KJCC HEALTH SERVICES REPORT FY-2019

PAGE 1	YTD	JULY 18	AUG 18	SEPT 18	OCT 18	NOV 18	DEC 18	JAN 19	FEB 19	MAR 19	APR 19	MAY 19	JUNE 19
1. SICK CALL													
KJCC HEALTH SERVICES REPORT FY-2019	5921	503	520	445	651	490	412	546	493	459	455	456	491
1. RN/LPN	5485	474	491	415	610	445	390	500	444	424	415	420	457
2. Physician/APRN	436	29	29	30	41	45	22	46	49	35	40	36	34
B. SICK CALL FOLLOW-UP	5225	473	459	373	568	501	480	332	363	497	360	408	0
1. RN/LPN	4734	406	391	323	502	466	461	284	330	470	332	382	387
2. Physician/APRN	491	67	68	50	66	35	19	48	33	27	28	26	24
C. SEGREGATION SICK CALL	6	0	1	5	0	0	0	0	0	0	0	0	0
1. RN/LPN	6	0	1	5	0	0	0	0	0	0	0	0	0
2. Physician/APRN	0	0	0	0	0	0	0	0	0	0	0	0	0
D. INITIAL DENTAL SICK CALL	131	5	1	17	19	15	11	12	7	14	6	15	9
1. RN/LPN	131	5	1	17	19	15	11	12	7	14	6	15	9
2. Physician/APRN	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Requests	0	0	0	0	0	0	0	0	0	0	0	0	0
1. Medical requests (written response only)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Dental requests (written response only)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. DENTAL													
A. Dental visits	693	70	61	54	67	33	66	61	54	62	60	48	57
B. Initial dental treatment plans	166	8	13	12	11	7	25	20	14	14	15	15	12
C. Oral surgeries	11	3	0	0	0	0	0	3	0	1	0	0	4
D. Dental x-rays	620	83	68	40	46	29	81	56	46	40	46	38	47
E. Dental treatment plans completed	65	8	6	5	8	2	1	5	7	6	7	7	3
F. New admits with severe decay	2	0	1	0	0	0	0	0	0	0	1	0	0
G. Orthotic appliances (includes braces)	3	0	0	0	0	0	0	2	0	0	1	0	0
3. IN-HOUSE SERVICES													
A. Physicals	306	_		16	24		29	22	29		36	32	24
B. Emergency encounters	1338	84	92	72	98	118	144	111	126	118	124	116	135
C. Optometrist visits	159		11	15	14		13	14	19		16	9	11
D. Consultant's visits	0	·		·	0		·	0	-	-	0	0	0
E. Medical X-ray/Imaging	365		40	32	25	22	31	26	36	33	39	22	31
F. Physical therapy visits	27	5	4	0	3			8			0	0	0
G. Number of Use of Force Assessments	377	43	35	32	13	24	36	31	21	40	36	39	27

PAGE 2 3. IN-HOUSE SERVICES (CONTINUED)	YTD	JULY 18	AUG 18	SEPT 18	OCT 18	NOV 18	DEC 18	JAN 19	FEB 19	MAR 19	APR 19	MAY 19	JUNE 19
H. Number of grievances	0	0	0	0	0	0	0	0	0	0	0	0	0
Formal (formal grievance form)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Informal (Form 11 complaint)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Central Office/Hotline Response	0	0	0	0	0	0	0	0	0	0	0	0	0
Admission intake screening	166	9	12	12	14	12	16	20	14	14	16	15	12
J. Inter/intra facility transfer screening forms completed	0	0	0	0	0	0	0	0	0	0	0	0	0
K. Number of youth placed in clinic observation	50	4	3	6	6	4	3	0	2	8	6	2	6
L. Number of youth placed in medical seg housing	1	0	0	0	0	0	0	1	0	0	0	0	0
4. MEDICATIONS													
A. Pharmacy dispensing errors	11	5	1	0	0	0	0	0	0	0	2	3	0
B. Nursing-medication-administration errors	15	1	2	1	1	1	0	1	2	0	0	3	3
5. OFF-SITE SERVICES													
A. Office visits	45	11	4	6	2	5	3	4	1	4	2	3	0
B. Office visits with procedures	4	2	0	1	1	0	0	0	0	0	0	0	0
C. Mammograms	1	0	0	0	0	0	0	0	1	0	0	0	0
D. Off site x-rays	11	1	3	2	2	3	0	0	0	0	0	0	0
E. Hospitalizations	2	0	1	0	0	0	0	0	0	1	0	0	0
F. Out patient 1 day surgeries	1	0	0	0	0	0	0	0	1	0	0	0	0
G. Emergency room	5	0	1	0	0	2	1	0	0	1	0	0	0
H. Ambulance	0	0	0	0	0	0	0	0	0	0	0	0	0
I. Stat Lab	3	0	0	1	0	0	0	0	0	2	0	0	0
J. Dental	7	0	1	1	2	0	0	0	0	0	1	1	1
6. SEGREGATION/USE OF FORCE													
A. Number of youth cleared for seg in the clinic	567	52	44	42	27	38	60	53	38	54	47	63	49
B. Number of youth cleared for seg cell side	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Number of youth assessed after UOF in clinic	377	43	35	32	13	24	36	31	21	40	36	39	27
D. Number of youth assessed after UOF cell side	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Number of segregation rounds	1959	266	208	151	95	134	193	168	91	145	147	199	162
7. CHRONIC CARE YOUTH													
A. Total chronic care youth	AVG	38	34	26	30	25	29	31	30	29	29	33	32
B. Chronic care clinics done by HCP	131	17	14	3	15	12	3	14	14	3	15	17	4
C. Chronic care clinics done by nurse	342	36	31	24	27	23	28	31	29	27	27	32	27
1. Asthma	154	9	9	9	12	11	12	15	17	15	15	16	14
2. Diabetes	23	4	4	3	2	2	2	1	1	1	1	1	1
3. Obesity	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Seizure	7	0	0	0	0	0	1	1	1	1	1	1	1
5. TB disease or infection	0	0	0	0	0	0	0	0	0	0	0	0	0
6. CV, Hypertension	29	4	4	3	2	1	0	2	3	3	3	2	2
7. Sickle cell anemia	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Immunosupressed	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Special needs	210	21	17	20	22	17	19	19	15	13	13	17	17

