



Administrative Resources Manual

An information guide
To services
At this facility



Administrative Resources Manual

The purpose of this manual is to provide assistance to new employees, PRN personnel, and visiting nurses. Please keep this manual in a clearly visible area within the medical unit. All information must be completed and should be kept current.

Remember, the information contained in this manual will help you and your employees with their job duties.

Your Facility Name: _____

Your Facility Address: _____

Your Facility Main Phone Number _____ Fax Number _____

Medical Unit Phone Number _____ Fax Number _____

Southern Health Partners corporate office address: 2030 Hamilton Place Blvd., #140, Chattanooga, TN 37402
SHP's Main Phone Number 423-553-5635 Fax 423-553-5645 Website: www.southernhealthpartners.com

Your Site's Regional Representative: _____

Reg Rep's Phone Number _____ Cell Phone _____

Fax Number _____ Email _____

SHP Site Number Assigned for your facility _____

The information contained in this manual:

- Contract Information
- Medical Director/Physician Information
- Pharmacy Information
- Service Provider Information
- Medical Staff Information
- Jail Administration
- Sick Call / Medication Passes / Medical Office



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CONTRACT INFORMATION:

Effective date of contract: _____ SHP Site Number Assigned _____

Staffing / Position Control: Administrator on duty _____ hrs/day, Days: _____
 (MTA is on-call 24 hours per day)
 RN on duty _____ hrs/day, Days: _____
 LPN on duty _____ hrs/day, Days: _____
 LPN on duty _____ hrs/day, Days: _____
 LPN on duty _____ hrs/day, Days: _____
 Psych RN on duty _____ hrs/day, Days: _____
 Med Tech on duty _____ hrs/day, Days: _____
 Clerk on duty _____ hrs/day, Days: _____
 MD visits _____ hrs/week, Days: _____

Other Staffing Information: _____

(Remember – all applicants must be approved by the corporate office Human Resources department and the Jail Administrator of your facility).

Dental services handled by _____
Phone _____

Psych / Mental Health services handled by _____
Phone _____

Lab services handled by _____
Phone _____

Pharmacy services handled by _____
Phone _____ Fax _____

STAT pharmacy services handled by _____
Phone _____ Fax _____

X-ray services handled by _____
Phone _____



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Office supplies handled by Staples, Inc.

Medical supplies handled by Henry Schein, Inc.

Medical Waste Removed by _____
Phone _____

Health Department Phone Number _____ What services do they provide _____

PHYSICIAN INFORMATION:

Physician Name _____

Contact Number(s) _____

Days to visit the facility _____ Time at the facility _____

Specifics of the physician on-site visit _____

Location of Physician Treatment Protocols _____

Other information regarding physician services _____

DENTIST INFORMATION:

If dental services are sent outside the facility:

Dentist Name _____

Contact Number(s) _____

What days are scheduled for visits _____

If Dentist comes on-site:



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Dentist Name _____

Days to visit the facility _____ Time at the facility _____

Other information regarding dental services _____

PSYCHIATRIST / MENTAL HEALTH INFORMATION:

Practitioner Name _____

Contact Number(s) _____

Days to visit the facility _____ Time at the facility _____

Other information regarding mental health services _____



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PHARMACY INFORMATION:

Pharmacy to be used _____

Contact Person: _____ Contact Phone Number _____

Contact Fax Number _____

Drug formulary location _____

Procedures to order medications _____

Specifics of placing medication order _____

STAT EMERGENCY PHARMACY INFORMATION:

Pharmacy to be used _____

Contact Person: _____ Contact Phone Number _____

Contact Fax Number _____

Procedures to order medications _____

Specifics of placing medication order _____

*** If medications are ordered for inmates who are NOT the payment responsibility of SHP, please highlight the receipt and note the exception on the order form. The pharmacy will break out those billings individually and send a billing statement to the appropriate entity.*



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MEDICAL STAFF INFORMATION:

SHP Medical Team Administrator _____

Contact Number(s) _____

What is your procedure for calling out before a scheduled shift _____

What is your procedure for weather emergencies _____

What is your procedure for on-site emergencies _____

PRN Personnel _____ Contact No _____

PRN Personnel _____ Contact No _____

PRN Personnel _____ Contact No _____

*** Holiday coverage is handled as weekend coverage. For example, if your facility only performs 4 hours of service on a weekend day, then on the Holiday nurses would only perform 4 hours of services.*



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JAIL ADMINISTRATION INFORMATION:

Jail Administrator _____ Phone _____

Chain of Command _____

Times Officers are available to medical _____

Days that are NOT good for outside appointments _____ Court days _____

Visitation days _____ Office shift change times _____

Meal times _____ Church times _____

MEDICATION PASSES:

Who passes medications _____ How many times per day _____

How are PRN requests for OTC meds handled _____

Location of medications _____

How are meds passes? (Meds are crushed, placed in hand, from blister pack, etc.) _____

What is the procedure for meds brought into the facility _____

SICK CALL:

How many times is sick call done at the jail per week _____

What days is sick call done _____ What times during the day _____

Where is sick call performed _____

Who does sick call _____ Is there a co-pay in place _____

Where are sick call slips gathered _____



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MEDICAL OFFICE INFORMATION:

Location of the keys _____ Location of Med Cart _____

Location of medical supplies _____ Location of office supplies _____

Location of forms _____ Location of manuals _____

What are medical codes for the radio _____

How do you check for messages _____

What door do medical staff come through _____

How do you dial out to use the phone _____

How do you identify the inmate classifications (State, County, INS, etc.) _____

Other information which you feel is important for your staff know: _____



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SHP SERVICE PROVIDED BY CONTRACT:

The following are services SHP provides and/or pays for according to contract (get this info from your Region Representative):

_____ Off-site physician and specialty clinic charges

_____ Pharmacy charges

_____ X-ray charges

_____ Dental Services

_____ Other: _____

_____ Hospital charges

_____ Lab charges

_____ Mental Health services