



California Medical Facility



Physical Address:
1600 California Dr.
Vacaville, CA 95696

California Medical Facility (CMF)

MISSION STATEMENT

The California Medical Facility (CMF) was established in 1955 by the Legislature to provide a centrally located medical psychiatric institution for the healthcare needs of the male felon population in California's prisons. Currently, CMF operates with a 171 million dollar budget and approximately 1853 employees.

CMF houses a general acute care hospital, correctional treatment center (CTC), licensed elderly care unit, in-patient and out-patient psychiatric facilities, a hospice unit for terminally ill inmates, housing and treatment for inmates identified with AIDS/HIV, general population, and other special inmate housing. Additionally, the Department of Mental Health operates a licensed, acute care psychiatric hospital within CMF.

INSTITUTION STATISTICS

As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	724
Number of medical staff:	551
Number of support services staff:	253
Number of Department of Mental Health staff:	325
Total number of staff	1,853
Annual operating budget:	\$180 million

Designed Bed Space & Count

Facility	Design Capacity	Count
I	135	177
II	230	400
III	1932	483
Total	2,297	3,060

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

HIM Staffing

Main HIM Department (including Unit IV)

Positions	Filled	Vacant
Director (Acting)	1	0
Office Service Supervisor (Acting)	1	0
HRT II Supervisor	3	0
HRT II Specialist	0	0
HRT I	11	0
Transcriptionist (1 senior)	3	0
Office Technician	5	0
Office Assistant	12	0
Seasonal Clerk/Student	1	0
Contract Labor	0	0

MH Crisis Beds Facility HIM

Positions	Filled	Vacant
Director	1	0
Office Service Supervisor	0	0
HRT II Supervisor	0	0
HRT II Specialist	0	0
HRT I (one on loan to HR)	4	0
Transcriptionist	3	0
Office Technician	0	0
Office Assistant	1	0
Seasonal Clerk/Student	0	0
Contract Labor	0	0

Note: Total of 12 employees in Crisis Center – opened 50 beds only a few months ago – not sure where added positions belong – no organization chart or employee list provided

Comments:

- Main HIM hours of operation are:
 - o Sun 3:30-11:30 pm
 - o Mon-Thurs 6:00 am-11:30 pm; Fri 6:00 am to 4:00 pm
 - o Closed on Saturday
- Transcription hours are Mon-Fri 8:00 am to 4:00 pm
- Mental Health Crisis Center HIM hours are Mon-Fri 6:00 am to 4:00 pm
- Department of Mental Health (DMH) employees 5 staff member and works closely with HIM

PROCEDURAL**The UHR Work Flow –*****Intake – (Non Reception Center Process) Transfer In/New Arrival*****Process:**

- R&R nursing staff record number of volumes received and deliver the UHRs for new arrivals to Unit IV HIM area which later disseminates the UHRs to the appropriate HIM locations.
- HIM initiates follow-up on the UHRs not received with inmate.
- HIM has begun maintaining some statistics on workload

Output:

- Record Availability (%) – Not provided/may not be tracked
- Volume average for past 3 months is 111 with minimal variation

Outtake – Transfers out**Process:**

- The UHR is sent to C files and goes to R&R from there
- Will transfer temporary file (marked as Vol X) if the UHR cannot be located

Output:

- Record Availability (%) – not tracked
- AVG 107/month (four months stats with variance from 78 to 140)

Discharge/Parole**Process:**

- The UHRs are boxed and sent via GSO to the HRC. (Staff questions why expedited delivery is necessary)

Output:

- Record Availability (%) – not tracked
- AVG paroles 126/month (based on past three months stats)

Deaths**Process:**

- The UHR is sequestered by HIM and prepared for copying. Knox copies the record within 2 weeks
- Record is retained onsite for ten years in a locked cabinet before it is shredded for destruction

Output:

- AVG 6/month

IP Assembly**Process:**

- Facility specific assembly lists are used
- Thinned (“overflow”) records are assembled when inpatient stay requires
- Hospital records are put in chronologic order
- OHU Records are maintained in reverse chronological order

Output:

- AVG 46/month

Observations:

- Discharged Record Adjudication: Is performed using a reference to collect and process discharged records

IP Audit**Process:**

- HIM checks for missing physician documentation and signatures
- Concurrent 24/7 auditing is performed daily for hospital and OHU records
- Three physician notices are sent via internal mail before email is sent to MD administrator who follows up with physicians

Output:

- Delinquency: % not tracked but is approximately 65%

Observations:

- Backlog: Discharges from previous Thursday were being processed as staff member was out Friday-Mon and desk was not covered. Oldest record – April 24, 2008; next oldest – July 16, 2008; all others are August & September 2008

Coding/Abstracting:**Process:**

- Diagnosis coding is performed for hospital and OHU charts; onsite inpatient procedures are also coded
- HIM enters diagnosis and procedure codes from UB04 into CADDIS

Observations:

- Year of book used: 2008 code book
- Types of codes applied: Only ICD-9-CM (No DSM or CPT)

- No credentialed staff performs coding

Release of Information –

Process:

- One staff member enters requests into database before passing floppy around to other ROI staff to “sync” computers
- Tracking volume of requests is manual - Olson reviews AVG 257/month; Legal requests 24/month; Clinical Continuing Care request 33/month

Observations:

- Backlog: Oldest request is 8/6/08 for inmate who has moved around and currently is Max A – locked in cell
- Resources: No consent manual or other resources were noted however staff state that they received HIPAA training in Sacramento

Loose Sheets–

Observations:

- Loose filing statistics are not maintained because it is kept up to date
- Loose filing is dropped at the front desk during the day and HIM staff sort by “last two” digits and file the loose sheets
- Backlog – Essentially none
 - o Main concern is that DMH loose filing accumulates until HIM requests the UHR from DMH and file those loose sheets
 - o Types of documents – Lab, radiology, mental health progress notes
 - o Noted signed physician orders with undistributed copies; labs and progress notes from July and August 2008

Plata Scheduling -

Process:

- Plata staff:
 1. Schedule appointments and enter outcome of appointment in IMSATS
 2. Coordinate scheduling and documentation flow for off-site appointments
 3. It takes most of the day to “sync” the individual computers
 4. Generate monthly reports

Observation:

- All schedulers report to CHSA I; staffing list was not obtained

Transcription –

Observations:

1. Transcription office is located down the hall (thru security gate) from main HIM
2. Turnaround Time – range from 2-6 hours for Keyhea reports to 2 weeks for consultations and initial social service history reports
3. Transcriptionists print reports which HIM or transcription staff delivers to the patient care areas. Report copies are distributed through individual mail boxes
4. Dictation time and date are not routinely recorded on reports
5. Dictation systems are Lanier Voicewriter in main HIM and VIP Fusion in MH Crisis Center
6. Backlog: 600 minutes in main HIM transcription; none in MH Crisis Center

TECHNOLOGY APPROACH

Encoding –

Observation:

- No technology used to code

Chart Tracking/Barcoding –

Observations:

- CRIS (Complete Record Integrated System) chart tracking is used in main and Unit IV HIM to track location of the UHRs. Network is not available so databases are separate which increases difficulty of returning charts to the correct location
- Handwritten out-guides are used to track inpatient records

Scanning –

Observation:

- No technology used

General Equipment –

Observations:

1. No networked computers
2. Access to multiple systems limited despite “need to know”
3. Work and storage spaces are crowded and inadequate
4. Copy machine are outdated and in heavy use
5. Email at director level

PHYSICAL INFRASTRUCTURE

Number of HIM Processing Locations –

1. Main HIM
2. Unit IV
3. Transcription
4. Mental Health Crisis Center – HIM staff (including transcription) and charts are in one location.