PAGE 3	YTD	JULY 18	AUG 18	SEPT 18	OCT 18	NOV 18	DEC 18	JAN 19	FEB 19	MAR 19	APR 19	MAY 19	JUNE 19
8. ADA STATISTICS													
A. Youth w/ significant hearing deficit	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Youth who are deaf	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Youth with significant visual deficit	0	0	0	0	0	0	0	0	0	0	0	0	0
D. Youth who are blind	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Youth w/ mental issues resulting in disability (SPMI)	0	0	0	0	0	0	0	0	0	0	0	0	0
F. Youth w/ medical issues resulting in disability	0	0	0	0	0	0	0	0	0	0	0	0	0
G. Youth who are considered frail due to medical issue	0	0	0	0	0	0	0	0	0	0	0	0	0
H. Youth with mobility issues	0	0	0	0	0	0	0	0	0	0	0	0	0
Walking assistance required	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Wheelchair	0	0	0	0	0	0	0	0	0	0	0	0	0
3. No stairs	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Bathing/dressing assistance required	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Requires an aide worker	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Prosthetic device required	0	0	0	0	0	0	0	0	0	0	0	0	0
9. HIV													
A. Total HIV + youth	AVG	0	0	0	0	0	0	0	0	0	0	0	0
1. White	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Black	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Hispanic	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Asian	0	0	0	0	0	0	0		0	0	0	0	0
5. American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Non-black/Non-white	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Newly diagnosed HIV + this month	0	0	0	0	0	0	0	0	0	0	0	0	0
C. HIV + treated w/highly active antiretroviral	0	0	0	0	0	0	0	0	0	0	0	0	0
D. HIV + converted to AIDS	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Pre-test counseled for HIV	0	0	0	0	0	0	0	0	0	0	0	0	0
F. HIV tests performed	185	9	19	9	17	13	18	27	14	15	16	13	15
G. Transferred or released without results	0	0	0	0	0	0	0	0	0	0	0	0	0
H. Post test counseled for HIV	0	0	0	0	0	0	0	0	0	0	0	0	0
10. AIDS													
A. Total AIDS youth	AVG	0	0	0	0	0	0	0	0	0	0	0	0
1. White	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Black	0	0	0	0		0	0	0	0	0			0
3. Hispanic	0			0	0	0	0	0	0	0			0
4. Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
5. American Indian/Alaska Native	0	~		_		0	0				_		
6. Non-black/Non-white	0	0	0	0	0	0	0	0	0	0	0	0	0

