

Map of California's Correctional and Rehabilitation Institutions

Facility Type Key	
★	Adult Institutions
▲	Juvenile Institutions

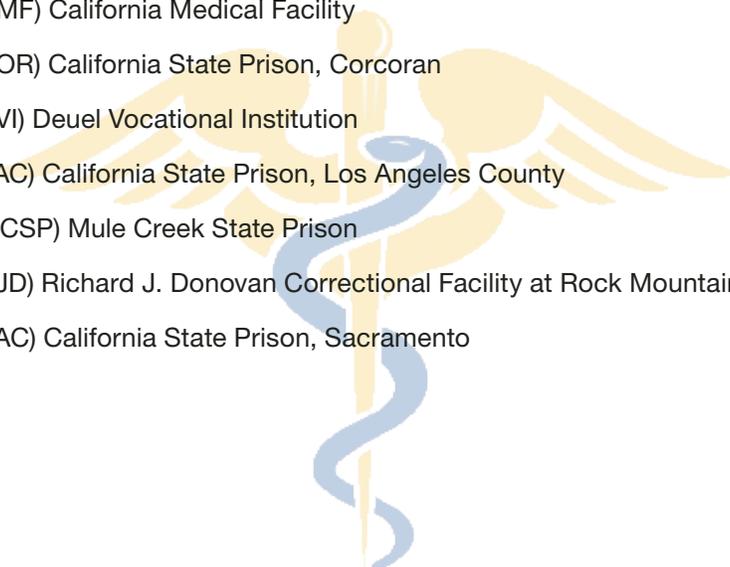


Full Assessments

Comprehensive assessments of the Health Record Service operations were performed for a sample of institutions selected by the HIMS Steering Committee. The sampling is consistent with the controlling Statement of Work. The institutions assessed were selected to provide a representative cross-section of varying ages, physical layout, medical mission, geography, and inmate gender. The assessments were conducted by three regional teams consisting of two credentialed health information management professionals and one experienced paper record storage specialist. The SOURCECORP TEAM staff was on site for a range of two to four days, dependent on the size and complexity of the institution. Detailed data, in the form of work papers, is available for each institution assessed. This information can be accessed via the CPHCS Clarity project management site.

The following site assessments can be found in this section:

- (CIM) California Institution for Men
- (CIW) California Institution for Women
- (CMC) California Men's Colony
- (CMF) California Medical Facility
- (COR) California State Prison, Corcoran
- (DVI) Deuel Vocational Institution
- (LAC) California State Prison, Los Angeles County
- (MCSP) Mule Creek State Prison
- (RJD) Richard J. Donovan Correctional Facility at Rock Mountain
- (SAC) California State Prison, Sacramento





California Institute for Men



California Institution for Men (CIM)

MISSION STATEMENT

The California Institution for Men (CIM) is a large complex consisting of four separate facilities under the administration of one warden. CIM serves as a Reception Center for parolees returning to custody and male felons that have been newly committed to the California Department of Corrections and Rehabilitation.

Reception Center Central (RCC) has an inmate population of approximately 1400 medium/maximum custody level inmates. RCC serves as the main Reception Center and receives intake from several southern California counties including, Orange, Riverside, and San Bernardino, and the Pitchess Detention Center; Los Angeles County.

Reception Center East (RCE) has an inmate population of approximately 1400 medium/maximum custody level inmates. The autonomist facility is located approximately 2 miles east of CIM's main complex. RCE houses RC inmates with sensitive needs, Mental Health inmate/patients requiring an Enhanced Out-Patient level of care and a 100 bed HIV/CID unit.

Reception Center West (RCW) has an inmate population of approximately 1400 medium level custody inmates. The facility consists of eight dormitory housing units. Each housing unit has a capacity of approximately 200 inmates waiting processing/transfer to programming institutions.

Each Reception Center completes diagnostic tests, medical/mental health screening, and literary assessments for classification in order to determine the inmate's appropriate institutional placement.

The information on this page was copied from: California Department of Corrections and Rehabilitation. "California Institute for Men (CIM)" www.cdcr.ca.gov, October 2008. <<http://www.cdcr.ca.gov/Visitors/Facilities/CIM.html>>.

Physical Address:
14901 Central Avenue
Chino, CA 91710

INSTITUTION STATISTICS

California Institution for Men opened in 1941 on 2,500 acres of land. As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	1,313
Number of support services staff:	1,014
Total number of staff:	2,327
Annual operating budget:	\$232.2 million

Designed Bed Space & Count

Facility	Design Capacity	Count
Total	2,976	5,873

Design capacity and population detail was supplied from the Monthly Institution/Camps Population Detail Report as of midnight 10/31/08.

SPECIAL HISTORICAL NOTES

Dedicated on June 21, 1941, the California Institution for Men was the first major minimum security institution built and operated in the United States. It was the State of California’s third correctional institution and was constructed to relieve the overcrowded conditions of San Quentin State Prison (1852) and Folsom State Prison (1881).

CIM was unique in the field of penology because it was known as the “prison without walls.” The only “security” fence around the facility units was a five-strand barbwire livestock fence, intended mainly to keep the dairy cows from wandering through the living areas.

CIM has since increased security to meet the challenges a vastly different inmate population requires. While no longer known as “the prison without walls” CIM’s Minimum Support Facility (MSF) still houses the largest Level I inmate population within the California prison system. The MSF has approximately 2700 minimum custody level inmates at the facility.

In addition to the MSF, CIM expanded its operation to include three reception centers, Reception Centers Central (1951), Reception Center West (1960) and Reception Center East (which was acquired by the California Youth Authority in 1970).

CIM also operates a 24-hour licensed General Acute Care Hospital/Mental Health Crisis Beds, and a 100-bed HIV/CID unit.



HUMAN RESOURCES

HIM Staffing

Positions	Filled	Vacant
Director (inpatient)	1	0
Office Service Supervisor	0	0
HRT II Supervisor (outpatient)	3	0
HRT II Specialist (inpatient)	1	0
HRT I (inpatient)	2	0
3 - outpatient	1	0
Transcriptionist	3	0
Office Technician (inpatient)	1	0
10 - outpatient	3	0
Office Assistant (inpatient)	1	0
5 - outpatient	1	0
Seasonal Clerk/Student	0	0
Contract Labor	6	0

Comments:

- 1, Hours of operation are M-F 6:30 am – 9:30 pm (inpatient) and 6:00 am – 6:00 pm (outpatient)
2. 2 staff are allocated to the “HUB”& 2 staff in the “flimsy” room
3. Inpatient and outpatient are in separate locations and operate as separate entities
4. Outpatient area was trying 4 – 10 hrs shift with some need for revision to ensure adequate coverage

PROCEDURAL

The UHR Work Flow –

Intake – (Reception Center Process) Transfer In/New Arrival

NOTE - 4 different intake areas – CIM is a major reception location

Process:

1. Arrival Desk in Health Information Management (HIM) receives list and boxes of charts from receiving
2. The receiving log indicates whether a chart was available
3. Intake document is completed in the HUB on all inmates and sent to HIM in a flimsy
4. Scanning of intake chronos is completed by HIM in a separate area near the flimsy room
5. Loose documents that arrive without a UHR are placed in out-guides. A temporary UHR is created if the original is not located by the first clinic visit



6. Documents are maintained in a plastic out-guide (flimsy)
7. If the UHR was not received, inmate is researched in OBIS and then staff request the records from HRC by retyping a list into terminal digit order which is faxed to HRC – HIM was 3 weeks behind in requesting missing charts

Output:

1. Volume average is 1500 intakes per month
2. Goal is to move inmate within 4 hours from “tank”
3. The incoming UHR’s are maintained in boxes
4. At Central, an RN screens the UHR
5. Process to receive record from HRC is perceived as taking 6-8 weeks
- 6 Follow-up for the missing UHRs is inconsistent
- 7 HIM maintains statistics on workload, requests, retrieval

Observation:

- Record Availability (%) – 80+%

Outtake – Transfers out

Process:

1. A list is received the day before
2. Charts are pulled – no formal process to assure loose work is located prior to record transfer
3. Chart is pulled and placed in a box with inventory list to accompany inmate
4. Transfer list changes daily – a process to assure HIM is notified was not consistent

Observations:

- The UHR is not audited
- Inmates may go to court and be paroled directly from court with facility not formally notified

Discharge/Parole

Process:

1. A list is received 3+ days in advance
2. The UHR is pulled but not audited; a department check for loose work is conducted prior to record transfer
3. Transfer list is checked daily for updates as add-ons are expected
4. The UHRs for parolees are kept in a box – after 14 days, if parolee has not returned, the chart will be transferred to the HRC
5. If parolee is received at another location, chart will be transferred using Golden State Transport

Deaths

Process:

1. The UHR is sequestered by HIM, copied within 24 hrs by internal staff or Knox and completed
2. Charts are heavily audited internally
3. Keep record for 1 year in locked file in CMO office and then move to Connex trailer for archived storage for ten year retention period

Output:

- Volume - less than 5-6 per year

IP Assembly

Process:

1. Clerk retrieves and assembles records early each morning
2. CDCR order adhered to with the exception of forms that are institution specific (created by an institution)
3. Records in reverse chronologic order on unit and chronologic after discharge
4. Discharged Record Adjudication: Discharges are not validated against census

Output:

- 15 discharges per day
- Thinned records are assembled by HRT every 30 days and retained in HIM

Observation:

- Assembly and audit performed by same staff – records are assembled timely

IP Audit (Deficiency Analysis)

Process

- Non-standardized data collection sheet is utilized to identify deficiencies with minimal clarity
- Backlog in audit process of about 60 days – charts throughout department not in order (nearly 300 inches) – are delinquent before being available to the physicians
- Utilize a color tag system – one color per physician

Observations:

1. Nursing deficiencies are not corrected timely – there were records from 2005 discharges that had not been completed
2. Concurrent auditing not performed
3. There is no designated area in HIM for physicians to complete records
4. Lists of incomplete records are maintained for medical, dental and mental

- health – at time of audit there were approximately 571 delinquent records
5. Audit indicates most charts have taken 30 days to be assembled and analyzed for the past 6 months
 6. Staff was not aware of a written procedure to guide this process
 7. Challenge of color codes due to not enough different colors for physicians therefore write names on cut up post-it notes
 8. Backlog: Backlog of assembled but not analyzed charts about 24 feet over the previous 60 days

Coding/Abstracting

Process:

- Diagnoses are coded from discharge information

Observations:

- Year of books used: 2005 code book with updates not filed
- Types of codes applied: Only ICD-9-CM
- No credentialed staff performing coding

Release of Information –

Process:

- Logging of requests is manual and only for requests completed
- 2 staff in inpatient area process most requests for Olson and SSI

Output:

- Olson requests are not logged – volume estimate 40 per month – only in a book when the interview takes place
- Meet with inmate in lobby of infirmary area – used to go to inmate housing
- Most release of information occurs in inpatient record area – records are requested from outpatient for release

Observations:

1. Volume of requests is manual and not tracked or reported – Supervisor estimates there are approximately 100 requests per month
2. Backlog of inmate requests is prevalent on all desks, with some requests 3-4 months old
3. Department has many 602 complaints due to delay in record processing
4. Social Security requests appeared to be completed timely
5. One copier in each department area that is often in disrepair – currently puts a black line in the middle of the page

6. Staff was providing a copy of external provider reports to inmates automatically – recommended discontinuing since PCP had not had an opportunity to review and inmate had not requested
7. Resources: No consent manual and no authorization check sheet observed or noted

Loose Sheets –

Observations:

1. Daily incoming volume is approximately 25 inches (14 at Central and 9 at Minimum)
2. Addressograph not utilized – identification information is hand-written and not always complete - no bar codes on forms
3. Documents are organized in terminal digit order in folders
4. Staff have assigned number range
5. Central OP backlog 100"; Minimum OP area's backlog approx. 25"
6. Examples of Types of documents – TB chronos, Physician Request for Services, progress notes, lab, x-ray, mental health notes, MARs

Plata Scheduling –

Observations:

- Schedulers do not report to HIM – Nurse and OA schedule internal specialty appointments
- One RN and OA handle external appointments: 600-800/month
- Approximately 20% of records may not be available for appointments

Transcription –

Output:

1. Utilize a Lanier digital dictation system (1989)
2. 3 work stations located in the middle of Inpatient records processing area
3. Documents: H&P, Consults, Operative Reports, Psychiatric Evaluations, Keyhea reports
4. Volume – 215 reports/month

Observations:

- Only one physician can dictate at a time due to port limitation – most physicians use cassettes which require logging and tracking
- Detailed input and output statistics not available

TECHNOLOGY APPROACH

Encoding –

- No technology used

Chart Tracking/Barcoding –

- No technology used

Scanning –

- Document scanning of Chronos occurs in flimsy room area by a clerk that reports to HIM

General Equipment –

1. There are 3 record areas – OP Central has 2 computers for staff that can access CADDIS and OBIS. OP Minimum had only 1 computer. IP had 5 computers, 3 were located with transcriptionists; 1 with HRT Specialist and one for ROI staff
2. Access to multiple systems limited despite “need to know”
3. Desk space is limited especially in Minimum and Inpatient. Central has adequate space, utilizing counters for work processing
4. There are no private offices in the HIM areas. The Director has a private office in the infirmary away from the department she is responsible for managing

PHYSICAL INFRASTRUCTURE

Number of HIM Processing Locations –

1. Three locations – 2 outpatient (Central (largest); Minimum OP) and Inpatient
2. The buildings are older and departments were not specifically designed for HIM services
3. Utilize 2 Connex trailers to store archived records on shelves in boxes. Recently received cabinets to organize files. Space is also used to store the UHR blank folders and other supplies
4. Organization of trailers makes record location difficult

Distance to Clinics –

1. There are approximately 12 daily delivery and pick-ups scheduled between 6 am and 7 pm to the four quads – main delivery at 7 am and main pick-up at 3 pm utilizing 2-3 staff daily
2. Use containers with lids to transport
3. Use carts, dollies and electric carts to transport records
4. One quad is behind a separate set of gates; the HIM staff must drive 5 miles outside the complex to deliver and pick-up in morning and evening hours if gate is locked – need pagers and keys (if possible)

Number of storage locations –

- Three Health Record areas for current records
- Two Connex trailers for archive storage

Departmental workspace allocation –

1. All 3 HIM locations are cramped - Staff has limited desk space, except for inpatient where each staff member has their own desk and work area
2. Each area has at least 1 desk dedicated to a computer than can access OBIS
3. Limited space for storing pulled records prior to delivery and sorting returns
4. Utilize bed stands for loose filing – do not have adequate carts
5. Poor layout in Central outpatient area

Files, File storage space/organization –

1. Old volumes are stored in boxes on shelves in 2 Connex trailers
2. Non-current volumes are stored in supply closets and break room
3. Storage for arrivals at various stages of screening needs evaluation
4. File system has some shelves available and records need to be organized
5. CRC records are kept separately which makes loose filing inefficient

TRANSPORTATION

Baskets –

- Closed boxes – hard plastic that enclose the charts are utilized
- Push carts/dollies are used to distribute records
- Equipment not designed for records or boxes and in poor condition

Motorized Carts –

- 1 golf cart – not air-conditioned – utilized for chart delivery
 - o These are usually available
- One van (not air conditioned) utilized for chart delivery to East – one half or five miles depending on whether gates are open

AREAS FOR REMEDIATION

There are two outpatient areas separated by a 5-10 minute walk, causing:

- Staff have to go between the two places to find or transport records, impacting record availability
- Difficulty in supervising and staffing
- Poor productivity

The management of the department is ineffective, as CIM is known to have the most problems of any institution.

The staff mix is not technical enough for the volume of work and turnover in the lower ranks is very high.

Release of information staff were routinely providing copies of health information from external providers to inmate - no request on file and PLP had not reviewed - indicates poor understanding of confidentiality of health information and poor compliance with policy.



California Institute for Women



California Institution for Women (CIW)

MISSION STATEMENT

The primary mission of the California Institution for Woman is to provide a safe and secure environment for Level I/III female offenders. This mission is further defined by our responsibility to provide quality healthcare and institution programs specifically geared to meet the special needs of female offenders. Specialized programs include academic and vocational programs, pre-release and substance abuse programming, pre-forestry and camp training, an arts in corrections program and a wide variety of inmate self-help groups and community betterment projects.

INSTITUTION DETAILS

The California Institution for Women accommodates all custody levels of female inmates and functions as a reception/processing center for incoming female inmates. In addition to its large general population, CIW houses inmates with special needs such as pregnancy, psychiatric care, methadone, and medical problems such as HIV infection.

CIW serves as a hub institution for the selection and physical fitness training of female firefighters selected for conservation camp placement. The institution also serves as a higher security facility for female inmates in Administrative Segregation.

Physical Address:

16756 Chino-Corona Road

Corona, CA 92878

INSTITUTION STATISTICS

California Institution for Women opened in 1952, and covers 120 acres. As of Fiscal Year 2005/2006, the following statistics apply:

Number of custody staff:	452
Number of support services staff:	326
Total number of staff:	778
Annual operating budget: Institution:	\$60 million
Education:	\$2.5 million

Designed Bed Space & Count

Facility	Design Capacity	Count
Total	1,356	2,656

Design capacity and population detail was supplied from the Monthly Institution/Camps Population Detail Report as of midnight 10/31/08.

SPECIAL HISTORICAL NOTES

Until 1987, CIW was California’s only prison for female felons. It was originally called “Frontera,” a feminine derivative of the word frontier - a new beginning. The campus-like design was in keeping with the 1950’s progressive notion of rehabilitation.

HIM Staffing

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	1	0
HRT II Supervisor (2nd & 3rd watch)	2	0
HRT II Specialist	0	0
HRT I	6	1
Transcriptionist (not under HIM)	1	0
Office Technician	0	0
Office Assistant	6	0
Seasonal Clerk/Student	0	0
Contract Labor	0	0

Comments:

- Hours of operation are M-F 6:30 am – 9:30 pm

PROCEDURAL

The UHR Work Flow –

Intake – (Reception Center Process) Transfer In/New Arrival

Process:

1. Arrival Desk in Health Information Management (HIM) receives list and boxes of charts from receiving
2. The receiving log indicates whether a chart was available
3. Intake document is completed in receiving on all inmates and sent to HIM as loose filing
4. Scanning of intake chronos is completed in the receiving area
5. Loose documents that arrive without a UHR are placed into out-guides and maintained in the files that way. A temporary UHR is not created if the original is not located. Noted out-guides over a year old
6. The incoming UHR’s are maintained in boxes until HRT can reconcile the charts against the list from receiving and query OBIS for last location of the missing UHRs. Staff then contacts the last location (since there are only two other Woman’s facilities) or HRC to locate record

Output:

- Volume average for past 2 months is 945 with variation in the volume from 900-1000/month (main transport occurs T & Th)
- Record Availability (%) – 88% for the UHRs based on log sample

Observations:

- There is no follow-up on records not received
- HIM maintains statistics on workload, requests, retrieval

Outtake – Transfers out**Process:**

1. A list is received 3 days in advance
2. Slips are created with inmate numbers which are distributed to each desk (staff responsible for that TD#) so they can locate loose work
3. Transfer list is checked daily as add-ons are expected
4. Chart is pulled and placed in a box with inventory list

Output:

- Volume of transfers out is 600 per month

Observations:

- The UHR is not audited but loose reports will be incorporated
- Nurse review occurs in HIM

Discharge/Parole**Process:**

1. A list is received 3 days in advance
2. Slips are created with inmate numbers which are distributed to each desk (staff responsible for that TD#) so they can locate loose work
3. The UHR is not audited but loose work will be incorporated
4. Transfer list is checked daily as add-ons are expected
5. Parole chart is pulled and placed in a box – nurse review occurs in HIM
6. After 6-14 days (staff provided different responses) if parolee has not returned, the chart will be transferred to the HRC
7. If parolee received at another location, chart may be transferred using Golden State Transport

Output:

- Volume of transfers out is 600 per month

Deaths**Process:**

- The UHR is sequestered by HIM, copied within 24 hrs after death by Knox
- Record is maintained onsite for ten years; 1 year in HIM then moved to Connex (locked cabinets)
- Charts are heavily audited internally

Output:

- Volume - 4 deaths in first 9 months of 2008

IP Assembly**Process:**

1. Clerk retrieves and assembles records early each morning
2. CDCR order adhered to with the exception of forms that are institution specific (created by an institution)
3. Records in chronologic order
4. Thinned records are assembled by HRT when inpatient stay requires

Output:

- 1-2 discharges per day

IP Audit**Process:**

1. Non-standardized data collection sheet is utilized to identify deficiencies
2. All physician progress notes, orders, nurses' notes and MARs are checked for completeness. Also checked for dates, demographics and misfiles
3. Utilize a color tagged system – one color per physician
4. Physician notification occurs via internal mail
5. Physicians readily come to HIM to complete records
6. There is a process to send a chart to file incomplete
7. Backlog: None – oldest record 9/11/08 – physician on vacation
8. Several charts from 2007 are still pending nursing completion.
9. Delinquency: % not tracked but does not appear to be a problem with physicians

Observations:

- Nursing signature deficiencies are not easily identified
- Concurrent auditing not performed

Coding/Abstracting**Process:**

- Diagnoses are coded from discharge information

Observations:

1. Most codes only went to the 4th digit, staff did not correctly code to 5th digit
2. Year of books used: 2007 code book brought in by supervisor

3. Types of codes applied: Only ICD-9-CM and CPT
4. Staff has a CPT book (and was observed referencing it) however upon inquiry to the Supervisor, she insisted that CPT was not used
5. No credentialed staff perform coding

Release of Information –

Process:

- Logging of requests is manual and only for requests completed
 - o Six staff each has assigned terminal digit responsibility and individual log to enter inmate and other requests processed

Observations:

1. Volume of requests is not tracked or reported – Supervisor estimates there are approximately 300 requests per month – no way to validate
2. Backlog of inmate requests is prevalent on all desks, with some requests 3-4 months old
3. Social Security requests are currently centralized and appeared to be completed timely
4. One copier in the department – one of two in the building and frequently used by other departments
5. Resources: No consent manual and no authorization check sheet observed or noted

Loose Sheets –

Observations:

1. Addressograph is not utilized, although department has equipment and generates a card on intake
2. Name and number is written on forms – not always complete or legible
3. Supervisor reported 29 inches of loose work for September as a backlog however consultant measure was approximately 100 inches, spread over 6 different desks
4. Some documents are considered “hot” filing and performed within 24 hours (ultrasounds and labs)
5. Examples of types of unfiled documents – lab, x-ray, mental health notes, request for services, MARs

Plata Scheduling –

Observations:

- Schedulers do not report to HIM
- Specialty clinic schedulers (2) located in specialty clinic

Transcription –

Observations:

1. Transcriptionist reports to CHSA II however she is relatively new and there is minimal data regarding the workload for medical transcription- estimates 30 reports per week – approximately 40% of FTE is medical transcription
2. Transcribes specialty clinic reports for GI and Ortho providers and routes originals to clinic for MD signature
3. Approximately half of the reports for two clinic days (from previous month) could not be located in the medical record – no process to ensure reports get to the UHR
4. There is no digital dictation system (removed when HIM moved to new building in 2005) - hand-held recorders are used but must be signed out and are used minimally
5. Mental health transcriptionists not under HIM

TECHNOLOGY APPROACH

Encoding –

- No technology used

Chart Tracking/Barcoding –

Observations:

- MEDCATS chart tracking was utilized previously – discontinued 4-5 months ago due to problem uploading data with diskettes – plan for training and redeployment
- Did not continue bar-coding charts during period of non-use

Scanning –

Observations:

- Document scanning of Chronos occurs in receiving, mental health and specialty clinic. There is equipment in Health Records office however it has not been connected or utilized
- Administration scans Disability Placement Program Verification (1845) and Comprehensive Accommodation Chronos (7410) – sends as a PDF file to several recipients

General Equipment –

Observations:

1. Only one networked computer that provides access to CADDIS and OBIS
2. Other computer is out for repair and can take up to 3 months
3. Access to multiple systems limited despite “need to know”
4. Supervisors have private offices with computer and email access

PHYSICAL INFRASTRUCTURE

Number of HIM Processing Locations –

Observations:

1. One central HIM location where current charts and filing are located
2. The building is relatively new (3 years old)
3. Utilize Connex trailer to store archived records on shelves in boxes
4. Organization of trailer makes record location difficult

Distance to Clinics –

Observations:

- There are approx. 8 daily delivery and pick-ups scheduled between 6 am and 7 pm – main delivery at 7 am and main pick-up at 3 pm utilizing 2-3 staff per run
- Use open containers that do not have lids
- Use of electric carts to transport records, lifting carts onto back of electric cart is cumbersome and difficult

Number of storage locations –

Observations:

- One Health Record area for current records and staff
- One Connex trailer for archive storage

Departmental workspace allocation –

Observations:

1. Workspace is cramped – there are 8 desks, 2 private offices, and 2 large tables for sorting records in the department; layout is not optimal
2. Two desks are dedicated to computers
3. Limited space for storing pulled records prior to delivery and sorting returns
4. Utilize bed stands for loose filing – do not have adequate carts

Files, File storage space/organization –

Observations:

1. OB unit maintains separate record during pregnancy and post delivery – OB records stored separately in bins in HIM without reference between it and the UHR – consolidation post delivery was backlogged
2. Old volumes are stored in boxes on floor in department and on plastic pallets in Connex trailer

3. Storage of documents for arrivals at various stages of screening needs evaluation and refining
4. File system still has 2 shelves available – top and bottom
5. “N” charts for CRC parolees are stored in main file area and may be able to be sent to HRC
6. File system has 3 separate TD orders based on leading Alpha Character – makes files more difficult to maintain and requires added sorting of loose reports
7. Files have been established horizontally across the entire row, versus vertically within 36 inches of shelving which causes inefficiency in work and limits file access
8. All records contain a plastic out-guide which obliterates the ability to see the terminal digit identification

NOTE: Family Foundation Program (FFP) for qualified female inmates – sometimes inmates go from court to FFP without notification to CIW. There is some question about the legal requirements for processing and paperwork since these are likely considered inmates of CDCR with a CDC number. Regional meetings being held to discuss process but will likely require CDCR legal opinion

TRANSPORTATION

Baskets –

Observations:

- Open boxes – hard plastic that do not protect the chart
- Special platforms with rollers have been made for carts to allow boxes to slide on cart (currently rusted so does not work well)

Motorized Carts –

Observations:

- 1 flat bed golf cart – not air-conditioned – utilized for chart delivery
 - o This and other available carts are frequently taken at night and left out of electricity

AREAS FOR REMEDIATION

File layouts are incorrect in that the terminal digit sequencing is horizontal across the entire length of shelving, rather than vertical within a section of shelving. This means that:

- A clerk has to walk the entire length of the aisle to pull or file a batch of records rather than being able to complete filing within arm's length
- The aisle only holds one staff member, so they must plan their workday accordingly

In addition, they have created a non-standard terminal digit filing system where alpha characters break up each terminal digit section, creating confusion and inefficiencies.

The decision was made to separate the OB records from the UHR. This means:

- The health information regarding the pregnancy is not incorporated into the rest of the record
- Record availability problems are compounded by the division of records
- Intake process is ineffective - out-guides over a year old had not been combined with UHR
- Identified that original specialty clinic dictations were not getting to the UHR approximately 50% of the time



California Men's Colony



California Men's Colony (CMC)

MISSION STATEMENT

The primary mission of the California Men's Colony is to provide secure housing for minimum and medium security inmates.

INSTITUTION DETAILS

CMC has two physically separate facilities, designed as East and West facilities. An emphasis is placed on providing all inmates with programs for self-improvement. These programs include academic and vocational education, work skills in prison industries and inmate self-help group activities.

The Level III East Facility, which houses medium security inmates, is divided into four quadrangles. Each quadrangle has its own dining room, classrooms, athletic fields, and two three-story housing units. The East Facility has a fully licensed hospital and provides a full range of medical services for the Department of Corrections and Rehabilitation. The facility also provides a Mental Health Delivery System in the form of an Enhanced Outpatient Program and Outpatient treatment for inmates assigned to the Correctional Case Management System, as well as a Mental Health Crisis Bed Unit.

The Level I and II West Facility houses minimum security inmates in dormitory settings. In addition to the three general population housing units, the West Facility contains a Level I camp program for fire suppression, conservation and other community service work. The West Facility works extensively within San Luis Obispo County, in conjunction with other governmental entities, through Community Service Crews which perform many valuable services to the various communities within the county.

Physical Address:
Highway 1
San Luis Obispo,
CA 93409

INSTITUTION STATISTICS

California Men’s Colony’s West Facility was opened in 1954, and it’s East Facility was opened in 1961. CMC covers 356 acres. As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	1,084
Number of support services staff:	786
Total number of staff:	1,870
Annual budget: Operating:	\$151 million
Medical:	\$64 million

Designed Bed Space & Count

Facility	Design Capacity	Count
Total	3,838	6,557

Design capacity and population detail was supplied from the Monthly Institution/Camps Population Detail Report as of midnight 10/31/08.

SPECIAL NOTE

The CMC is the second institution in the California Department of Corrections and Rehabilitation to offer a hospice program to the inmate population. There are currently 26 volunteer inmates who completed the training program and are available to visit terminally ill inmates who are housed in the institution hospital. The training was developed and presented by local hospice staff, to closely match training offered to volunteers within the community. According to volunteer inmates and inmate recipients of hospice care, the program is of great value on both sides of this very critical issue.

