

APPENDIX 4

Health Information Management Assessment Tool
California Prison Health Care Corrections Receiver



Health Information Management Assessment Tool California Prison Healthcare Corrections Receiver

Consultant(s) Name Completing This Form:

Other Consultants Participating in Assessment:

Dates of Onsite Assessment: From: To:

Facility Name:

(Reminder: Create a site profile prior to visit from web site of CDCR or cphcs.ca.gov)

Facility Address:

Correctional Health Services Administrator (CHSA) Contact:

(Name and Title)

Phone Number:

Email:

HIM/Medical Records Onsite Contact:

(Name and Title)

Phone Number:

Email:

Date Facility Opened:

Inmates:

Active Physicians (including all specialties):

Is Facility Accredited?

If yes, by which agencies:

Is a departmental budget available? If so, obtain copy

Is departmental organization chart available? If so, obtain copy

Healthcare Services Provided Onsite at the Facility: *Note: Use additional pages to document descriptions of each area as needed*

(Note: It may not be possible to get breakdowns but overall visits is essential to measuring record availability and staffing ratios)

TYPE OF SERVICE	YES	NO	# of Units	# Beds (if applicable)	Annual Activity Volume (# Visits)	COMMENTS/SPECIFICS
TTA (Triage and Treatment Area) (emergency care)						
CTC (Correctional Treatment Center)						
OHU (Outpatient Housing Unit)						
GACH (General Acute Care Inpt. Hospital)						
Hospice						
Dental Services						
EOP (Enhanced Outpatient Psychiatric Patients):						
Behavioral Health/Mental Health Crisis Centers						
Correctional Clinical Case Management System						
Department of Mental Health						
Specialty Clinics:						
Dialysis/Nephrology						
Cardiology/Cardiopulmonary						
Rehabilitation/Physical Medicine/Therapy						
Oncology						
Addictions (Drug/Alcohol/Detox)						

STAFFING

HIM Manager Name, Title, and Credentials,	
Reports to: Name/Title	
How many years working in current job?	
How many years working at facility? (Note other CDCR facilities previously worked at)	
Days of Week HIM Is Open:	Sat Sun Mon Tues Wed Thurs Fri
Dept Hrs of Operation	2 nd Watch (6:00 am start – 2:00 pm) Variation:
Document specific hours of coverage (“watch” may not be consistently used)	3 rd Watch (2:00 pm start – 10:00 pm) Variation:
Number of Staff in Each Position: (Identify Employee/Contract) Contracting Agency:	List Total Number of FTE:
Medical Records Director	
Office Service Supervisor or HRT II Supervisor	
Health Record Technician II	
Senior Medical Transcriber:	
Medical Transcriber: (Transcriptionist)	
Office Technician	
Office Assistant	
Seasonal Clerk	

Contract Staff	
Student Assistants: (Program noted at Folsom for college students who work part-time without benefits – site works around their schedules)	
Other	

Note whether inmates, custody, or HIM staff are used for delivery of records:

Note number of staff at separate locations outside of HIM department (potential decentralized areas):

SOFTWARE USED (See separate section for Transcription):

TYPE	NAME OF SYSTEM/VENDOR (i.e. OBIS)	CHECK IF MANUAL ONLY	Comments/Notes about process – quality of data, problems with software
MPI	(i.e. OBIS)		
ADT-Census/Abstracted data	(i.e. +CADDIS)		
ENCODING (noted use of "cheat sheets")			
CHART TRACKING/BARCODING Type of bar code? On all UHRs, IP, Mental Health IP?	(i.e. CRIS or Medcats)		
CANCER REGISTRY			
RELEASE OF INFORMATION			
DISEASE/PROCEDURES INDEX			
OTHER			

Does staff have the applications they need at their workstation?

Are there any specific problematic issues identified for an application?

Telemedicine: Used at site?

Equipment: Operational?

Utilization: Volume per month and Contracted agencies to provide service:

Communication: Pertinent packets from UHR copied by whom?/Feedback/tracking loop to ensure receipt of information from provider and incorporation into UHR?