Distance to Clinics –

- OHU, GACH, TTA, and Unit IV are 5-10 minute walk from main HIM.
- MH Crisis Center is 10-15 minute walk from main HIM. MH Crisis center charts and HIM staff are located at the crisis center

Number of storage locations –

1. The active UHRs and recent inpatient records are stored in the main HIM area and in Unit IV
2. MH Crisis Center records are stored in the HIM department in that facility
3. The inactive UHRs, older inpatient records, and death charts are stored in a basement room some distance away from the main HIM
4. Additional storage area noted as “deep, deep storage” is located some distance away in “T” wing

Departmental workspace allocation –

- Workspace is very limited with inadequate number of desks and work areas in the main HIM, Transcription, and Unit IV. There is limited space for storing pulled records prior to delivery and for sorting returns
- HIM work areas in the Mental Health Crisis Center are brand new and appear adequate for current work volumes – question storage capability

File storage space/organization –

1. Mobile shelving in HIM is relatively well organized but is very inadequate to house current active records
2. Vertical carousel record storage units in Unit IV hold the UHRs for hospice and Unit IV patients. These storage units are old and somewhat unreliable. Space is inadequate
3. Old volumes, older inpatient records, and death charts are stored on static shelves in basement. Multiple years of death charts pending destruction are stacked in boxes in the basement storage room; other departments leave unwanted equipment blocking entrance and passage between aisles
4. HIM chart storage area in the MH Crisis Center is adequate currently but will soon be insufficient as the program continues to operate

TRANSPORT TEAM

Baskets –

- Wire carts as well as rolling shelves crowd the aisles in the main and Unit IV HIM areas

Motorized Carts –

- No motorized carts are utilized

AREAS FOR REMEDIATION

- HIM functions are decentralized in three areas within the institution. Two HIM areas have computerized chart tracking however the system is not networked which regularly causes problems. Staffing ratios and functions are inconsistent between the three areas
- Shelving in main HIM area, Unit IV, and Mental Health Crisis Center are not adequate for the volume of records produced
- Records are housed at multiple distant locations making chart retrieval more difficult
- Basement file room is not adequately secured and is accessed by various departments

There are trained health information professionals within HIM management however institutional organization and CDCR policies limit their effectiveness.



California State Prison, Corcoran



Physical Address:
4001 King Avenue
Corcoran, CA 93212

California State Prison, Corcoran (CSP-COR)

MISSION STATEMENT

The California State Prison (CSP), Corcoran is committed to ensuring and instilling the public and inmates' families with the confidence that CSP-Corcoran is committed to providing the best medical, mental health, education, vocational and self help programs for all inmates confined to Corcoran.

CSP-Corcoran not only meets this commitment by providing it's employees with the proper training, tools and safe working environment, but also by encouraging ideas and collaboration between all departments.

INSTITUTION DETAILS

CSP-Corcoran is a complex, multi-mission institution comprised of the following facilities: Level 1, Level III, Level IV, Security Housing Unit, Protective Housing Unit, Prison Industry Authority and a fully licensed Acute Care Hospital.

LEVEL I - GENERAL POPULATION

Total capacity of Level I inmates is 884. Approximately 95% of these inmates are assigned permanent jobs. The jobs performed include Community Work Crews, Administration Building Porters, Maintenance, PIA Warehouse, Fire House, Garage, Grounds Yard Crews, PIA Corp Farm and PIA Dairy.

The Minimum Support Facility (MSF) Level I at CSP-Corcoran consists of five buildings; four are dormitories housing up to 192 inmates each, and one E-dormitory housing 100 inmates. The complex has a culinary and dining hall, its own recreation facili-

ties, library, chapel, and visiting room. Additionally, in January 2001 the Department activated a Substance Abuse Program (SAP) located within the Level I Facility with a contract to provide treatment to 190 inmates. The SAP has two classrooms that are currently being utilized for alcohol/drug treatment.

LEVEL III - GENERAL POPULATION

CSP-Corcoran's Level III consists of one facility designated as III-C which houses inmates with a classification score of 28-51. The design of the individual housing unit is a 270° design facility.

There are five buildings with a total combined bed capacity of 1,000. Current programs in this facility include an Orientation Unit, Disability Placement Program (DPP), Developmentally Disabled Program (DDP), and Correctional Clinical Case Management System (CCCMS), Sensitive Needs Yards.

The III-C gymnasium has been converted into dormitory type housing, having a capacity of 122 inmates. The entire III-C Facility currently houses 1,112 inmates.

LEVEL IV - GENERAL POPULATION

Facilities III-A and III-B are Level IV General Population placements which house inmates with a classification score of 52 and above. The design of the individual housing unit is a 270° design facility.

The III-A Facility has five buildings with a total combined bed capacity of 1,000. As of March 6, 1999, the Level IV Administrative Segregation Unit (ASU) was relocated to Facility 3A03. Current programs in this facility include ASU, Chronic Infectious Disease (CID) Unit, and Correctional Clinical Case Management Services (CCCMS).

The Facility III-B also has five buildings with the bed capacity for 1,000 inmates. The III-B Gym has a capacity of housing up to 122 inmates. Current programs in this facility include Orientation Unit, Enhanced Outpatient Program (EOP), Disability Placement Program, Developmentally Disabled Program (DDP), and CCCMS.

FACILITY 4A AND 4B SECURITY HOUSING UNITS

Housing in Facilities 4A and 4B is maximum security of 180° design facility and provides for a variety of special housing programs. The majority of inmate population in these facilities is the Security Housing Unit (SHU) inmates. Inmates who conduct endangers the safety of others or the security of the institution are housed in SHU. In most cases, these inmates have committed serious rules violations while housed in a general population institution.

CSP-Corcoran also serves as the hub for Level IV Enhanced Out Patient (EOP) inmates. Within the SHU housing facilities, there are two specially designated units: the Medical/Handicap SHU unit which meets the requirements of the Americans with Disabilities Act (ADA). Also, forty-eight SHU beds are designated for inmates with HIV. Each offers maximum security housing with necessary adaptations to the showers and cells for accessibility.

The 4A Facility has the bed capacity for 1,014 inmates. The facility currently houses inmates that require protective housing within the Protective Housing Unit (PHU). Facility 4A is a debriefing unit for inmates awaiting endorsement. It also houses inmates participating in the Developmental Disabled Program, Developmental Placement Program, and the Chronic Infectious Disease inmates.

The 4B Facility has the bed capacity for 1,024 inmates. Facility 4B houses validated prison gang members, i.e., Nuestra Familia (NF), Nazi Low Riders (NLR), Aryan Brotherhood (AB), Mexican Mafia (EME), Black Guerrilla Family (BGF), Texas Syndicate (TS), and the Northern Structure (NS).

ACUTE CARE HOSPITAL (ACH)

The California Department of Corrections opened the Acute Care Hospital (ACH) at Corcoran in June 1993. The ACH is a maximum security facility licensed under the Health and Safety Code as a 75-bed hospital, which operates 24 hours per day, 7 days a week. ACH provides general acute medical, surgical, medical health crisis, and specialty outpatient services. The patients served may be described as adult offenders ranging from 18 years of age and older. The hospital supports the Department of Corrections by providing services to inmates from SHU, Administrative Segregation Units (Ad-Seg), Level IV institutions, and the surrounding institutions.

There presently is a proposal to expand the ACH to include a contracted mental health component for an additional 21 beds.

PRISON INDUSTRY AUTHORITY (PIA)

The Prison Industry Authority administers a work program for inmates in California correctional institutions to improve their job skills and reduce idleness. The program is fully supported by sales of products and services to government agencies.

PIA is composed of the “Century 2000” modular office system manufacturing facilities, an institutional laundry, agribusiness enterprises, a warehouse/freight distribution center, industrial maintenance and repair in addition to providing Administrative functions to the PIA farm and laundry located at the Wasco State Prison/Reception Center. PIA employs 601 inmates in a private business-like setting throughout CSP-Corcoran.

The “Century 2002” modular office system spans two housing yards (III-B and III-C) and occupies approximately 100,000 square feet of factory floor space. The institutional laundry is operated seven days a week, ten hours per day by rotating crews of Level III inmates. The Warehouse and Distribution Center at Corcoran serves as the central hub of a statewide distribution network. The Agribusiness consists of 400 acres of farmland, a dairy capable of milking 1,800 cows and a milk packaging facility that provides milk for several surrounding institutions.

INSTITUTION STATISTICS

CSP-Corcoran was opened in February 1988, and covers 942 acres. As of Fiscal Year 2002/2003, the following statistics apply:

Number of custody staff:	1,119
Number of support services staff:	584
Total number of staff:	1,703
Annual budget: Institutional:	\$115 million
Acute Care Hospital:	\$30 million

Designed Bed Space & Count

Facility	Design Capacity	Count
Total	3,116	5,791

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

SPECIAL HISTORICAL NOTES

CSP-Corcoran is built on what was once Tulare Lake, home of the Tachi Indians. It was the first California prison with a separate facility built exclusively to house Security Housing Unit inmates.

HUMAN RESOURCES**HIM Staffing**

Positions	Filled	Vacant
Director	1	0
Office Service Supervisor	0	0
HRT II Supervisor	1	0
HRT I	8	0
Transcriptionist	3	0
Office Technician	0	0
Office Assistant	6	0
Seasonal Clerk/Student	0	0
Contract Labor	6	0

Comments:

- Hours of operation are M-F 6:00 am – 7:00 pm
- Unable to verify number of employees against vacant positions – no position control
- All employees work a straight 8 hour shift with no lunch break

PROCEDURAL**The UHR Work Flow –*****Intake – (Non Reception Center Process) Transfer In/New Arrival*****Process:**

1. Volume average for past 3 months is 365 per month
2. Health Information Management (HIM) monitors receipt of the Unit Health Record (UHR) but only after the inmate has been processed in Receiving and Release (R&R)
3. If the UHR is not available on intake, the missing UHR is requested by phone or fax with intense follow up to ensure the UHRs (including all volumes) are received
4. HIM maintains statistics on workload and key indicators
5. HIM performs Transfer In Audits on the UHRs

Output:

- *Record Availability (%) – 97.7 % Transfers In*

Outtake – Transfers out

Process:

1. Notice list for the following week is sent to HIM on Thursday morning
2. Current volume of the UHR is retrieved from active files and volumes are retrieved from the Connex remote storage location
3. Loose filing is researched to locate any loose work to be filed prior to transfer
4. HIM completes 134 (transfer check sheet) and checks out file in MEDCATS with transfer date
5. The UHRs are boxed or placed in an envelope with the 134 on top
6. Off Site Coordinator RN also reviews transfers for pending outside appointments

Out of State Transfers:

Process:

1. Notice list for the Out of State Transfers is provided to HIM
2. HIM retrieves the UHR and all volumes from the Connex remote storage location
3. HIM provides the UHR to the R&R Nurses for review
4. R&R Nurse generates a Chronos for Out of State
5. HIM coordinates with Knox Copy Service to copy the entire UHR
6. The copy of the UHR is transferred with the inmate to the Out of State location
7. After the inmate transfers, the original UHR is sent by overnight mail to a designated individual at 501 J Street in Sacramento, CA

Output:

- Record Availability (%) – 99.9%

Discharge/Parole

Process:

- One month advance notice is provided
- The UHR and all volumes are pulled for clinical review and clearance
- One day after date of Discharge/Parole, HIM checks OBIS to confirm that the inmate has departed and sends the UHR by overnight mail to the Health Record Center

Output:

- Record Availability (%) – 99.9%

Deaths

Process:

- HIM copies the UHRs for deaths and stores in locked cabinets in HIM
- It was reported that following a recent death of an inmate on the yard, Custody confiscated the UHR and would not provide the record to HIM for copying and proper storage

IP Assembly

Process:

- CDCR order adhered to with the exception of forms that are institution specific (created by an institution)
- Thinned records not assembled until the entire UHR is received in HIM
- Record is maintained in reverse chronologic order on unit and post discharge

Observation:

- Discharged Record Adjudication: Not performed

IP Audit (Deficiency Analysis)

Process:

- Non-standardized data collection sheet is utilized to identify deficiencies
- Incomplete records are placed in the physician mailboxes in HIM for completion

Observations:

- Concurrent auditing not performed
- 35 incomplete discharges pending on October 21, with the oldest incomplete chart from April 2008
- Pertinent Packets are not being created until the record is completed, causing significant delays in making this information available in the UHR

Coding/Abstracting

Process:

- Code discharge diagnosis from the physician documentation
- Year of books used: 2008
- Types of codes applied: Only ICD-9-CM (no DSM or CPT)
- No credentialed staff performs coding; however, the RHIA credentialed medical record director reviews all coding prior to entry in CADDIS

Release of Information –

Process:

- Logging of requests is manual and inconsistent so valid information is not available
- Each of 8 HRT I's is assigned a series of terminal digits and keeps logs of their requests and releases

Observations:

- Volume of requests is unclear as it is spread among several staff and logging is inconsistent
- Backlog of requests is unclear due to requests not being logged upon receipt

Loose Sheets–

Observations:

- Approximately 30 inches per day with 30 inches once a month for MARs
- Routing process requires manual identification as addressographs are not generally used
- Delays in the filing of loose reports is a major issue at this facility:
 1. Mental Health documents from the clinic are sorted by terminal digit by the clinic staff. It takes many days to get the reports from mental health to the medical record department
 2. Dental clinic keeps their loose filing for a week before sending to medical records
 3. There are many duplicate reports sent to the medical record department for filing (physician orders, progress notes, MARS, records from other facilities, ER flow sheets). The UHR must be checked to make sure the originals have been received
 4. Completion of the 7393 (Notification of Diagnostic Test Results) was found to delay the filing of loose reports

Plata Scheduling -

- All schedulers are outside Health Records Services

Transcription –

Process:

- Physicians dictate on cassettes and transcriptionists type on PCs using Microsoft Word

Observations:

- Turnaround Time – there is no data regarding turnaround times
- Based on chart review, H&Ps were 2 days; discharge summaries were 2.7 days

TECHNOLOGY APPROACH:**Encoding –**

- No technology used to code

Chart Tracking/Barcoding –

- MEDCATS chart tracking loaded on one terminal in Health Records
- Approximately 80% of records are bar-coded

Scanning –

- No technology available

General Equipment –

1. No networked computers
2. OBIS, CADDIS, DDPS, Medical Ducats and MEDCATS are only available on one computer for each function
3. Copy machines are adequate
4. Telephones do not have multiple lines
5. Director has email

PHYSICAL INFRASTRUCTURE:

Number of HIM Processing Locations:

- 2 HIM locations where charts, filing and people are located
- 3 Connex's are used for volume and inpatient discharge storage

Distance to Clinics –

- A Medical Warehouse Worker uses a pick-up truck to deliver and pick up the UHRs for scheduled visits

Number of storage locations – Three (3)

- Main Health Record area
- Enhanced Outpatient Program (EOP) area
- Connex for volume storage

Departmental workspace allocation –

- Workspace is very cramped
- Records are kept on two opposite sides of the department
- 900-1000 UHRs are pulled daily, and there is very limited space for checking the UHRs back in and holding the UHRs as the pulls are made

Files, file storage space/organization –

1. Filing system is not a true terminal digit filing system
2. Horizontal layout of the files prohibits more than one person working effectively in the files at the same time
3. Volumes are stored in two Connex buildings remote from HIM
4. Inpatient discharges are stored in a third Connex building

TRANSPORTATION:**Baskets –**

- Plastic bins with approximately eight UHRs per bin

Motorized Carts –

- A pick-up truck with w U-Haul trailer is used to deliver the bins to the yards

AREAS FOR REMEDIATION:

The Ducats System in place is inefficient, and requires a duplication of data entry of 900-1000 ducats daily, which takes approximately one ream of paper to print and 2-3 hours to enter the data.

The pertinent packets from the inpatient admission are only created for the UHR after all aspects of the discharged inpatient medical record is completed, which can delay information getting to the UHR by days, weeks or months.

Delay in the filing of loose reports is currently a major issue at this facility. Issues that are impacting timely loose filing are multi-department issues.

Standard terminal digit filing is not used. The UHRs are filed based upon the last two digits of the CDCR # and then the leading Alpha Character of the CDCR#. Within the Alpha Character section the first three digits of the CDCR# are used.



Deuel Vocational Institution



Physical Address:
 23500 Kasson Road
 Tracy, CA 95376

Deuel Vocational Institution (DVI)

MISSION STATEMENT

The mission for Deuel Vocational Institution (DVI) is two-fold: DVI's primary mission is as a reception center for Northern California counties, and houses inmates who come to DVI primarily from 19 Northern California county jails. Staff process these inmates by compiling and evaluating the inmates' criminal records, life histories, medical and physiological histories, and social histories. The information is used to determine the inmates' custody score and to identify any specific placement needs the inmate may have. Once the reception process is completed, the inmate is transferred to one of the 33 State prisons where they serve the remainder of their prison sentence.

DVI's secondary mission is to provide general population housing to inmates who are serving their prison sentence at DVI. General population inmates provide support to DVI by working in maintenance jobs, food service jobs, janitorial jobs, as well as other jobs that serve in supporting the operation of the prison. Prison Industries Authority (PIA) assignments are also available to general population inmates. PIA assignment include jobs at DVI's dairy and in the furniture fabrication plant.

INSTITUTION STATISTICS

Deuel Vocational Institution was opened in 1953, and covers 783 acres. As of Fiscal Year 2005/2006, the following statistics apply:

Number of custody staff:	807
Number of support services staff:	477
Total number of staff:	1,284
Annual operating budget:	\$109 million

Designed Bed Space & Count

Facility	Design Capacity	Count
Total	1,681	3,866

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

SPECIAL HISTORICAL NOTES

DVI was named for the late Senator Charles D. Deuel who sponsored legislation establishing the institution. The facility opened in 1953 and was expanded in 1959, 1981 and 1993.

HUMAN RESOURCES**HIM Staffing**

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	0	0
HRT II Supervisor	1	0
HRT II	1*	0
HRT I	5	4
Transcriptionist	2	0
Office Technician	4	1
Office Assistant	4	0
Seasonal Clerk/Student	0	0
Permanent Intermittent Employee	0	0
Contract Labor	3	0

*HRT II is RHIT and supervises all onsite scheduling

Comments:

- Department is open 7 days per week from 5 am to 10 pm
- HIM staff rotates desk responsibilities quarterly; no desk protocols are available

PROCEDURAL**The UHR Work Flow –*****Intake – (Reception Center Process) Transfer In/New Arrival*****Process:**

1. Intake paperwork is inserted into the UHR for new commits and/or new commitment number or into flimsy if inmate is returning
2. If unavailable, the UHR is requested from HRC or previous facility
3. Information in flimsy is faxed to sick call and TTA if inmate is seen (and records are requested) however originals remain at RC
4. Flimsies go to main HIM when intake paperwork is complete and are filed separately. Flimsies that have been matched with the UHR are shelved in “conversion” area in TD order. Often inmate has moved before process is completed

Observations:

- Staff estimate daily volume 120-150
- Three HIM staff process records in RC Clinic
- List is usually received in HIM in AM on day of transfer
- HIM pulls chart and incorporates flimsy (and loose filing if available) before providing the UHR to nurse who sends charts to RC where they are put with C Files

Output:

- Record Availability (%) – Not provided/may not be tracked

Discharge/Parole**Process:**

- List is usually received in AM on day of parole
- HIM may not have the UHR but “should have something”
- Records are boxed and “134” listing and GSO Tracking label are attached; HIM weighs box and sends it GSO

Output:

- Record Availability– not tracked but estimated at 85%
- Transfers out: 10-15 daily

Deaths**Process:**

- Knox scans the record and transmits to the death review coordinator. Death charts are locked in file cabinets in the HIM. An HIM employee holds the key

Output:

- Estimated average is 3 per month

IP Assembly**Process:**

- HIM uses what appears to be CDCR list
- Thinned records accumulate until inmate is discharged from licensed unit and record is assembled at discharge
- Record is maintained in reverse chronologic order

Observations:

- Discharged Record Adjudication: Not performed

IP Audit

Process:

- HIM checks for discharge summaries only
- Records are processed the following day except for weekends and holidays

Observations:

1. Concurrent auditing not performed
2. Physician notification does not occur
3. Backlog: None evident
4. Delinquency: % not tracked. Oldest incomplete record is 8/28/08 on 10/8/08. Report states 49 incomplete charts (however only 17 incomplete charts are present in doctor boxes). Note: Number of incomplete may represent physicians with deficiencies versus number of charts

Coding/Abstracting:

Process:

- Diagnostic coding done on OHU and MH charts using discharge diagnoses only

Observations:

- Year of books used: 2003 ICD9 code book and 1994 DSM code book
- Types of codes applied: Only ICD-9-CM and DSM (No CPT)
- Credentials of staff performing coding: none

Release of Information –

Process:

1. Requests are logged manually
2. Two staff handle healthcare reviews and another handles other ROI requests. The HRT II Supervisor is responsible for legal and family requests
3. ROI logs are utilized for all request types
4. The same authorization is used for mental health as for regular requests

Output:

- Volume of requests is manual and reported monthly – Healthcare reviews approx 400/month; family requests 4/month; Legal requests 6/month; Clinical Continuing Care Requests 5/month; other outside request 5/month

Observations:

- Backlog: oldest request is 2 weeks for SSI
- Resources: No consent manual and no authorization check sheet observed or noted

Loose Sheets –

Observations:

1. Supervisor reports receiving 6 to 8 inches per day
2. Loose filing is sorted into TD and put on shelf for filing by assigned staff
3. Each staff member is able to file 20 minutes per day due to physical limitations of mobile shelving which only allows one open aisle at a time
4. Backlog was observed as 65 inches total with 18 inches received on 10/7/08. Backlog is equivalent to 6 days

Plata Scheduling –

Observations:

1. Appointment scheduling is divided into onsite and offsite
2. Onsite schedulers (approx 5) are located near RC Clinic and report to HRT II Supervisor
3. Two additional schedulers manage offsite appointments from an office near prison administration. A shadow process is utilized to insure that outside records are available for ongoing care when needed
4. Both groups schedule appointments and enter outcome in IMSATS
5. Offsite schedulers report that the UHRs are available approximately 60% of time

Transcription –

Observations:

1. Turnaround Time – between 8 and 48 hours – no weekend coverage
2. Copy & Routing – printed copies are taken to doctor who signs before report is filed in chart. Doctor is responsible for sending copies to other providers
3. Dictation time and date are not routinely recorded on reports
4. Two transcriptionists; One types reports while the other types minutes and non-medical reports (such as Maxor Committee reports)
5. Dictation equipment is 3-4 years old
6. Backlog: Transcriber was typing 9/18/08 radiology dictations on 10/7/08

TECHNOLOGY APPROACH

Encoding –

- No technology used to code

Chart Tracking/Barcoding –

- No technology used

Scanning –

- No technology available

General Equipment –

1. Few computers; not networked
2. Access to multiple systems limited despite “need to know”
3. HIM department is very small with narrow aisles
4. There is one copy machine; age is unknown but appears to work adequately
5. Telephones do not have multiple lines
6. Email at director level

PHYSICAL INFRASTRUCTURE**Number of HIM Processing Locations –**

- One central HIM location where current charts and filing are located. Three HIM staff process records in RC Clinic; schedulers and transcriptionists are in other buildings
- Two sets of mobile shelving units in adjacent rooms; one set is used for “flimsies”, “conversions”, thinning, and volumes. The other is used for active charts

Distance to Clinics –

- HIM and Clinic staff share responsibility for record transport with all areas 5-10 minutes away from main HIM
- The elevator is frequently in use which results in delays
- Records are transported in carts which crowd the HIM aisle ways making it almost impossible to access certain areas of the department

Number of storage locations –

- One Health Record area (with one main department) for current records and volumes

Departmental workspace allocation –

- Workspaces are extremely limited in size and number
- No shelves to hold pulled charts so filled carts crowd the aisles

Files, File storage space/organization –

1. Incomplete intake paperwork is held in HIM area of RC clinic. “Flimsies” and “Conversions” are shelved on mobile shelving in main HIM department
2. Volumes are shelved on another section of the same mobile shelving
3. Active records are shelved on a second set of mobile shelving located in another area of the main HIM department
4. Both sets of mobile shelving are inadequate. Processes need to be evaluated and refined

TRANSPORTATION

Baskets –

- Various baskets filled with pulled and/or returned charts crowd the HIM department aisles

Motorized Carts –

- No motorized carts were in use

AREAS OF REMEDIATION

1. The HIM manager rotates staff responsibilities quarterly for cross training purposes however desk protocols are not readily available for staff reference while performing new duties
2. “Overflow” documents for licensed units is placed in a box where it is held in no particular order until patient is discharged but process does not appear to be monitored
3. Routine monitoring of record completion and delinquencies does not occur
4. Processes for receiving UHRs , incorporating flimsies, and filing of loose materials is backlogged significantly in a reception facility where inmates often come and go within days
5. File layouts are incorrect in that the terminal digit sequencing is horizontal across the entire length of shelving. This is further complicated by the fact that mobile shelving only provides for one aisle at a time further limiting access for pulling and filing of records*

*The HIM manager and CHSA told us of a plan to move the HIM Department to another location (proximate to the reception clinic) which has the possibility of providing additional workspace and more adequate shelving however the area does not contain sprinklers mandated by California law.



California State Prison, Los Angeles County



California State Prison, Los Angeles County (LAC)

MISSION STATEMENT

The mission of CSP-Los Angeles County is to be both a Reception Center for short term housing and to provide secure long-term housing and services for men who have been convicted of felonies classified as minimum, high-medium and maximum custody inmates. The institution provides educational/vocational programming designed to encourage productivity, inmate responsibility and self-improvement.

INSTITUTION STATISTICS

CSP-LAC was opened February 1993, and covers 262 acres. As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	957
Number of support services staff:	562
Total number of staff:	1,519
Annual operating budget:	\$100 million

Physical Address:
44750 60th Street West
Lancaster, CA 93536-7620

Designed Bed Space & Count

Facility	Design Capacity	Count
Total	2,300	4,956

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

SPECIAL HISTORICAL NOTES

CSP-Los Angeles County is the first and only state prison located in Los Angeles County.

HUMAN RESOURCES

HIM Staffing

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	1	0
HRT II Supervisor	1	0
HRT II Specialist	1	0
HRT I (one starting 11/10)	4	0
Transcriptionist	3	0
Office Technician (Plata Schedulers)	9	0
Office Assistant	10	0
Seasonal Clerk/Student	0	0
Permanent Intermittent Employee	5	0
Contract Labor	2	0

Comments:

- Hours of operation are M-F 5:30 am – 9:45 pm

PROCEDURAL

The UHR Work Flow –

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

Process:

1. The incoming UHRs (from R&R or requested) are stored in terminal digit and matched to completed screenings
2. If the UHR is not available on intake, the missing UHR is requested by fax. No tracking is performed of the UHRs received (or not received). A monthly audit is performed to follow-up on the UHRs that have not been received. Staff also checks OBIS for other facilities where inmate has been and requests chart
3. Do not provide flimsy for requests prior to incorporation into the UHR in order to control the file
4. HIM maintains statistics on workload

Output:

- Record Availability (%) – Not provided/may not be tracked
- Volume average for past 2 months is 1077 with variation in the volume from 900-1200/month

Observations:

1. No formal Arrival Desk in Health Information Management (HIM)
2. All incoming inmates have a flimsy utilized for the screening process – pre-made out-guides with required forms are available (made by inmates and not always accurate) – process implemented 5 months ago
3. Addressograph is made and utilized to stamp the flimsy forms
4. HIM maintains the out-guide in either an incomplete or complete section of the files – dependent on status of all aspects of the screening process therefore monitoring a clinical process using the record – appears to have a backlog

Outtake – Transfers out**Process:**

1. 5-7 day advance notice list is received by HIM
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 transfer
4. Transfer list is checked daily for updates as add-ons are expected
5. Will transfer temporary file or flimsy
6. Matched with C file – several back and forth movements of boxes being worked on to streamline

Output:

- Record Availability(%) – not tracked

Discharge/Parole**Process:**

1. 24 – 48 hrs advance notice list is received by HIM
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 discharge or parole
4. List is checked daily for updates
5. The UHR is transported to Health Record Center (HRC) either by Golden State Overnight or “other” courier – issue with getting boxes to onsite mail room and sent out timely
6. The UHR is held at institution for possible reactivation and completeness: 3 days
7. Consultant noted a transfer of temp file and located the UHR on shelf – staff had not combined – indicates procedures may not be working

Output:

- Record Availability (%) – not tracked

Deaths**Process:**

- The UHR is sequestered by HIM, copied within 24 hrs (which is prior to record completion) by internal staff or Knox if thick; record is processed for completion while sequestered and maintained onsite for ten years (locked cabinets)
- Supervisor draws a line on any incomplete pages to prevent late additions
- Review form is placed in back of the UHR to monitor record access

IP Assembly**Process:**

1. CDCR order adhered to with the exception of forms that are institution specific (created by an institution)
2. Has a sorter specially designed to assist with assembly process
3. Thinned records are assembled by HRT Specialist when inpatient stay requires
4. Record is maintained in reverse chronologic order on unit and chronologic post discharge

Output:

- Discharged Record Adjudication: Not performed

Observations:

IP Audit (Deficiency Analysis)**Process:**

1. Non-standardized data collection sheet is utilized to identify deficiencies
2. Monitor for traditional provider deficiencies as well as a MARs being checked for completeness and two signatures on refusals Also checks for dates, demographics and misfiles
3. Concurrent auditing not performed
4. Physician notification occurs via internal mail

Output:

- Delinquency: % not tracked but does not appear to be a problem

Observation:

- Backlog: None – however no back-up for position absences – oldest record 9/24/08 on 10/21/08

Coding/Abstracting

Process:

- Admitting diagnosis is coded off of nursing census and entry of codes from community facility UB04s – has not been receiving lately – understand there is a vacancy in the HCCUP position

Observations:

- Year of books used: 2008 code book
- Types of codes applied: Only ICD-9-CM and DSM (No CPT)
- No credentialed staff performs coding

Release of Information –

Process:

- Logging of requests is manual and only for requests completed
- Three staff each has individual log to enter inmate requests processed. There is a centralized log for miscellaneous or other requests

Observations:

- Volume of requests is manual and reported monthly – Healthcare reviews about 50/month; inmate requests processed 175-200/month. Legal requests 55-60/month with 4500-5000 copies/month
- Backlog of inmate requests is 35-40 as Supervisor reviews and schedules interviews several weeks out
- Resources: No consent manual and no authorization check sheet observed or noted

Loose Sheets –

1. Supervisor reports 50 feet per month and 3 day turnaround for filing
2. Dedicated ancillary report processing to route to physicians daily and process returned documents the same day
3. There are sorting bins (by 10s) in the front of HIM so departments are expected to sort – noted a clinic area with documents nearly 3 weeks old – not sure providers understand need for timeliness or have staff to sort
4. Backlog was reported as 32.5 inches while on-site
 - o Examples of Types of documents – MARS, outside hospital reports, mental health progress notes
 - o Noted loose Mental Health Progress Notes without dates – brought to attention of Chief Psychiatrist as they cannot be incorporated into the UHR correctly without dates

Plata Scheduling –

- All schedulers report to Health Records
- Plata staff: 9 OTs
 1. Schedule appointments and enter outcome of appointment in IMSATS
 2. IMSATS is updated using flash drive – takes several hours daily
 3. Generate monthly reports
 4. Do not perform other functions within HIM

Transcription –

1. Turnaround Time – generally within 24 - 72 hrs – no weekend coverage
2. Copy & Routing – via printing – copies held until chart copy is signed
3. Dictation time and date are routinely recorded on reports
4. One transcriptionist dedicated to typing and processing of chronos
5. New dictation equipment purchased in late 2007

TECHNOLOGY APPROACH**Encoding –**

- No technology used to code

Chart Tracking/Barcoding –

- MEDCATS chart tracking was on trial for a few years but removed due to non-payment of charges – no current technology

Scanning – None**General Equipment –**

1. No networked computers
2. Access to multiple systems limited despite “need to know” – minimal desk space for computers – most cramped department we have seen
3. Copy machine is 3 years old and in heavy use
4. Telephones do not have multiple lines
5. Email at director level

PHYSICAL INFRASTRUCTURE**Number of HIM Processing Locations –**

- One central HIM location where current charts and filing are located; transcriptionists and Plata schedulers are in other buildings
- New warehouse space that is clean and organized and fairly close to HIM but is not sprinklered

Distance to Clinics –

- There are 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 7 staff daily
- Use of large, locked and weather-proof containers at the back of each building to place boxes of records for retrieval by clinical staff

Number of storage locations –

- One Health Record area (with one main department) for current records and warehouse nearby

Departmental workspace allocation –

- Workspace is cramped – desk space is 24 inches – 4 desks with PCs have 48 inch desk space
- Limited space for storing pulled records prior to delivery and sorting returns

Files, File storage space/organization –

- Old volumes are stored on shelves in warehouse
- Storage of flimsies for arrivals at various stages of screening needs evaluation and refining

TRANSPORTATION**Baskets –**

- Hand dollies (collapsible and secured with chains) with bankers boxes, minimal baskets within the HIM department
- Boxes have less than a week's utilization and are \$2 each

Motorized Carts –

- 1 flat bed golf cart and one enclosed truck (will hold 88 boxes) – not air-conditioned – sometimes require both vehicles for same delivery
 - o These are usually available

AREAS FOR REMEDIATION

1. HIM has a policy of limiting requesters to 4 records per day which impacts the ability of providers to follow-up on abnormal results and other inquiries; staff from other departments are told to pull their own records
2. The screening process for incoming inmates is accomplished using various storage areas in HIM; the information contained in the flimsy is not provided for appointments or other requests in order to maintain control – use of the record to monitor clinical processes needs resolution. Additionally the process delays coordination of the intake information with the UHR.
3. Significant 3rd watch staff (due to severe space constraints) but without supervision
4. Specialty clinic staff view HIM as non-cooperative and an obstacle to their scheduling and care of patient-inmates

Positive findings (to be emulated in remediation)

- Most positive working relationship between healthcare and custody we have observed – joint attendance at meetings, offices in close proximity with all provider and administrative leaders – “can do” attitude
- CMO held daily 7:30 am meetings where providers had an opportunity to review all diagnostic results from previous day, sign any unsigned documents, etc. A dedicated HIM staff member prepared and processed these documents on a very timely basis



Mule Creek State Prison



Mule Creek State Prison (MCSP)

Physical Address:
4001 Highway 104
Ione, CA 95640

VISION, VALUES AND MISSION STATEMENT

Vision

As Mule Creek State Prison progresses into the future, we envision by the year 2010 a dynamic work environment promoting integrity, responsibility, dignity and respect from staff and inmates. We aspire to set the highest standard of professionalism by employing the best-trained and educated staff by which all correctional operations are measured. Our collaborative efforts will foster the highest quality services in a fiscally responsible manner. Partnering with the community will increase programming and enhance rehabilitation, resulting in reduced recidivism and victimization. Society will be safer as a result of our positive impact on lives and vigilance in maintaining our vision and values.

Values

At the foundation of our operations are the values of integrity, accountability, justice, collaboration, employee well-being and citizenship. Our success in accomplishing our mission is based upon all staff embracing and modeling these high standards. With creativity and positive energy we must, on a daily basis, do the right thing for the right reason.

Mission Statement

Mule Creek State Prison staff embodies a community of professionals who provide a safe, secure and disciplined environment for criminal offenders within the California Department of Corrections and Rehabilitation, in accordance with State and Federal law. We are dedicated to communicating effectively and working together to:

- Ensure public safety
- Hold inmates accountable for their behavior
- Effect positive change and provide programming opportunities that will prepare inmates to successfully re-enter society
- Provide inmates with quality healthcare and services
- Practice efficient and cost-effective use of resources

We are committed to courageous leadership that creates a transparent workplace, thereby promoting a positive public perception.

INSTITUTION STATISTICS

Mule Creek State Prison was opened June 1987, and covers 866 acres. As of Fiscal Year 2005/2006, the following statistics apply:

Number of custody staff:	650
Number of support services staff:	474
Total number of staff:	1,124
Annual operating budget:	\$135 million

Designed Bed Space & Count

Facility	Design Capacity	Count
Total	1,700	3,874

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

HUMAN RESOURCES

HIM Staffing

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	0	0
HRT II Supervisor (2 people job share)	1	0
HRT II Specialist	1	0
HRT I	3	0
Transcriptionist	1.5	1
Office Technician	6	0
Office Assistant	6	0
Seasonal Clerk/Student	0	0
Contract Labor	3	1

Comments:

- Hours of operation are M-F 6 am to 10 pm
- Unable to verify number of employees – no position control available

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)
2. If the UHR is not available on intake, the missing UHR is requested and follow up performed until received
3. HIM initiates the UHR for all New Arrivals after verifying new commit status
4. HIM insures chart is in good condition before filing

Output:

- Record Availability (%) – Not tracked

Observations:

- Records are purged twice yearly using MEDCATS report to pull records they shouldn't have and to look for records they should have

Outtake – Transfers out

Process:

1. HIM uses Daily Movement Sheet (DMS) to pull the UHRs. Loose filing is added if time allows
2. HIM prepares chart (adds ID info to Form 7371) for screening by R&R nurse and takes to nurse for screening
3. HIM staff picks up and signs for meds from pharmacy and takes to R&R with the UHR
4. The UHR is not audited for completeness prior to transfer

Output:

- Record Availability (%) – not tracked

Discharge/Parole

Process:

- HIM pulls chart and volumes but holds for approximately one week to allow for loose filing into the UHR
- The UHR is transported to Health Record Center (HRC) by Golden State Overnight

Output:

- Record Availability (%) – not tracked

Deaths

Process:

1. The UHR is sequestered by HIM in a locked file
2. A scanned copy is sent to the death review coordinator. One year of records is sent for expected deaths but all records are sent for suicides
3. Death charts are retained for ten years before being shredded
4. Review form is placed in back of the UHR to track record access

IP Assembly

Process:

- CDCR order is adhered to with the exception of forms that are institution specific (created by an institution)
- Thinned records not assembled until the entire UHR is received in HIM
- Record is maintained in reverse chronologic order on unit and post discharge

Observations:

- Discharged Record Adjudication: Likely use census to account for all discharges

IP Audit (Deficiency Analysis)

Process:

- HIM checks for missing documentation and signatures and ask clinicians to complete. If chart is incomplete after 12 days, the chart is filed with a letter allowing the record to be permanently filed as incomplete
- Concurrent auditing not performed

Output:

- Delinquency: 0%

Observations:

- Backlog: None observed; No delinquent records because records are filed incomplete within the 14 day period

Coding/Abstracting

Process:

- Code final diagnoses and enter codes from outside facility UB04s

Observations:

- Year of books used: 2002 code book – coder relies almost exclusively on cheat sheets
- Types of codes applied: Only ICD-9-CM (no DSM or CPT)
- No credentialed staff performs coding

Release of Information –

Process:

- Requests are entered in a manual log. Completed requests are filed in the back of the UHR

Observations:

- Volume of requests are not tracked routinely
- No backlog is evident
- Resources: No Consent Manual or other resources were observed or referenced

Loose Sheets –

1. 12 inches per day – with 2 feet twice monthly for MARs
2. Priority filing is received separately and assigned for filing
3. Backlog was 36" at the time of assessment
4. Clinical areas sort loose filing into terminal digit sections of 10 to expedite filing

Plata Scheduling -

Observations:

- One RN and an assistant work in an office near HIM to schedule off-site appointments
- System is very cumbersome with information recorded in three places
- Schedule about 350 visits monthly with about 20 external locations

Transcription –

Observations:

1. Turnaround Time – varies from one hour for H&P to 3 days for med chronos
2. Copy Routing – transcriptionists put in doctor’s mail boxes and walk report to units
3. Dictation time and date not routinely recorded on reports
4. Several reports are no longer dictated because transcription staff has decreased by more than half

TECHNOLOGY APPROACH

Encoding –

- No technology used to code

Chart Tracking/Barcoding –

- MEDCATS chart tracking software is loaded on one terminal in Health Records. This is inadequate but HRT II Supervisor states that MEDCATS cannot run on a network
- Records are NOT bar-coded because of limited desk space for scanning

Scanning –

- Death charts are scanned by Knox and sent to the death review coordinator. No other scanning technology available

General Equipment –

1. Very few computers are available and this impacts workflow
2. Copy machines are adequate
3. Telephones do not have multiple lines
4. Email at director level and possibly for record completion

PHYSICAL INFRASTRUCTURE

Number of HIM Processing Locations –

- 1 HIM location where charts, filing and people are located

Distance to Clinics –

- Varies based on the yard however clinic staff pick up and return records

Number of storage locations –

- One Health Record area (with one main department)

Departmental workspace allocation –

- Workspace is inadequate and staff share desks
- There is inadequate space to store all the carts so 3rd watch staff constantly move carts around to gain access to records

Files, File storage space/organization –

- Old volumes are stored on shelves in adjacent room behind main department. This room is currently shared with pharmacy staff
- File rooms (the current UHR and old volumes) are in good order

TRANSPORTATION

Baskets –

- A multitude of various types of wire carts which break down regularly due to the rough terrain

Motorized Carts –

- No motorized carts are available although these were recommended in the “Custody/Security Assessment for Healthcare Access”. The facility did not purchase the carts because additional staff needed to drive the carts was not approved by the Receiver’s Office

AREAS FOR REMEDIATION

HIM functions are centralized in a department with inadequate work areas and very limited shelving.

1. A myriad of small wire carts used to transport charts to and from clinics crowd the aisles during 3rd watch and must be shifted constantly to file and/or retrieve records
2. Most HIM employees share workspaces with another employee during the same watch
3. Nearly one half of the back HIM file room is “shared” with pharmacy staff eliminating space that is desperately needed
4. Department operates during 1st, 2nd, and 3rd watch however there is no supervision during 3rd watch
5. HIM staff sign for medications for inmates who transfer out
6. HIM permanently files all inpatient records as incomplete within the 14 day post discharge cycle which is not the intent of Title 22



Richard J. Donovan Correctional Facility at Rock Mountain



Physical Address:
480 Alta Road
San Diego, CA 92179

Richard J. Donovan Correctional Facility at Rock Mountain (RJD)

MISSION STATEMENT

The primary mission of the R. J. Donovan Correctional Facility is to provide housing and supervision for inmates classified as medium - high custody encompassing a Minimum Support Facility, two Reception Center Facilities, one Level III General Population Facility, and one Level IV, Sensitive Needs Yard. Designed as a training and work-oriented facility, RJD provides comprehensive vocational, academic and industrial programs.