HUMAN RESOURCES

HIM Staffing

Positions	Filled	Vacant
Director	1	0
Office Service Supervisor	0	0
HRT II Supervisor (East: 3 (1 on 3rd watch; West: 1)	4	0
HRT I	12	0
Transcriptionist (1 senior and one on leave)	3	0
Office Technician (Plata)	2	0
Office Assistant	10	0
Seasonal Clerk/Student	0	0
Contract Labor	0	0

Comments:

- Hours of operation are M-F 6:00 am – 10:00 pm – two physically separate campuses
- Some of the above positions are contracted – specifics not delineated – site HIM organization chart lists position control numbers

PROCEDURAL

The UHR Work Flow –

Intake – (Non Reception Center Process) Transfer In/New Arrival

Process:

1. Arrival Desk in Health Information Management (HIM) that reconciles receipt of the Unit Health Record (UHR) but only after the inmate has been processed in Receiving and Release (R&R) – there are 4 areas that check receipt of the UHRs – R&R, HIM, Dental and Receiving Nurse again
- 2, If the UHR is not available on intake, the missing UHR is initially requested by phone or fax but not followed up on
3. HIM initiates the UHR for all New Arrivals after verifying new commit status
4. HIM maintains statistics on workload

Output:

- Record Availability (%) – 91 % Transfers In
- Volume average for past 3 months is 438
- Internal form to track receipt of the UHRs

Outtake – Transfers out

Process:

- 5-7 day advanced notice list is received by the department
- Only current volume of the UHR is pulled for review by nurse for clinical assessment and clearance. Requests are put into scheduling so all volumes can ultimately be pulled

Output:

- Record Availability – 88-93%

Observations:

- The UHR is not audited for completeness prior to transfer but loose filing is researched and filed
- Transfer list is checked daily for updates as add-ons are expected

Discharge/Parole

Process:

1. 24 – 48 hrs advance notice list is received by the department
2. Only current volume of the UHR is pulled for review by nurse for clinical assessment and clearance. Other volumes are not pulled until cleared by nurse and the UHR first volume is returned back to HIM
3. The UHR is not audited for completeness prior to parole
4. List is checked daily for updates
5. The UHR is transported to Health Record Center (HRC) either by Golden West, FedEx or “other”
6. The UHR is held at institution for completeness or reactivation: 7 days

Output:

- Record Availability - 88-93%

Deaths

Process:

- The UHR is sequestered by HIM, copied within 24 hrs (which is prior to record completion), processed for completion while sequestered and maintained onsite for ten years (locked cabinets)
- Review form is placed in back of the UHR to monitor record access
- All death records kept at East Campus

IP Assembly

Process:

- CDCR order adhered to with the exception of forms that are institution specific (created by an institution)
- Thinned records are assembled and kept on the unit until discharge
- Record is maintained in reverse chronologic order on unit and chronologic post discharge

Observations:

- Discharged Record Adjudication: Is accomplished using unit discharge list

IP Audit (Deficiency Analysis)

Process:

1. Non-standardized data collection sheet is utilized to identify deficiencies
2. All missing nurse signatures are routed to nursing (both while in-house and post-discharge - first to charge/head nurse to identify RN if necessary) and physician deficiencies are tagged by HIM and placed on a shelf for physician completion
3. Concurrent auditing is performed on GACH including researching results for every order
4. Physician notification occurs via phone – charts and documents requiring signature are taken to the OR daily
5. Deficiencies tracked on excel spreadsheet

Observations:

- Learned that nursing 24 hour chart checks have not been performed for several years in spite of chart notation to contrary
- Backlog: 25 delinquent records – oldest record July 2008 plus 26 incomplete records (<14 days past discharge)
- Delinquency: Not calculated (appears less than 50%)

Coding/Abstracting

Process:

- Admitting diagnosis is entered but HIM staff is not sure how it gets in CADDIS – HIM does a complete review of the record and codes all diagnoses and procedures
- Year of books used: 2006 code book
- Census person enters principal diagnosis & principal procedure (only codes provided by HCCUP) from community facility UB04
- Types of codes applied: Only ICD-9-CM (no DSM or CPT)

Observations:

- No credentialed staff performs coding
- Director plans to conduct coding training course from her RHIT program

Release of Information –**Process:**

- Logging of requests is manual and only for requests completed

Observations:

- Volume of requests is not tabulated – counting the log reveals 147 inmate interviews in Sept and 65 Legal and SSI requests in Sept - ROI is spread among several staff and logging is inconsistent (particularly for inmate interviews)
- Backlog of requests is unclear due to requests not being logged upon receipt
- Resources: No consent manual and no authorization check sheet observed or noted

Loose Sheets –**Process:**

- Incoming filing is separated into “hot filing” which has a higher priority – includes lab, x-rays, other diagnostic reports, progress notes, mental health chronos, requests for healthcare services
- Limited OBIS access so filing which must be researched is sent from the Chart Room to the HRT I Room for look-up