Medical Transcription Specifics:

<p>Total Number of Monthly Transcribed Lines or Minutes (if known):</p>	<p>Lines</p>
<p>Is any transcription done by outside/contract agencies? If yes, what vendor:</p>	<p>Minutes: Yes No Vendor:</p>
<p>Is there any transcription incentive plan in place?</p>	<p>Yes No</p>
<p>How are reports distributed to each patient care area from transcription?</p>	
<p>Describe how copies of reports reach providers or other designated recipients.</p>	
<p>Describe process for transcribed report signature/authentication?</p>	
<p>Dictation System Used: Age of Equipment: Transcription System (Software) Used:</p>	
<p>Number of Workstations: Address adequacy of space in terms of size and noise level:</p>	

Turnaround Time Report Types if Transcribed	Put X if report type is applicable	Turnaround Time Goal	Current Turnaround Times	TOTAL VOLUME OF LINES or REPORTS (Note which)
Histories & Physicals				
Consultations				
Operative Reports				
Discharge Summaries				
Medical Chronos				
Initial Social Service History Reports				
CDCR Memorandum/Other Correspondence				
Keyhea Reports (Initial and Renewal)				
Psychiatric Chronos				
Admission Psychiatric Evaluation				
Radiology Reports				
Pathology Reports				

Other: Please specify				
-----------------------	--	--	--	--

For transcription, if TAT is unknown, please sample from printed documents (at least 10 per type) and record turnaround time so it can be averaged.

Is there an ability to designate reports as "stat"? – describe:

What are the priorities and who defines them?

Are there current backlogs? (volume and date of oldest untranscribed document)

FLOW OF RECORD:

Use space below to document observations after meeting with various staff members and observing functions:

(R & R) Receiving and Release:

-Incoming Volume Daily/Monthly?

-Describe containers records are received in at Receiving

-Is there a process for recording each record received with each prisoner? Yes No
-If Yes, Describe process:

-Are records sent to HIM for processing and check-in? Yes No (If No, Where do record go after receipt?)

-Other Comments/Observations:

Retrieval of Records for Daily Use/Medical Care:

- Volume of Daily Chart Pulls for "RN Line" (via Ducat):
- Volume of Daily Chart Pulls for "MD (Doctor) Lines (via Ducat)"
- Volume of Daily Chart Pulls for Clinics (via Ducat):
- Volume of Calls for "stat" chart pulls (i.e. TTA and others):
- What percentage or volume of records cannot be located each day for each of the above types of retrieval?
- What process (if any) is done when records cannot be located to communicate to requestor?
- Describe Ducat process:
- Describe Outguiding, BarCoding, and Chart Tracking Process used when records are retrieved for any purpose from the active file?
- Describe process for a patient with more than one appointment on the same day:
- How are records stored on each clinical area during active treatment? Which records are on the units?
- How is thinning of records handled?
- How are loose reports received and handled?
- Describe PLATA process for scheduling appointments – number of staff involved, reporting structure, obtain a sample monthly report if possible:
- What is included in the "Pertinent Packet" (shadow record of longer stays kept inside the UHR)
- Describe process of Pertinent Packet insertion into the UHR:

Release of Records for External Care: (Inmates who leave the facility for inpatient or outpatient care in the community)

- Volume Daily/Monthly?
- Who has scheduling responsibility?
- How do they get the UHR? Which forms/records are copied for external use during external care episode? Who makes the copies?
- Are old volumes released as well as active chart?
- Describe How Transported (Address Privacy):
- Are record copies returned to facility upon inmate return?
- Is there a process to ensure that records from the external facility are received by the prison and incorporated into the UHR on a timely basis? If so, please describe.
- Other Comments and Observations:

Parolee Transfer/Release/Discharge: (Done through Receiving and Release)

- Volume Daily/Monthly? (Separate received from released)
- Which Records Transfer in/Out? How and when is HIM notified of what has been received or what is needed to be sent with the inmate?
- How prepared? (Folder, contents, loose filing, etc.)
- How is record transferred physically? (i.e.movement/containers, etc.) to next location or to the Health Record Center (on discharge)
- Any tracking of inmates received, paroled or discharged without UHRs?
- What is the areas estimate of record availability?
- How is information transferred when there is no UHR or it is not available?
- Are temporary folders made – describe process – are they tracked and merged?
- Other Comments/Observations:

External Release of Information:

TOTAL Volume Monthly:

Breakdown Volumes for each of these areas: :

Inmate Requests for Review: (Olsen Reviews – 602s)

Family Requests for Review/Copies:

Legal/Court Requests/Appeals:

Clinical Continuing Care Requests (any source):

Other:

-Average Turnaround Time from Request to Record Release by Category:

Inmate Requests for Review:

Family Requests for Review/Copies:

Legal/Court Requests:

Clinical Continuing Care Requests (any source):

Other: (note oldest outstanding request)

-Describe any special HIPAA precautions – also note general security of department:

-Describe fees for billing for release of information:

-Describe tracking methodology for requests that have gone out:

- Where are requests filed?
- How are records obtained from previous health care providers?
- Define number of staff involved in ROI: (may find a division of labor by type of request)
- Number/condition and age of copy machines:
- Is any billing done for records that are released?
- Other observations/comments: