

## **One Day Site Visits**

Focused assessments were performed for additional sites, approved by the HIMS Steering Committee, as an accommodation to the Retrofit Construction project currently underway. The purpose of these focused assessments was to provide feedback on the proposed space modifications being recommended by the Retrofit project team. These assessments were typically conducted by two SOURCECORP TEAM staff members who performed a focused assessment. 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:**

- (ASP) Avenal State Prison
- (CRC) California Rehabilitation Center
- (CTF) Correctional Training Facility
- (FSP) Folsom State Prison





# Avenal State Prison



**Physical Address:**  
 #1 Kings Way  
 Avenal, CA 93204

## Avenal State Prison (ASP)

### MISSION STATEMENT

The primary mission of Avenal State Prison is to provide for the control, care and treatment of those inmates committed to the Department of Corrections and Rehabilitation by the courts. Avenal State Prison is designated as a low-medium security institution to provide housing for general population inmates.

### INSTITUTION DETAILS

The institution is comprised of six separate, semi-autonomous facilities, which consist of a combined total of 17 open dorm buildings, six 200-bed open dorm E-bed buildings, six converted gymnasiums, a 100-cell administrative segregation unit, and a 10-bed firehouse. Avenal also houses mobility impaired inmates on two facilities that have been modified to meet ADA Standards.

### INSTITUTION STATISTICS

Avenal State Prison opened in January 1987, and covers 640 acres. As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	999
Number of support services staff:	604
Total number of staff:	1,603
Annual operating budget:	\$136 million

Information on this page was copied from: California Department of Corrections and Rehabilitation. "Avenal State Prison, Sacramento (ASP)" [www.cdcr.ca.gov](http://www.cdcr.ca.gov). October 2008. <<http://www.cdcr.ca.gov/Visitors/Facilities/ASP.html>>.



### Designed Bed Space & Count

Facility	Design Capacity	Count
Total	2,920	6,731

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

### Special Historical Notes

Avenal prison was the first institution solicited by a local community. When it opened in 1987, it was the first all-new prison built in California in 20 years and was originally known as Kings County State Prison. On February 22, 1988, it was officially named Avenal State Prison.

**HUMAN RESOURCES**

**HIM Staffing**

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	2	0
HRT II Supervisor	0	0
HRT I	7	0
Transcriptionist	3	0
Office Technician	1	0
Office Assistant	3	0
Seasonal Clerk/Student	0	0
Contract Labor	20	0

**Comments:**

- Hours of operation are Mon-Fri 5:00 am - 9:00 pm; Sat/Sun 5:00 am to 4:00 pm

**PROCEDURAL**

**The UHR Work Flow –**

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

- Average of 516 new arrivals per month

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***Outtake – Transfers out***

- Average 610 transfers out monthly
- Average 72 Out of State transfers monthly

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***Discharge/Parole***

**Process:**

- Average 20 departures monthly



## **PHYSICAL INFRASTRUCTURE**

### **Number of HIM Processing Locations –**

- The UHRs are stored in a file room containing
  - Fifty-three 36 inch shelving units (7 shelves) with a total of 1,113 linear feet of shelving
- Out to court charts are held in a separate area to facilitate record flow if inmate is paroled

### **Number of storage locations –**

- Inactive volumes are stored in a metal building adjacent to the department. There are no shelves in the building so volumes are stored in plastic bins with minimal organization
- Death charts – ASP has not destroyed death charts since its opening 21 years ago
  - The last three years of death records (approx 150 LF) are stacked in plastic bins in a metal building outside the department. A minimum of 7 shelving units (36" with 7 shelves) would be required to house these volumes
- We were unable to view the older death charts (1987-2005) stored in a metal building located outside the prison gate. This storage unit also contains pharmacy records and old equipment. The key is held in the pharmacy

### **Departmental workspace allocation –**

- The HIM department consists of one open work area, two offices, a chart room, and two bathrooms
- A large area just inside the department door was stacked with empty plastic boxes as well as plastic boxes filled with the UHRs for the following day's appointments

### **Files, File storage space/organization –**

- This HIM department desperately needs additional shelving for the UHRs, volumes, and death charts
- There is not enough space for all the staff currently working in this department. The UHRs pulled for appointments are placed in plastic boxes and stacked three high in rows. Staff must lift off filled boxes to add or remove the UHRs from lower boxes

## **INSTITUTION PLANNED RENOVATION**

1. The proposed renovation nearly doubles the HIM department and adds as many as twelve additional workspaces
2. The proposed plan also adds five additional 36 inch shelving units (105 linear feet assuming 7 shelf units)
3. Six of the units are designated for incoming staging which will result in less shelving for the UHRs than what is currently available
4. There are no apparent plans for shelves to hold charts pulled for appointments

## **RECOMMENDATIONS**

We recommend revision of the proposed plans to ensure adequate record storage space.

### **Departmental workspace allocation**

- Staffing ratios should be addressed before moving forward with renovations designed to multiply department workspaces. The current plan appears to provide for 20 workspaces
- Alternative staffing arrangements could potentially reduce the number of required workstations while providing additional space for shelving

### **Files, File storage space/organization –**

- A renovation plan must address shelving for regular storage of the UHRs, inactive volumes, and death charts in addition to shelves to hold charts pulled for appointments and charts to be re-filed
- Office space must also provide for department supplies



# California Rehabilitation Center



## **CALIFORNIA REHABILITATION CENTER - MISSION STATEMENT**

The California Rehabilitation Center is a medium Level II correctional facility with an inmate population consists of felon commitments as well as Civil Addicts. The primary dual goals of CRC are to provide an atmosphere of safety and security to the public, visitors, staff and inmates and to successfully treat and return all civil addict commitments to a useful and productive lifestyle.

The administration at CRC is cognizant of the right and entitlements of all CRC commitments. We fully support and adhere to all guidelines and provisions governing the Developmental Disability Program, Disability Placement Program, and the Correctional Clinical Case Management System.

In addition to staffing, CRC is also responsible for providing 100+ correctional custody personnel to provide medical guarding and transportation services to Patton State Hospital. CRC also provides Fire Suppression, Conservation and Community Service assistance to the public.

## **CALIFORNIA REHABILITATION CENTER - VALUES STATEMENT**

California Rehabilitation Center is prideful and is committed to maintaining an exemplary value structure. We are inherently responsible for providing safety, security and a realized sense of well being to the public while promoting honesty, integrity and ethical behavior at all times. We practice and value professionalism, excellence and acknowledge our responsibility for the custody, care, supervision and most diligent efforts to rehabilitate and not punish those incarcerated at CRC. We strongly encourage offender programs and serve as a positive role model.

Physical Address:  
5th Street & Western  
Norco, CA 92860

**INSTITUTION STATISTICS**

California Rehabilitation Center was opened in 1962, and covers 98 acres. As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	741
Number of support services staff:	428
Total number of staff **	1,169
Annual budget: Operating:	\$118 million
Medical:	\$20 million

*\*\*Includes custody staff at Patton State Hospital*

**Designed Bed Space & Count**

Facility	Design Capacity	Count
Total	2,491	4,348

*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 building now housing California Rehabilitation Center opened in 1928 as the Lake Norconian Club, a luxury hotel. In December 1941, President F. D. Roosevelt turned the resort into a Naval hospital. The hospital first closed in November 1949, reopened in 1950 during the Korean War, then closed again in June 1957. In March 1962, the federal government donated the facility to the state to use as a narcotics center. To help ease overcrowding in the 1980s, CRC began housing felons as well as civil narcotic addicts.

**HUMAN RESOURCES**

**HIM Staffing**

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	0	0
HRT II Supervisor	2	0
HRT II Specialist	0	0
HRT I	4	0
Transcriptionist	2	0
Office Technician	7	0
Office Assistant	4	0
Seasonal Clerk/Student	0	0
Permanent Intermittent Employee	0	0
Contract Labor	3	0

**Comments:**

- Hours of operation are M-F 5:00 am - 8:00 pm
- Number of inmates is currently lower due to ongoing rebuild of housing units

**PROCEDURAL**

**The UHR Work Flow –**

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**Intake – (Non Reception Center Process)**

- 90-100/week

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**Outtake – Transfers out**

- Transfer out – 71/month
- No out of state transfers

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**Discharge/Parole**

- 75/month

## **PHYSICAL INFRASTRUCTURE**

### **Number of HIM Processing Locations –**

The HIM department is housed in three separate areas:

- The main HIM department is located in a WW II era modular building
- HRT II Supervisor offices are in a nearby modular building of similar vintage
- Another HIM work area is located in Unit 4 (Sensitive Needs) housed in the old WW II nursing housing at the other end of the campus

### **Number of storage locations –**

1. The main department is one large room containing work space and shelving. Approximately 3,120 charts are housed in the main HIM department
2. The UHRs with “N” numbers are stored separately from other inmate charts due to the nature of the commitment
3. UNIT IV (Sensitive Needs) This unit houses approximately 1,200 inmates. The charts for sensitive needs inmates are marked with an orange dot and filed on open shelving (13 units – 7 shelves – 36 inches wide) with some unused shelves
4. Inactive volumes and death charts are retained in a metal storage building near an inmate recreational area. This building is somewhat organized however it contains materials from other departments

### **Departmental workspace allocation –**

The main department is one large room containing workspace and shelving. The main HIM Department appears to be well organized despite its obvious space constraints.

### **Files, File storage space/organization –**

Current shelving is barely adequate to house the current active UHRs and will not be adequate when the facility returns to full capacity. In addition, inactive volumes and death charts cannot be shelved in the department and are currently housed in a metal storage building which is also accessible to other prison staff. This does not meet security and privacy requirements.

### **Institution Planned Renovation –**

There is an expansion plan that basically enlarges the department within the same modular building by providing offices for the HRT II Supervisors but does not provide additional space for shelving.

## **RECOMMENDATIONS**

Our recommendation is that the expansion plans be revised to provide adequate workspace for storage of all facility health records and HIM staff (including those currently in Unit IV).

The proper location could allow the HIM department to utilize 7 shelf units instead of the current 6 shelf units maximizing use of the floor space.

### **Departmental workspace allocation –**

Adequate space should be allocated to provide efficient employee work areas as well as sufficient shelving units to accommodate all the UHRs, inactive volumes, and death charts.

### **Files, File storage space/organization –**

Mobile shelving could be used for inactive volumes and death charts (since there is limited access to these records) if a suitable HIM location is identified.

# Correctional Training Facility



Physical Address:  
Highway 101 North  
Soledad, CA 93960

## Correctional Training Facility (CTF)

### **MISSION STATEMENT**

The primary mission of the Correctional Training Facility is to provide housing, programs and services for medium custody inmates.

### **INSTITUTION DETAILS**

The Correctional Training Facility is a three-facility complex, each functions independently of the others:

**South Facility.** The South Facility provides the complex with outside minimum custody workers. In addition, the facility offers academic, vocational and industrial assignments. The South Facility houses Level I inmates.

**Central Facility.** The Central Facility is a training and work-oriented facility that provides comprehensive academic, vocational, and industrial programs. The Central Facility houses Level II inmates and also includes the institution's Administrative Segregation Unit.

**North Facility.** The North Facility is a training and work-oriented facility that provides comprehensive academic, vocational and industrial programs. The North Facility houses Level III inmates.

CTF's values/motto is: Pride in a job well done, Excellence in attaining and preserving the skills necessary to ensure that the institution's mission is met, and that Training is the means by which we achieve our goals.

CTF is engaged in ongoing efforts to meet the Americans with Disabilities Act (ADA). CTF provides Correctional Clinical Case Management Services (CCCMS) level of care.

### **INSTITUTION STATISTICS**

Correctional Training Facility was opened in 1946, and covers 680 acres. As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	1,119
Number of support services staff:	524
Total number of staff:	1,643
Annual operating budget:	\$150 million

### **Designed Bed Space & Count**

<b>Facility</b>	<b>Design Capacity</b>	<b>Count</b>
Total	3,312	6,534

*Design capacity and population detail was supplied from the [Monthly Institution/Camps Population Detail Report](#) as of midnight 10/31/08.*

### **SPECIAL HISTORICAL NOTES**

CTF's South Facility dates back to 1946 when it was utilized as a camp center and administered by San Quentin State Prison. The Central Facility opened in 1951; the North Facility opened in 1958. In 1984, an additional dormitory was added to the Central Facility. In 1996, three dormitories were added: two at the North Facility and one at the South Facility.

**HUMAN RESOURCES****HIM Staffing**

<b>Positions</b>	<b>Filled</b>	<b>Vacant</b>
Director	0	0
Office Service Supervisor	0	0
HRT II Supervisor	1	0
HRT I	3	0
Transcriptionist	1	0
Office Technician	0	0
Office Assistant	3	0
Seasonal Clerk/Student	0	0
Contract Labor	12	0

Comments: Contract labor constitutes 60% of HIM staffing.

**PROCEDURAL****The UHR Work Flow –*****Intake – (Non Reception Center Process)*****Process:**

- Estimated average monthly volume is 645 based on one week statistics

***Outtake***

- Transfers out average 215 per month
- Out of state transfers average 50 per month

***Discharge/Parole*****Process:**

- Average 65 per month

## PHYSICAL INFRASTRUCTURE

### Number of HIM Processing Locations –

- 2 HIM locations where charts, filing, and HIM staff are located

### Number of storage locations –

- 2 Health Record areas within the three facility prison
- Administration is considering establishment of a Health Record area in the South Facility
- Death Charts are retained in CMO office in the basement

### Departmental workspace allocation –

- The central HIM department consists of multiple small adjoining rooms with extremely narrow aisles which are also utilized by other departments that are located in this area
- The HIM area in the North Facility is very small with shelves on every wall
- The work area allocated for future HIM in the South Facility is totally inadequate to house the needed shelving and workspaces

### Files, File storage space/organization –

- Central HIM has shelving in several different rooms in order to house the UHRs, inactive volumes, and out to court records
- North HIM has adequate shelving (for active volumes only) however the shelving units are not stabilized and there are no sprinklers in the file room

## INSTITUTION PLANNED RENOVATION

**South Facility:** The current approved CTF, Soledad Facility Master Plan reportedly includes plans for a renovated area (178 SF) 11.86' by 15' to house HIM functions for this facility. We discussed future plans with the South Facility Associate Warden, James Sisk, who told us that the interim plan is to house the HIM staff in the mental health counselor area. The identified space for chart storage is a 9' by 11.5' office currently used as a supply room. Mr. Sisk feels that eleven or twelve 36" wide shelving units (7 shelves) can be placed in this room. He plans to use the top shelf for boxes and leave the bottom shelf vacant

## RECOMMENDATIONS

Our recommendation is that the current interim plans be terminated because of the factors listed below. In addition, it is questionable whether the current approved renovation plans provide adequate space for records and HIM workspace.

A thorough examination of available space and its use should occur as soon as practical.

We feel the current proposed interim plan for the south facility is very inadequate due to the following factors:

- Inadequate aisle width does not meet industry or safety standards
- Proposed shelving arrangement does not meet minimal storage requirements for the UHRs and does not consider volume storage
- The identified work area for HIM staff does not provide adequate privacy or security for HIM functions

#### **Departmental workspace allocation –**

- Consideration must be given for adequate HIM staff work spaces and equipment. This may include relocating counseling staff to free larger office spaces that would provide more adequate space for HIM functions for the south facility. This could require only minimal relocation but offers the potential for better space utilization
- Another alternative is to relocate the mail room (which is currently located in an office adjacent to the proposed HIM UHR storage and work area) and expand the HIM office to include the mail room space

#### **File Storage Space/Organization –**

- The South Facility Shelving requirement for the inmate UHRs (without consideration for volumes) is 3,000 linear feet
  - o Seventeen 36 inch shelving units (seven shelves) will be required to house the inmate UHRs (minus volumes) if the top and bottom shelves are left free for other uses as planned
  - o Twelve 36 inch shelving units (seven shelves) will be required to house the inmate UHRs (minus volumes) if all shelves are utilized



# Folsom State Prison



**Physical Address:**  
**300 Prison Road**  
**Represa, CA 95671**

## Folsom State Prison (FSP)

### **MISSION STATEMENT**

California's second oldest prison, Folsom primarily houses medium security Level II and III inmates. Inside its walled security perimeter encompasses four general population cell blocks and an Administrative Segregation Unit. This portion of the prison includes one of the state's best-known prison industries, the license plate factory. Folsom Prison also operates a minimum-security unit and a transitional treatment facility.

### **INSTITUTION STATISTICS**

Folsom State Prison was opened in 1880, and covers 40 acres. As of Fiscal Year 2006/2007, the following statistics apply:

Number of custody staff:	623
Number of support services staff:	376
Total number of staff:	999
Annual operating budget:	\$115 million

**Designed Bed Space & Count**

Facility	Design Capacity	Count
Total	2,469	4,035

*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 California Legislature authorized the construction of Folsom State Prison in 1858. Twenty years later, in 1878, construction began on one of the nations first maximum-security prisons. On July 26, 1880, Folsom received its first 44 inmates. The inmates were transferred by boat from San Quentin State Prison to Sacramento and then by train from Sacramento to the prison.

Folsom State Prison’s location was selected due to an unlimited amount of native granite stone for building the prison. Also, the American River offered ample water and formed a natural boundary. Inmate laborers built the first dam and canal on the American River, which led to the first hydroelectric power generation for the Sacramento area.

Originally designed to hold inmates serving long sentences, habitual criminals, and incorrigibles, Folsom State Prison quickly gained the reputation of being the end of the line. Prior to the completion of the granite wall in the 1920’s, the prison witnessed numerous escape attempts; the first one occurring shortly after the first inmates arrived in 1880. Throughout Folsom’s violent and bloody history, numerous riots and escape attempts have resulted in both inmate and staff deaths.

The Folsom Museum is located near the entrance of Folsom Prison. Run solely through the support of volunteers, the museum contains an abundance of documents and artifacts from throughout Folsom’s long and colorful history.

**HUMAN RESOURCES**

**HIM Staffing**

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	0	0
HRT II Supervisor	1 (on leave)	0
HRT II Specialist	0	0
HRT I	4	3
Transcriptionist	1	1
Office Technician	1	0
Office Assistant	1	1
Student Assistants Have this classification but # not provided	0	0
Contract Labor	0	0

**Comments:**

- Hours of operation are 6:00 am to 5:00 pm Monday - Friday
- Inmate porters (2-3)-(accompanied by HIM staff) are used to move records

*NOTE: Tour at Folsom was half day only*

**PROCEDURAL**

**The UHR Work Flow –**

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**Intake – (Non Reception Center Process)**

- 40-60/week

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**Outtake Transfers out**

- Information not provided

**Release of Information –**

**Process:**

- Olson interviews conducted in the HIM department – inmates not handcuffed and no custody present – employees grieve
- Volume is 20 requests per week

**Loose sheets –**

- Regional HIM Director came to help out due to 5 feet of loose reports

**Transcription –**

- A lot of chronos and progress notes for 1-2 physicians

**TECHNOLOGY APPROACH:****Encoding –**

- No technology used to code

**Chart Tracking/Bar Coding –**

- None

**Scanning –**

- No technology available

**General Equipment –**

- Staff recently got new computers and intranet access

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

- The HIM department occupies a relatively small space in the administration wing on the third floor in a building with one elevator

**Distance to Clinics –**

- There are five buildings and the TTA where records are delivered and picked-up –roundtrip times vary from 5-10 minutes for areas near HIM to 30 minute roundtrips for 2 of the clinic locations
- Records for the camp outside the walls are picked up and returned by the nurse who sees the inmates each day

**Number of storage locations –**

- The main HIM department houses all the UHRs, inactive volumes, and death charts on static shelving

**Departmental workspace allocation –**

- The HIM department is a large room with some small adjoining (closet type) rooms
- Logistics are difficult due to distance to clinics, multiple flights of stairs, uneven levels, a single elevator and inmate proximity

### Files, File storage space/organization –

1. Current shelving barely accommodates the active UHRs and inactive volumes
2. Inactive volumes stored on bottom or end of shelf
3. Five and six shelves have been installed instead of seven as shelving was designed to accommodate
4. Can take six months to get new UHR folders from Prison Industry Authority (PIA)
5. All charts contain a folded manila out-guide to expedite sign-outs

### TRANSPORTATION

- Records are placed in plastic bins and strapped to hand dollies for transport with the help of inmate porters – 20-25 charts per crate
- Records are not in terminal digit or appointment time order

### Institution Planned Renovation –

A sub-acute healthcare facility is planned for the northern portion of the Folsom Facilities (CSP-SAC and CSP-FOL) site. The project plans includes “ancillary structures, including kitchen, warehousing, and support services outside the secured perimeter”. It is unclear whether current plans address space for HIM workspace.

### RECOMMENDATIONS

Our recommendation is that the expansion plans be reviewed to insure that adequate space is planned for HIM functions.

### Departmental workspace allocation –

Adequate space should be allocated to provide efficient employee work areas as well as sufficient shelving units to accommodate all UHRs, inactive volumes, and death charts.

### Files, File storage space/organization –

Mobile shelving could potentially be utilized for inactive volumes and death charts if site is appropriate and allocated space requires this. Added shelving in current environment would be a short-term fix.

## Other Sites

Additional, specialized assessments were performed for locations deemed relevant to Health Information Management as specified in the SOURCECORP Statement of Work. These locations are not institutions, but are involved in the overall flow of health records throughout the CPHCS. These specialized assessments were conducted by one SOURCECORP TEAM staff member who was on site for a day. Detailed data, in the form of work papers, is available for most of the assessed locations. This information can be accessed via the CPHCS Clarity project management site.

### **The following site assessments can be found in this section:**

- Health Record Center
- Parole Offices
- Telemedicine
- Documentation and Coding



# Health Record Center

## INTRODUCTION

The Health Record Center (HRC) was established in 2007 in a modernized former U.S. Army in the Depot Park industrial park on the site of the former U.S. Army Depot in Sacramento, hence the frequently heard reference to "Army Depot". HRC's mission is to house the Unit Health Records (UHR) for two categories of patient-inmates: paroled and discharged.

- There are approximately 500,000 UHRs in HRC
- There is a large release of information (ROI) operation at HRC

The model for HRC is that when a patient-inmate is released from an institution to parole status, the matching UHR is sent to the HRC. When patient-inmates finished parole, they are discharged from the CDCR system. Their records move to discharged status, when after 10 years they are destroyed. Because of recidivism, records are returned to institutions when patient-inmates return into the CDCR system.

## HUMAN RESOURCES

### HIM Staffing

Positions	Filled	Vacant
Director (Donna Heisser fills)	0	1
HRT II Supervisor	5	0
HRT II Specialist	1	0
HRT I	8	0
Transcriptionist	0	0
Program Technician (pending re-class to OT)	1	0
Office Technician (T)	1	0
Office Assistant (per org chart)	21	16
Seasonal Clerk/Student	0	0
Contract Labor	0	0

## COMMENTS

1. Hours of operation are M-F 6:00 am – 5:00 pm
2. HRC is a newly formed unit still growing in resources and responsibilities
3. Organization chart contains position control numbers
4. Filling approved vacancies takes an additional 3-4 weeks due to delay in receiving list of candidates
5. Office Assistant positions consist of both General and Typist
6. HRC Director organized a meeting of all HIM site leaders within CDCR to provide education and discuss standardization of practice



Physical Address:  
8300 Valdez Avenue  
Sacramento, CA 95828

**PROCEDURAL****The UHR Work Flow –**

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**Intake Office****Observations:**

1. Volume average is 1-½ pallets of boxes per day of records and loose filing
2. Staffed by 1 Supervisor and 7 OA (area under development)
3. Intake will occur on dock area where records and filing are received (boxes were previously delivered and left anywhere near the building)
4. Sorting of incoming records and filing is planned
5. Processing incoming mail (open, date stamp, sort and distribute) and supply ordering, etc. is planned

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**Outtake Office****Process:**

1. Volume average 5000/month
2. Staffed by Supervisor and 7 OAs
3. Log and ship the UHRs requested by the institutions
4. Areas are designated for each institution
5. Logging the UHRs out in an access database that is being created is planned

**Output:**

- Record Availability – Not reported/not tracked

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**Archive Records Office****Observations:**

1. Staffed by a supervisor and 8 OAs (T) and 2 OA (G) vacant
2. Area where records for inmates who have been discharged from the institution or from parole are kept in terminal digit order by month and year of discharge activity
3. Move the UHRs from parole status to discharge status utilizing a monthly list
4. Contains a “Mold File” due to damaged records from CSP-SAC – staff with protective clothing logged all records and cleaned and boxed as required
5. Destroy records upon reaching the retention period – utilize a company who destroys onsite – HRC staff verify the period of inactivity, create a written log and destruction certificate

6. Retention policy changed in 2003 from 7 years to 10 years so adhere to destruction cycle based on year of discharge
7. Transport of the UHR to HRC occurs by Golden State Overnight, FedEx or other courier or mail – attempting to achieve consistency from sites as there is a CDCR contract with GSO

**Output:**

- Record Availability – Not reported/not tracked

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**Paroles**

**Process:**

1. Volume of 2000 requests for the UHRs/week – most from the 7 reception centers
2. Staffed by a supervisor and 12 staff (2 of which are new)
3. Parole records consume 1716 shelves
4. Notification of UHR unavailability to institutions is achieved by fax

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**Deaths**

- Death records (from some institutions) are stored in shelving units (11) on the exterior walls and the back files (eight sections)

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**Mental Health**

- Mental health records for parolees are sent to HRC 3 years post treatment from parole headquarters

**Release of Information –**

**Process:**

1. Volume of total monthly requests are 1200 – 1300 (including SSI)
2. Requests are logged by several HRT I staff in the ROI log on the Shared File and corresponding records are pulled
3. SSI requests are logged and corresponding records are pulled for copy service to complete – backlog ranges up to 80 for one staff member (some have 0)
4. SSI volume is 110-120/day – many are for inmates at other locations so must be routed
5. Subpoenas are received/logged by both 501 J and HRC – reviewed at HRC – utilize checklist (have internal and external resources to assist with questions)
6. Backlog of requests is monitored each week by HRT Is and reported to Director

7. Have had 3 staff in this area out on leave
8. Turnaround time average of five days on requests; subpoenas have a “need by” date which guides subpoena turnaround time
9. Fees for subpoenas and miscellaneous requests are charged and logged to track incoming revenue
10. Invalid authorizations are logged and returned

#### **Observations:**

- Resources: No consent manual or subpoena handbook

#### **Loose Sheets–**

- Responsibility to file is shared by all sections (except Parole)
- Backlog (significant) of boxes of loose reports that have accumulated from centralization of the regional centers and backlogs at institutions – currently being analyzed to determine currency and originality – project plan is being developed working with HRC staff – resolution will be planned by SOURCECORP TEAM

#### **Training–**

- Incoming clerical and technical staff are provided with training
- New hires are put through a formal training program by CDCR and HRC
- On the job training is provided to encourage promotion from within

### ***TECHNOLOGY APPROACH***

#### **Chart Tracking/Barcoding –**

- There is currently no technology to track UHRs at HRC or records sent to the institutions
- Manual shelf audit was performed to create an access database of records at HRC to be utilized to track records going out to institutions

#### **Scanning –**

- No technology available to scan documents which would provide better access to information and reduce storage requirements

#### **General Equipment –**

- Computers and access to necessary programs including internal shared file for logs to support unit activities exist; is networked
- Copy machines – 5 machines – seem in good repair

**PHYSICAL INFRASTRUCTURE:****Departmental workspace allocation –**

- Workspace is centralized to the entry area of the building
- Large building (the length of at least two football fields)

**Files, File storage space/organization –**

1. Records are divided into two major sections – paroles and discharges
2. Death and mental health records (from some institutions only )are also stored
3. Discharge records are maintained by month and year of discharge, which makes it necessary to have that piece of information to locate the record or insert filing
4. The UHRs with more than one number are filed together in correct number location, but “old number” is not corrected which is misleading when looking in a terminal digit section
5. Files are structured correctly with three foot isles between sections of shelving and terminal digits are divided into 36" file units

**AREAS FOR REMEDIATION**

- There is need for chart tracking technology as will be utilized elsewhere - the volume and activity of the records at HRC is the most significant
- Many of the global assessment findings apply to HRC although the management of this facility has positive leadership to accomplish the changes needed
- The separation of records by status should be modified so that there is only one terminal digit order throughout the facility – significant efficiency can be gained by not having to know a piece of data from OBIS in order to locate the record
- Year (and month if necessary) could be added to the folder to assist with purge activities
- Staff workspace should be established throughout the building

## **INTRODUCTION**

The Parole Outpatient Clinics (POC) provide mental health treatment to a limited group of parolees at twenty-two (22) local parole offices throughout the state.

- These parolees meet certain specified mental health classifications (CCCMS and EOP) and also include Registered Sex Offenders (Penal Code 290)
- Mental health services are provided to parolees for three years or until the parolee has reached maximum benefit at which time the parolee is discharged from the Parole Outpatient Clinic

A clinical staff consisting of psychiatrists, psychologists, and social workers provides mental health services to parolees through both direct and remote (telemedicine) means.

- The psychiatrist(s) are primarily responsible for prescribing and monitoring medications while psychologists and social workers provide mental health counseling services
- The local parole outpatient clinics have no clerical staff

Administrative and clerical staff at the Region 1 Headquarters screens parolees for appropriateness, creates a referral, and assigns parolees to a clinician

- These actions are documented in the Parole Automation Tracking System (PATS) and documentation is prepared and mailed to the local POC
- The POC retains the paper record for three years before returning it to the Region 1 Headquarters where clerical staff box the record and send it to the Health Record Center (HRC)

The statewide parole offices are organized into four regions.

- The regional headquarters are located as follows: Region I HQ in Sacramento; Region II HQ in Oakland, Region III HQ in Los Angeles, and Region IV HQ in Diamond Bar
- Information in this report was obtained from the Region 1 Headquarters Parole Outpatient Clinic located in Sacramento and also from the CDCR website

## HUMAN RESOURCES

Supervisor reported 11 employees at Region 1 Parole Outpatient Clinic (POC) headquarters and promised employee list which is still outstanding.

### HIM Staffing

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	0	0
HRT II Supervisor	0	0
HRT II Specialist	0	0
HRT I	0	0
Transcriptionist	0	0
Office Technician	0	0
Office Assistant	0	0
Seasonal Clerk/Student	0	0
Permanent Intermittent Employee	0	0
Contract Labor	0	0

### Comments:

- Hours of operation are M-F 8:00 am to 5:00 pm

## PROCEDURAL

### Mental Health (MH) Treatment Record Work Flow –

#### Intake

MH care is provided to parolees based on MH classification or when court mandated (i.e. PC290 sex offender):

#### Process:

- HQ MH staff create a referral pack by printing the following documents used to determine appropriate care:
  - PATS (Parole Automatic Tracking System) Case Note
  - Face Sheet (CalParole)
  - Location Hard Copy (OBIS)
- MH staff place the referral pack and cover sheet in a manila folder before entering the clinician assignment information in PATS
- The client name and CDC# are marked on the outside of the manila folder
- The folder (flimsy) is sent to the local parole unit via US mail or GSO (if time constrained)

**Output:**

- Supervisor estimates 1,000 visits monthly for Region 1 POC

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**Local Parole Unit Documentation****Process:**

- Clinicians at local parole units document MH treatment provided into the patient's folder (flimsy)
- Information about storage of MH treatment records at local parole units is not currently available

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**Mental Health Treatment Termination**

Parolees are discharged from the program when they have reached "maximum benefit" or at the end of three years.

**Process:**

- MH treatment records are retained at the local parole office for three years after treatment ends
- When the parolee is three years post treatment, the local parole office returns MH treatment records to the Region 1 POC Headquarters MH Program where the records are boxed by site and treatment period. A Form 134 is completed and attached before records are sent to the HRC

**Output:**

- Record Availability (%) – not tracked

**Release of Information –****Process:**

- Local parole units forward requests for POC treatment records to Regional 1 HQ where the Mental Health Program Supervisor and/or a MH Program OT process the requests
- Response is limited to requests for care rendered through Region 1 MH POC
  - No volumes were provided; no process was delineated including whether requests are tracked and documented

**Observations:**

- The supervisor reports frequently receiving requests for medical information on parolees. Apparently these requests should be directed to the HRC
- Resources: No consent manual or other resources were noted

**Plata Scheduling -**

- Initial arrangements are made by staff at the Region 1 POC Headquarters. Apparently ongoing appointments are arranged by clinicians at the unit parole office

## **TECHNOLOGY APPROACH**

### **Chart Tracking/Barcoding –**

- No technology used

### **General Equipment –**

1. Computers were noted on each employee desk
2. Access to necessary systems appears adequate
3. Department space is limited but appears somewhat adequate
4. Access to copiers, telephones, and email appear to be adequate

## **PHYSICAL INFRASTRUCTURE**

### **Number of HIM Processing Locations –**

- One central HIM location at Region 1 HQ
- There may also be HIM locations at local parole units

### **Distance to Clinics –**

- MH treatment clinics are located at local parole units across the state

### **Number of storage locations –**

- Records of inactive parolees are stored in stacked boxes in an unlocked room
- MH treatment records are also seen on desktops in the POC cubicle area

### **Departmental workspace allocation –**

- Workspace appears somewhat adequate however supervisor states that additional space is needed
- Limited storage space for inactive records received from the local parole units

### **Files, File storage space/organization –**

- Inactive MH treatment records received from local parole units are in stacked boxes (no particular order) in office walk ways as well as in an unlocked room

## **TRANSPORTATION**

No baskets or carts were observed

## INTRODUCTION

The telemedicine (TM) program is administered through an organizational and technological structure which links telemedicine headquarters in downtown Sacramento to telemedicine offices at the individual prison facilities.

- The telemedicine program makes specialty medical and mental health services available to inmates without a need for the patient-inmate to be transported off-site for an examination
- This program also makes specialty medical services available to patient-inmates who are housed at locations where these services might not otherwise be available

A Referral for Service (RFS) form triggers activity around a TM visit which includes TM staff at the local institution scheduling a TM appointment for a patient-inmate through communication with staff at the TM headquarters office.

- Pertinent clinical information from the institution is shared with TM headquarters resulting in a folder for the patient-inmate at HQ
- The patient-inmate is examined remotely by a clinician in a remote examination room in downtown Sacramento
- The clinician then examines, diagnoses, and prescribes treatment (including medications) for the inmate

The clinician records findings, diagnosis, and prescriptions on the Referral for Service (RFS) form which is faxed to the inmate's institution.

- TM headquarters retains this original documentation in the inmates TM folder
- The telemedicine coordinator at the prison facility is responsible for insuring that diagnostic and treatment information resulting from the TM visit is made available to the patient-inmate's primary care provider (PCP) and that documentation from the TM visit is incorporated into the patient-inmate's UHR
- After three years the TM folder is sent to the institution or HRC for incorporation into the UHR

Information in this section of the report was collected at the Telemedicine headquarters office located at 501 J Street.



**HUMAN RESOURCES**

**HIM Staffing**

Positions	Filled	Vacant
Director	0	0
Office Service Supervisor	0	0
HRT II Supervisor	0	0
HRT II Specialist	0	0
HRT I	2	0
Transcriptionist	0	0
Office Technician	0	0
Office Assistant	0	0
Seasonal Clerk/Student	0	0
Permanent Intermittent Employee	0	0
Telemedicine Coordinator	1*	0
RN	3	0
Contract Labor (MA)	2	0

\*There may also be 1-2 TM coordinators at individual prison facilities depending on whether both MH and specialty services are offered

**Comments:**

- Telemedicine operates Monday-Friday during daytime hours (prison clinic hours)

**PROCEDURAL**

**Record Work Flow –**

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**Intake**

**Process:**

1. Average monthly visit volumes:
  - o Specialty – 1300/month
  - o Mental Health – 500/month
2. Record copies are placed in manila folder when received by fax or overnight mail from institution
3. Exterior of folder is marked with patient name, CDC#, Date of Birth (DOB), CSP facility, and color coded
4. Patient folders are arranged in terminal digit order inside a locked file room

**Output:**

- *Record Availability (%) – Not tracked however records are generally available*

## **Outtake – Inactive Records**

### **Process:**

1. Records are retained for three years after last Telemedicine visit
2. Inactive records for current inmates are sent to the institution for incorporation into the UHR
3. Inactive records for paroled and/or discharged inmates are sent to HRC
4. Backlog: Approximately 36 linear feet of records are currently awaiting return to HRC or institution

## **Results Communication**

1. The telemedicine physician is to handwrite visit findings on Request For Services Form (RFS) which often doesn't occur and may also choose to dictate a report
2. Telemedicine RNs fax completed RFS to facility TM Coordinator at end of TM clinic day
3. Contracted clinicians forward their dictated reports directly to the individual prison facility
4. The TM office does not receive or track dictated reports

## **Loose Sheets**

- Approximately 20 loose sheets were present at time of assessment; most were from physician who had returned from vacation

## **TECHNOLOGY APPROACH**

### **Chart Tracking/Barcoding –**

- A manual chart tracking system is utilized
- Telemedicine Inmate Visit (TIV) - an Access database is used to track TM visits
- Staff has access to OBIS

### **General Equipment –**

1. Adequate computers appear to be available
2. Copy machine appears adequate and in good condition
3. Telephones are available on each desk
4. Fax machine appears to be adequate

## **PHYSICAL INFRASTRUCTURE**

### **Number of HIM Processing Locations –**

- One central HIM location for TM examinations where current charts and filing are located; no transcription is performed
- Contract clinicians may dictate reports via own dictation/transcription systems

### **Distance to Clinics –**

- Telemedicine examination rooms are located in the relatively large TM office suite

### **Number of storage locations –**

- One Health Record area contains current records and inactive records (to be archived to HRC)

### **Departmental workspace allocation –**

- Work space appears adequate for the current volumes
- Additional shelving may be required if volumes increase

### **File storage space/organization –**

- Current volumes are stored in terminal digit order on ten 7 shelf units
- Inactive volumes are stored on three 3 shelf units

## **TRANSPORTATION**

- These records are small enough to be easily carried from the file room to the examination room.

## INTRODUCTION

A review of the quality of clinical documentation and coding was conducted at California Medical Facility (CMF) on September 29 and 30, 2008 and at California Men's Colony (CMC) from October 1 through October 3, 2008.

The quality of documentation for medical, mental health, dental and disability was assessed across patient types of inpatient and outpatient. Additionally, the process and accuracy of ICD-9-CM or other relevant codes assigned by Health Record Staff for inpatient care was evaluated.

## FINDINGS

### Documentation –

1. SOAPE methodology (subjective, objective, assessment, plan and education) is being utilized by providers for documentation of most encounters
2. Education component is not always addressed
3. Documentation is generally complete and thorough
4. Documentation is mostly legible – sometimes signatures are not and there is inconsistency in the use of the signature identification stamp
5. Problem list is not utilized by Mental Health thus not providing complete clinical information
6. Forms are outdated and don't guide the provider in recording the necessary information
7. Summary of current patient conditions is not always complete or readily available
8. Refusal of care or medication forms are not consistently completed, signed, dated and witnessed
9. Nursing documentation is difficult to utilize, as per physician feedback, due to redundancy – example: provider needs to review at least five nursing forms to attain picture of patient's status – graphic record, patient classification instrument, nursing admission assessment, mobility impairment/falls risk, vital signs/neuro check, behavior observations record, pain assessment, and another fall risk assessment form. These forms are in addition to the detailed written nursing notes.

### Coding –

1. Professional training, current resources, or official national coding guidelines are lacking for HIM staff
2. Inpatient records are coded only, thus missing the capture of significant information related to outpatient care provided
3. In some institutions, only the admitting diagnosis is provide by nursing is coded and entered into CADDIS
4. DSM codes are indicated by Mental Health providers within the record but those codes are generally not abstracted into any system
5. Coding review of the record does not always include the entire record thus information documented in progress notes and other physician recording is not included in codes selected

6. Billing document information for care provided by outside facilities is not consistent and sometimes selected/relayed by the HCCUP; not verified for accuracy by coding and billing professionals
7. CADDIS system does not have annual coding updates incorporated on a timely basis
8. Information retrieval based on coding is difficult and would lack integrity due to inconsistent practice and non-credentialed staff
9. Specific codes like pain management are not current and codes such as E Codes which explain accidents and other circumstances are not utilized consistently
10. Codes assigned to inmates returned to CDCR care from the community are not correct – as an example: follow-up care versus acute care immediately following surgery

## Technology –

- Automated tools such as an encoder to assist with consistency in coding accuracy and adherence to coding rules does not exist
- Abstracting system is not available to house the coded and other data about a patient that could be used to generate reports, including an abstract of current diagnoses which could supplement the problem list

## General –

- The Unit Health Record (UHR) is difficult to manipulate due to size
- The UHR is not always consistently organized by date, contains multiple years of information, contains duplicates and x-ray images thus making document review and information location difficult for all users
- Data is not consistent and available to meet internal or external regulatory requirements

## **TECHNOLOGY APPROACH**

### Encoding –

- No technology is used

### Abstracting –

CADDIS – codes not current; limited reporting capability; data integrity issues

## Definitions

### DEFINITIONS

The following definitions are provided to aid the reader in understanding the CDCR Site Assessments of the Health Information Management (HIM) in this document.

<b>Chart Tracking.</b> .....	An automated check-in, check-out/movement and tracking process by which the location of a Unit Health Record (UHR) can be accessed by computerized look-up. The tool should provide for requesting records, producing pull lists or documents in the order of the file. The precision of the record location is determined by the precision of the logging and the interfaces
<b>Chart Utility</b> .....	An evaluation of the usefulness of the medical record to the various care providers; takes into account organization, accuracy of the information and ability of provider to quickly locate the required information
<b>Coding and Clinical Data</b> .....	The assignment of standard classification systems numeric values to the diagnoses and procedures of an patient-inmate for specific episodes of care
<b>Forms control</b> .....	The process of ensuring that forms are controlled and standardized through design and content guidelines, as well as a formal input and approval process. Record forms should guide the documentation process and avoid duplication to enhance the care process
<b>Staffing levels</b> .....	The number of staff assigned to the department in relationship to the type and volume of work; logistics of delivery and pick-up of records is also a factor
<b>Skill mix</b> .....	The number of staff at various skill levels responsible for the functions within the Health Record Service, as well as the number of staff reporting to a management/supervisory level position
<b>Leadership</b> .....	The professional and technical (credentialed) positions required to provide an acceptable service level
<b>Loose filing</b> .....	Pages of clinical documentation generated during or following a healthcare encounter for a specific patient-inmate that has yet to be placed into the patient-inmate's UHR
.....	<b>Note:</b> Until the loose sheets are filed, the patient-inmate's record is incomplete from a patient care and legal perspective
<b>Record filing order</b> .....	The order in which the UHRs are maintained; for

## Definitions

	most facilities this is terminal digit (or filing by the last two digits first) – which divides the files into 100 approximately equal sections
<b>Record handling equipment ....</b>	The equipment used to temporarily store and transport the UHRs that are moving to and from clinical sites
<b>Release of information (ROI) ...</b>	The function that includes the release of copies from the UHR to authorized requestors, such as the patient-inmate, other healthcare facilities, attorneys, courts, etc.
<b>Transcription .....</b>	The process of taking the provider’s dictated voice file and transforming it into a typed document suitable for electronic transmission or printing and distribution