INSTITUTION DETAILS AND PROGRAMS

In April 1989, the institution activated its reception center program for incoming felons from local counties. The reception center completes diagnostic tests, medical screening, and literary assessments for classification to determine the inmate's initial institutional placement.

The Institution Hearing Program (IHP) at R. J. Donovan is designed to prepare inmates who are illegal immigrants for release to USINS custody and the return to their native lands.

Voluntary and involuntary participants in the Amity program are provided intensive substance abuse treatment and support during incarceration and parole.

CROP (Convicts Reaching Out to People) is a program for juveniles. Inmates participate in a face-to-face approach with juveniles explaining the downfalls of drug use, gang life, criminal activity, and how to avoid life in prison.

Religious services are provided for inmates of all denominations. This includes Catholic, Protestant, Muslim, Jewish and Native American services. Currently, there are approximately 600 volunteers who are actively involved with Kairos, Life in the Spirit seminars, Ramadan, Bible College, Breaking Barriers, High Holy Days, Alternatives to Violence, Alcoholics and Narcotics Anonymous and RAPHA.

INSTITUTION STATISTICS

R. J. Donovan was opened July 1987, and covers 780 acres. As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	962
Number of support services staff:	391
Total number of staff:	1,353
Annual operating budget:	\$144 million

Designed Bed Space & Count

Facility	Design Capacity	Count
Total	2,200	4,771

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

SPECIAL HISTORICAL NOTES

The R.J. Donovan Correctional Facility was named for the late Assemblyman and Judge Richard J. Donovan, who sponsored legislation to build a State Correctional Facility in the San Diego area. However, the Honorable Donovan passed away before the institution was built.

HIM Staffing

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	0	0
HRT II Supervisor	2	0
HRT II Specialist (HRT 1 is acting HRTII)	1	0
HRT I	3	0
Transcriptionist	2	.28
Office Technician	0	1
Office Assistant (3 have been hired)	8	4
Seasonal Clerk/Student	0	0
Contract Labor	3	0

Comments:

- Hours of operation are M-F 6:00 am – 10:00 pm
- Only staff that is assigned to work in the Health Records Services (HIM) Department is included in this staffing chart. There are other HRT and transcription positions that do not report to HIM

PROCEDURAL

The UHR Work Flow –

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

Process:

1. The day prior to arrival, HIM receives a manifest of expected patients. A packet of forms is made for each inmate including the documents for medical, mental health, immunology and dental assessment. The HIM staff addressographs the pages that are single copy. They handwrite the rest. Packets are sent to R&R without jackets
2. The day after arrival, HIM receives the completed forms for each inmate and checks these against the manifest from the prior day
3. If all chronos documents are present, the new information is filed with the inmate’s UHR that should have accompanied the inmate on the bus. If the chart did not arrive with the inmate, a new UHR chart is made. The chart is filed in permanent file
4. If all the chronos are not present, the information received is placed in a flimsy chart. Tags are placed on the flimsy indicating it is missing one or more chronos, and filed in the flimsy section of the file area until all chronos are received. The UHR chart is made once all chronos are filed

Output:

- Record Availability (%) – Not provided/may not be tracked
- Volume: Recent volumes not obtained

Outtake – Transfers out**Process:**

1. HIM receives a list every Thursday
2. Only current volume of the UHR is pulled for review by nurse for clinical assessment and clearance. Volume is not signed out in MEDCATS to receiving facility, and other volumes are not pulled, until cleared by nurse
3. The UHR is not audited for completeness prior to transfer. Loose filing located after transfer is periodically mailed to the receiving facility
4. Transfer list is checked daily for updates as add-ons are expected
5. Will transfer temporary file or flimsy

Output:

- Record Availability (%) – not tracked

Discharge/Parole**Process:**

- All the UHR volumes are pulled for clearance by nurse
- The UHR is not audited for completeness prior to discharge or parole. Loose filing located after transfer is periodically mailed to the HRC
- The UHR is sent to Health Record Center (HRC) and signed out in MEDCATS

Output:

- Record Availability (%) – not tracked

Observations:

- Inpatient records are not copied for the UHR.

Deaths**Process:**

- Death records are kept locked in a secure cabinet and kept indefinitely

IP Assembly

Process:

1. CDCR order adhered to with the exception of forms that are institution specific (created by an institution)
2. Thinned records not assembled until the entire UHR is received in HIM
3. Record is maintained in reverse chronologic order post discharge
4. Discharged Record Adjudication: Is performed by comparing daily census against previous day's census

IP Audit (Deficiency Analysis)

Process:

1. Non-standardized data collection sheet is utilized to identify deficiencies
2. All the UHRs are checked for current chronos. If not in chart, initiate a new packet and take to the nurses' station
3. Concurrent auditing performed for timeliness of H&P
4. No formal physician notification process. Analyzed charts are returned to the nursing unit for completion

Observations:

- Backlog: None. Assembly and audit performed daily. Retrospective audit of completed records: longest record took 2 months to complete
- Delinquency %: Supervisor's August monthly report indicated 60% of the records were completed within 14 days

Coding/Abstracting

Process:

- Admitting diagnosis is coded from nursing census, and discharge diagnoses from face sheet completed by physician. Also enter diagnostic codes from community inpatient facilities as indicated on UB04

Observations:

- Year of books used: 2008 code book
- Types of codes applied: Only ICD-9-CM (no DSM or CPT)
- No credentialed staff performs coding

Release of Information –

Process:

- Inmate requests copied same day as review is completed if time permits

Observations:

1. Logging of requests is manual and inconsistent. There are multiple log books and tracking sheets
2. Volume of requests is unclear with the exception of Olson reviews (44 in August). Other requests types are spread among several HIM staff and other departments (i.e. litigation and CMO office)
3. Backlog of requests is unclear due to requests not being logged upon receipt
4. Resources: No consent manual and no authorization check sheet observed or noted

Loose Sheets–

Observations:

- Supervisor reports 362 inches of loose filing received in August or approximately 12 inches per day
- Dedicated and timely physician routing processes exist for ancillary report processing and transcription authentication, with daily return of completed documents
- Backlog was measured as 35 inches while on-site
 - o Mental Health Notes: 5 inches
 - o Clinic & Inpatient loose filing: 10 inches
 - o MARs: 20 inches of newly received filing that is sent to HIM on a monthly basis

Plata Scheduling -

- This function does not report to Health Records Services
- Appointments are scheduled in IMSATS

Transcription –

Observations:

1. Turnaround time varies by transcriptionist, based on work schedule. Reported to be within 24 - 72 hrs. There is no weekend coverage
2. Transcription turnaround time logbooks are not documented consistently among staff
3. The dictation time and transcription time is not routinely documented on the reports
4. Reports are delivered to the dictating physician and returned to transcription within 24 hours. There are no copies made for the dictating physician

5. Transcriptionists are responsible for validating that the Notification for Diagnostic Test Results are complete, authenticated and dated for filing in the UHR

TECHNOLOGY APPROACH

Encoding –

- No technology used to code

Chart Tracking/Barcoding –

- MEDCATS chart tracking is used
- Charts are barcoded

Scanning –

- No technology is available

General Equipment –

1. No networked computers.
2. Access to multiple systems limited despite “need to know” – minimal desk space for computers
3. Copy machines (2) are new and adequate
4. Telephones do not have multiple lines
5. Email at supervisor level

PHYSICAL INFRASTRUCTURE

Number of HIM Processing Locations –

- One central HIM location where all charts are filed and located

Distance to Clinics –

- There is one delivery and 2 pick-ups scheduled between 7:00 am and 4:30 pm. It takes two trips to deliver the records over a course of 2 hours. Pick ups are schedule at noon and 3:30 pm and continue until 4:30 pm
- Two HIM staff is utilized for each delivery and pickup; one to carry in charts, one to stay with the cart because the charts are not in locked containers. This is currently rotated among staff. All charts are driven to the clinics in a cart

Number of storage locations –

- One - Health Records Services Department

Departmental workspace allocation –

- Workspace is cramped. They have desk space for 14 people. However, some of the desks are not usable. Staff shares desks, phones, and computers

