*

Implementation: Examples of implementation may include findings from medical record review, agency quality assurance findings, copies of agency agreements, etc.