PAGE 4	YTD	JULY 18	AUG 18	SEPT 18	OCT 18	NOV 18	DEC 18	JAN 19	FEB 19	MAR 19	APR 19	MAY 19	JUNE 19
11. TB													
A. TB skin test given	415	26	35	24	34	33	45	44	33	24	44	37	36
B. New admission PPD +	4	0	2	0	0	0	0	0	0	1	1	0	C
C. Youth with PPD conversions (new this month)	1	0	0	0	0	0	0	0	0	0	0	1	C
D. Youth on prophylaxis	AVG	0	0	0	0	0	0	0	0	0	0	0	C
E. Youth completed treatment this month	AVG	0	0	0	0	0	0	0	0	0	0	0	C
F. Active TB cases currently	0	0	0	0	0	0	0	0	0	0	0	0	C
G. Active TB cases newly diagnosed this month	0	0	0	0	0	0	0	0	0	0	0	0	C
H. Interferon-Gamma Release Assays (IGRAs) Tests	9	1	0	2	0	0	0	0	1	2	2	0	1
I. Positive IGRAs	0	0	0	0	0	0	0	0	0	0	0	0	C
12. HEPATITIS													
A. Number of hepatitis currently	AVG	0	0	0	0	0	0	0	0	0	0	0	C
Newly diagnosed Hep A	0	0	0	0	0	0	0	0	0	0	0	0	C
2. Newly diagnosed Hep B	0	0	0	0	0	0	0	0	0	0	0	0	C
3. Newly diagnosed Hep C	0	0	0	0	0	0	0	0	0	0	0	0	C
4. Newly diagnosed other Hep	0	0	0	0	0	0	0	0	0	0	0	0	C
5. Number of Hepatitis C being treated	0	0	0	0	0	0	0	0	0	0	0	0	C
13. STD TESTS													
A. VDRL tests done	172	13	15	9	17	11	14	25	14	12	16	13	13
Reactive VDRL tests	0	0	0	0	0	0	0	0	0	0	0	0	C
B. Chlamydia tests done	13	0	1	1	0	0	1	1	1	1	3	2	2
Positive Chlamydia tests	1	0	0	0	0	0	0	0	0	0	1	0	C
C. Gonorrhea tests done	12	0	1	1	0	0	1	1	1	1	3	1	2
Positive Gonorrhea tests	0	0	0	0	0	0	0	0	0	0	0	0	C
14. INFECTION													
A. Youth diagnosed with new fungal infections	64	2	8	5	1	12	2	6	3	8	7	3	7
B. Newly arrived youth with ectoparasites	1	0	0	0	0	0	0	0	1	0	0	0	C
C. Newly arrived youth with contagious disease	0	0	0	0	0	0	0	0	0	0	0	0	C
D. Stable youth population with ectoparasites	0	0	0	0	0	0	0	0	0	0	0	0	C
E. Number youth diagnosed with MRSA	2	0	0	0	0	0	0	2	0	0	0	0	C
F. Number youth that received treatment for MRSA	2	0	0	0	0	0	0	2	0	0	0	0	C
15. CLASSIFICATION													
A. Class I	AVG	158	155	147	146	147	149	153	158	157	158	141	141
B. Class II	AVG	12	12	11	10	9	8	10	10	10	10	27	25
C. Class III	AVG	0	0	0	0	0	0	0	0	0	0	0	(
16. PREGNANCIES													
A. Pregnancies currently	AVG	1	0	0	0	0	0	0	0	0	0	0	C
B. Newly diagnosed pregnancies	0	0	0	<u> </u>				0	0	0	·		(
C. Pregnancies delivered/terminated	0	0	0	0	0	0	0	0	0	0	0	0	C

PAGE 5	YTD	JULY 18	AUG 18	SEPT 18	OCT 18	NOV 18	DEC 18	JAN 19	FEB 19	MAR 19	APR 19	MAY 19	JUNE 19
17. DIETS													
A. Allergy diets prescribed	251	22	21	20	20	17	16	20	23	23	25	23	21
B. Diabetic diets prescribed	2	1	1	0	0	0	0	0	0	0	0	0	0
C. Pregnancy diet prescribed	1	1	0	0	0	0	0	0	0	0	0	0	0
D. Other special diet prescribed	16	2	2	2	4	1	1	0	0	0	1	2	1
E. Nutritional supplements prescribed	49	4	4	3	5	4	3	3	5	7	5	3	3
18. DEATHS													
A. Total deaths	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Deaths due to injuries	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Deaths due to homicide	0	0	0	0	0	0	0	0	0	0	0	0	0
D. Deaths due to suicide	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Medically expected death	0	0	0	0	0	0	0	0	0	0	0	0	0
F. Medically unexpected death	0	0	0	0	0	0	0	0	0	0	0	0	0
19. JJA EMPLOYEES													
A. Number of TB skin test planted	342	38	42	33	27	26	33	33	23	19	28	19	21
B. Number of new employees with positive TB	1	0	0	0	1	0	0	0	0	0	0	0	0
C. Number of TB converters	0	0	0	0	0	0	0	0	0	0	0	0	0
D. Number of Hepatitis B vaccine administered	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Number of flu shots administered	115	0	0	0	106	8	1	0	0	0	0	0	0
F. Pre-employment physicals	0	0	0	0	0	0	0	0	0	0	0	0	0
G. Training hours provided	AVG	4	2	2	2	4	2	0	2	2	2	2	2
20. HEALTH CARE STAFF													
A. Number of needle stick incidents	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Completed orientation training	9	2	0	0	2	0	1	1	0	1	0	1	1
C. Number of JJA training hours completed	290	0	0	38	42	72	0	48	80	10	0	0	0