- Limited space for storing pulled records prior to delivery and sorting returns

Files, File storage space/organization –

- Shelving is a mobile file system
- There are 4 filing areas in the one system: 1) the active UHR volumes, 2) the inactive UHR volumes, 3) flimsies, and 4) inpatient records

TRANSPORTATION

Motorized Carts –

- An open golf cart-like vehicle is used to transport charts. Two wheel dollies are used to transport the charts, in tubs, to the vehicle

AREAS FOR REMEDIATION

Staffing turnover and shortages are a significant problem resulting in:

- The UHRs are not volumized/thinned, resulting in difficulty for the physicians to find the information they need
- The pertinent portions of the inpatient record are not copied and put in the UHR
- All staff participates in a rotating schedule to deliver and pick up the daily clinic records. This additional task can take them away from the regular assigned duties for 2-3 hours per day, causing a backlog in their daily task
- Volumes of archived UHR's are kept on the mobile file system in very poor order. They are completely out of space for these charts and they are consuming valuable shelf space for active charts
- The system for logging in returned clinic charts is cumbersome and nonproductive
- 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 file a batch of records rather than being able to complete filing within arm's length



California State Prison, Sacramento



California State Prison, Sacramento (SAC)

MISSION STATEMENT

California State Prison (CSP), Sacramento is a multi-mission institution. Fundamentally, the institution houses maximum security inmates serving long sentences or those that have proved to be management problems at other institutions. The institution also serves as a Medical hub for Northern California with a Psychiatric Services Unit (PSU), Enhanced Outpatient (EOP) and EOP Administrative Segregation levels of Healthcare. The institution currently has an Outpatient Housing Unit and a Correctional Treatment Center, which was licensed in February 2003.

INSTITUTION STATISTICS

CSP-Sacramento was opened October 1986, and covers 1,200 acres. As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	1,016
Number of support services staff:	287
Number of medical staff:	262
Number of education staff:	20
Total number of staff:	1,585
Annual operating budget:	\$187 million

Physical Address:
Prison Road
Represa, CA 95671

Designed Bed Space & Count

Facility	Design Capacity	Count
Total	1,828	3,025

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

SPECIAL HISTORICAL NOTES

CSP-Sacramento is located adjacent to Folsom State Prison. When it first opened in 1986, the prison was administered by the Folsom warden and was called New Folsom. In October 1992, its name was changed to CSP-Sacramento, and was administered as a separate prison with its own warden.

HIM Staffing

Positions	Filled	Vacant
Director (no obvious plan to fill)	0	1
Office Service Supervisor	0	0
HRT II Supervisor (one on leave since Apr 2008)	2	0
HRT I	6	2
Transcriptionist	3	1
Office Technician (Plata Schedulers)	3	1
Office Assistant	1	0
Seasonal Clerk/Student	0	0
Contract Labor	6	0

Comments:

- Hours of operation are M-F 6:00 am – 6:00 pm
- Unable to reconcile number of employees against HRT II Supervisor estimate – no position control - does not include Plata scheduling positions even though they report to HIM supervisor

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)
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 and key indicators
5. HIM performs Transfer In Audits on the UHRs

Output:

- Record Availability (%) – 90 % Transfers In
- Volume average for past 3 months is 212 with large variation

Outtake – Transfers out

Process:

1. 5-7 day advanced notice list is received in 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 transfer
4. Transfer list is checked daily for updates as add-ons are expected

Output:

- Record Availability(%) – not tracked

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's first volume is returned back to HIM
3. The UHR is not audited for completeness prior to discharge or 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: 1-2 days

Output:

- Record Availability (%) – not tracked

Observation:

- File audit demonstrated that 10% of previous volumes should not be at SAC indicating that all records are not pulled when inmate relocates

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) and then boxed and shipped to an unknown location
- Review form is placed in back of the UHR to monitor record access

IP Assembly

Process:

1. CDCR order adhered to with the exception of forms that are institution specific (created by an institution)
2. Custom dividers added to in-house record binders
3. Thinned records not assembled until the entire UHR is received in HIM
4. Record is maintained in reverse chronologic order on unit and post discharge

Observations:

- Discharged Record Adjudication: Not performed
- 30+ discharged records has been missing for 7-9 months
- HIM did not know they should have had them

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 (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 by month of discharge
3. Concurrent auditing not performed
4. Physician notification occurs via email with inconsistent time period and no escalation procedure

Output:

- Backlog: 50 records not analyzed for Sept; 125 total delinquent records (approx 2.5 months – oldest record November 2007)
- Delinquency: 250%

Coding/Abstracting:

Process:

- Admitting diagnosis is coded off of nursing census; no other diagnostic coding

Observations:

- Year of books used: 2004 code book - coder relies almost exclusively on cheat sheets
- Types of codes applied: Only ICD-9-CM (no DSM or CPT)
- No credentialed staff performs coding

Release of Information –

Process:

- Logging of requests is both manual and automated and only for requests completed
- One individual utilizes Excel to log her legal requests processed. Another utilizes the Consent Tracking System for requests to outside healthcare providers

Observations:

1. Volume of requests is unclear as it is spread among several staff and logging is inconsistent
2. Backlog of requests is unclear due to requests not being logged upon receipt
3. There were two requests for other healthcare provider records dating back to February that had not been processed
4. Resources: No consent manual and no authorization check sheet observed or noted

Loose Sheets –

Observations:

1. 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 and is frequently missing
3. Volume is not captured
4. Backlog was reported as 89.5 inches but 260 inches were visualized while on-site
 - o Examples of Types of documents – MARS, lab requisitions, unsigned verbal orders, incident reports, outside hospital reports

Plata Scheduling –

- All schedulers report to Health Records
- Plata staff
 - o Schedule appointments and enter outcome of appointment in IMSATS
 - o Generate monthly reports
 - o Do not perform other functions within HIM

Transcription –

1. Turnaround Time – generally within 24 hrs – discharge summaries at 96 hrs
2. Copy Routing – via email or fax without encryption or other safeguards for confidentiality
3. Dictation time and date not routinely recorded on reports
4. Physicians are being requested to dictate progress notes due to legibility

TECHNOLOGY APPROACH**Encoding –**

- No technology used to code

Chart Tracking/Barcoding –

- MEDCATS chart tracking loaded on one terminal in Health Records but not located in other health record areas
- Records are bar-coded but most work stations lack bar code readers

Scanning –

- Keyhea records (under 200 pgs only) are scanned on basic scanner attached to a PC with documents in PDF mode emailed to headquarters; larger records are photocopied and sent overnight
- No other scanning technology available

General Equipment –

1. No networked computers
2. Access to multiple systems limited despite “need to know”
3. Copy machines are adequate
4. Telephones do not have multiple lines
5. Email at director level and record completion only

PHYSICAL INFRASTRUCTURE**Number of HIM Processing Locations –**

- 10 HIM locations where charts, filing and people are located

Distance to Clinics –

- 30 minutes to one hour due to geographic location of outlying clinics in the three pods and gates
- One off-site clinic that requires a cart or car to have records/reports driven to location - Folsom Transient Treatment Facility (FTTF)

Number of storage locations –

- 10 Health Record areas (with one main department) within the three prison pods

Departmental workspace allocation –

- Workspace is cramped in all ancillary locations with central location adequate for space but poor workflow layout
- Ancillary locations are frequently utilized by clinical staff and there is no control over who takes records

Files, File storage space/organization –

- Old volumes are stored in banker boxes on the floor in filing aisles
 - They are not in order so searching is difficult
- There is inadequate use of file dividers

TRANSPORTATION**Baskets –**

- Hand dollies with open milk crates with charts in them, minimal baskets within the HR department

Motorized Carts –

- 2 golf carts with enclosed lockable boxes on back
 - These are often “unavailable” as they are being used by both custody and other departments

AREAS FOR REMEDIATION

- Unsigned verbal orders are filed in the UHR as there is no process for sorting loose filing and obtaining clinician signatures; unprocessed service requisitions were also identified in loose filing
- There is a significant backlog in loose filing due to poor processes and the number of decentralized areas – it is critical to have inmate location on the reports in order to route filing appropriately and it is frequently missing
- This large and complex department is lacking professional and knowledgeable leadership and direction which accounts for many of the identified problems
- One of the few sites with adequate central HIM space but a very poor layout not conducive to efficient workflow
- No process to ensure all discharges are received timely - were missing 30+ records for 7-9 months and were unaware