Observations:

1. 10-12 inches per day – with 3 feet once a month for MARs
2. Routing process requires manual identification as addressograph, while often present in the UHR, is not utilized by care providers – with decentralized health record locations, the inmate housing location is critical to timely filing
3. HRT I room had 33 envelopes with 36 inches of filing to be routed to other institutions – no schedule – some reports were more than 30 days old
4. Daily volume is not captured
5. Backlog was reported as 68 inches at the end of July (most recent available data) - while on-site noted 18 inches in terminal digit folders, 6 inches of hot filing, 36 inches to be OBIS'd and 36 inches to be mailed out to other prisons
6. Examples of Types of documents – MARS, outside hospital reports, lab and other diagnostic reports, progress notes, chronos

Plata Scheduling -**Process:**

- Plata staff: schedule appointments and enter outcome of appointment in IMSATS

- Plata staff also generate monthly reports

Observations:

1. Generally do not perform other functions within HIM
2. Update by flash drive which is cumbersome and sometimes does not work wiping out appointments
3. Some physicians insist on keeping their own schedules which must then be copied and input by the schedulers – no email also requires them to communicate with providers in writing asking for permission to work in add-on patients
4. HIM staff on West campus print medication reconciliation documents and MARs for every clinic appointment
5. Portion of schedulers (5 HRT Is and 2 OTs report to HRT II Supervisor and 7 additional Plata schedulers report to CHSA I

Transcription –

Observations:

1. Turnaround Time – generally within 48-72 hrs – discharge summaries backlogged to 7 days at the time of the assessment
2. Reports are printed, copied and distributed by the transcriptionists – tagging the originals for signature
3. Dictation time and date not routinely recorded on reports
4. Transcriptionists type radiology most of day on Tuesdays and Fridays
5. Transcriptionists are responsible for managing the Atascadero State Hospital inmate UHRs as they are stored next door
6. Transcriptionists have been denied access to medication profiles online indicating they are “too confidential”

TECHNOLOGY APPROACH

Encoding –

- No technology is used to code

Chart Tracking/Barcoding –

Observations:

1. Internally developed chart tracking (Medical Jackets Tracking System) loaded on two terminals in Health Records East but not located in other health record areas (Note: it can take up to two hours for the second terminal to be uploaded via “network”)
2. Utilize floppy disks to upload clinic schedules which can take 2-3 hours per day
3. Records are not bar-coded – system works on an exception process from upload of the schedule (only records not found are removed from chart tracking system until located) – however requires manual entry of every returned record

4. System has some good reports to assist with purging, number alerts (for same five digit numbers), and multiple appointments in the same day
5. System was “inmate” developed 12 years ago and no longer has support

Scanning –

- No technology available

General Equipment –

Observations:

1. Chart tracking – 2 PCs networked but takes up to 2 hours to sync – remainder of computers are not networked
2. Access to multiple systems limited despite “need to know”. – one OBIS terminal in HRT Room had been down for one week without IT review – work backlogged – staff had to go to Central Files to use their terminal during off hours. Cannot print from OBIS
3. Copy machine – one in transcription and one in HRT Room – used heavily on 3rd watch and break down frequently – isolated rooms without easy access to other machines
4. Telephones do not have multiple lines
5. Director has email address and ***no email access***

PHYSICAL INFRASTRUCTURE

Number of HIM Processing Locations –

- Approximately 6 HIM locations on the East Campus and two locations on the West Campus where charts, filing and people are located
- Director’s Office on second level not near staff – supervisors’ office in hallway near Chart Room – adequate for one supervisor but not the other in relation to location of staff

Distance to Clinics –

- HIM staff does deliver and pick-up charts for two of the quads but has assistance from inmates and mental health staff for delivery and pick-up in C & D quads
- 15-30 minutes for A&B quads and 30-45 for C&D quads

Number of storage locations –

- Approximately 8 Health Record areas (with one main chart room on each campus)

Departmental workspace allocation –

1. Workspace is cramped in all locations
2. There is a trailer in the front of the building intended for some of the HRT I and transcription staff that is moving slowly in terms of readiness
3. There is a Connex in the front of the building intended for the ASH records however that has not been readied either
4. There is no access to chart tracking system or its information in satellite areas

Files, File storage space/organization –

1. Old volumes are stored in banker boxes on industrial shelving in the West warehouse
2. One year of discharged inpatients and deaths is kept in the HRT Room and then moved to the warehouse
3. Shelving was mobile and has been converted to static, open shelf
4. Out-guides not used – dependent on chart tracking software which does store history but has limited access
5. Inpatient records are stored separately from the UHR

TRANSPORTATION**Baskets –**

- Rubber Covered Bins (12-15 charts per bin); minimal wire baskets within the HIM department used to deliver charts to near-by clinics – wire is hard on charts

Motorized Carts –

- Large Flat Bed Hand Trucks – Inmates assist with pushing these carts from a locked room to the clinic sites
- New Electric Cart with enclosed cab – to be used between East and West yards