## Terms & Acronyms

TERM	MEANING	EXPLANATION
<b>602</b>	Form for inmate complaints	Internal complaint form - used to complain about HIM and other services when inmate (Olson) interviews are not conducted timely or other related issues – must be responded to timely
<b>C Files</b>		The inmate's case record file of all legal and administrative paperwork – uses the CDC#; sent with the UHR when inmate transfers
<b>CADDIS</b>	Census and Discharge Data Information System	CADDIS is a database used to track individual facility census activity including inmates admitted to community hospitals
<b>CDC#</b>	California Department of Corrections Number	The alpha/numeric number assigned to each inmate – some inmates have more than one CDC # (usually cross-referenced) – used by HIM for identification of the UHR
<b>Chart Tracking: (Systems currently in use) – CRIS, MJTS, MEDCATS</b>	<p>CRIS = Complete Record Integrated System</p> <p>MJTS = Medical Jacket Tracking System</p> <p>MEDCATS = Medical Chart Automated Tracking System</p>	<p>CRIS is used at CMF only</p> <p>MJTS is used at CMC only and is inmate developed</p> <p>MEDCATS is used at several locations, is not networked, and is a vendor solution</p>
<b>CHSA</b>	Correctional Health Services Administrator	Position within the institutions responsible for oversight of healthcare operations which generally includes Health Information Management
<b>CMO</b>	Chief Medical Officer	Position within the institutions responsible for oversight of clinical operations; interacts with Health Records Services with death charts and delinquent charts, as well as provider issues related to record availability and content
<b>Connex</b>		The metal storage trailers used at many sites to provide ancillary storage for UHRs

## Terms & Acronyms

TERM	MEANING	EXPLANATION
<b>CPT</b>	Current Procedural Terminology	Procedural classification system published by AMA, updated each January 1st and currently in the 4th edition
<b>CRIS</b>	Complete Integrated Record System	See Chart Tracking
<b>Chronos</b>		Record reports designed to communicate vital information regarding communicable and chronic diseases to custody without violating HIPAA
<b>DDPS</b>	Distribute Data Program System	The system used to track inmate locations and serve as the foundation for all CDCR statistical data
<b>DMH</b>	Department of Mental Health	A department within the state of California contracted to provide mental health services at certain prison locations; maintains a separate medical record
<b>DSM</b>	Diagnostic and Statistical Manual of Mental Disorders	The classification system used to code mental health diagnoses, currently the 4th edition –published in 2000 with no schedule for updates
<b>Ducat</b>	Request for specific inmate record or appointment	By-product of the scheduling system used to request the UHR and to be used by Custody to transport inmate to a specific location
<b>Flimsy</b>		Term used to describe the temporary jacket (envelope or out-guide) used to transport health record information prior to insertion in the UHR
<b>GACH</b>	General Acute Care Hospital	Acute inpatient hospital services unit – seen at CMF and CMC
<b>GSO</b>	Golden State Overnight	Contracted service used for overnight delivery of UHRs between CDCR institutions; some facilities use other carriers

## Terms & Acronyms

TERM	MEANING	EXPLANATION
<b>H&amp;P</b>	History and Physical Examination	Report that may be dictated or hand-written documenting a complete history of patient-inmates' current and past conditions and the provider's complete physical examination findings
<b>HCCUP</b>	Health Care Cost Utilization Program	Program and specialists to monitor the cost of externally provided care – interact with HIM by providing UB04 codes to be entered into CADDIS
<b>HIM</b>	Health Information Management	
<b>HIPAA</b>	Health Insurance Portability and Accountability Act	The federal legislation implemented in April 2003 that provides for confidentiality and access to health information by a variety of requestors
<b>HRC</b>	Health Record Center	Also referred to as the "Army Depot". It is the state location where the UHRs of inmates who have been discharged or paroled are to be maintained and referenced
<b>HRS</b>	Health Record Services	The name given (for consistency) to the function within each institution responsible for the preparation, maintenance and retrieval of all the medical records for inmates at that facility; sometimes called Medical Records, Health Information Management (HIM), or Health Information Management Services
<b>HRT</b>	Health Record Technician	Position created with Health Information Management to perform more of the technical tasks such as release of information and auditing of the UHR and inpatient records for completeness

## Terms & Acronyms

TERM	MEANING	EXPLANATION
<b>HUB</b>		The name given to the Reception Center processing area at a few institutions
<b>ICD-9-CM</b>	International Classification of Diseases, 9th Edition, Clinical Modification (for use within the United States)	The international classification published by the World Health Organization to classify clinical information for morbidity and mortality reporting, modified for use within the US; updated each October 1st; and April 1st; most widely used system within US by institutions, payers, etc.
<b>IMSATS</b>	Inmate Medical Scheduling and Tracking System	System utilized within CDCR to schedule internal and external medical appointments for patient-inmates; generates ducats to indicate need for UHR and to be used by Custody to escort inmate to appointment
<b>I/P</b>	Inpatient	
<b>Keyhea</b>		Keyhea v Rushen, 178 Cal.App.3d 526, 223 Cal.Rptr. 746 (March 1986, review denied July 1986), to seek a court order authorizing the administration of long term involuntary antipsychotic medication to individuals confined within the jurisdiction of the CDCR who, as a result of mental disorder, are a danger to others or to themselves or are gravely disabled and incompetent to refuse medication
<b>Knox</b>	Knox Copy Services	Contracted service that provides copying/scanning of death records for most institutions
<b>MH</b>	Mental Health	
<b>OHU</b>	Outpatient Housing Unit	Refers to licensed beds utilized for inmates requiring subacute medical and mental healthcare

## Terms & Acronyms

TERM	MEANING	EXPLANATION
<b>MARs</b>	Medication Administration Records	Documents generated by pharmacy system and recorded on by clinical providers to indicate medications administered to patient-inmates or self-administered drugs provided to patient; significant loose filing volume is generated by these reports
<b>MEDCATS</b>	Medical Chart Automated Tracking System	See Chart Tracking
<b>MJTS</b>	Medical Jackets Tracking System	See Chart Tracking
<b>“N” Charts</b>		CDC #s beginning with an “N” to indicate a drug related sentence. If the inmate satisfactorily completes the “program” the sentence is dismissed
<b>OA</b>	Office Assistant	
<b>OBIS</b>	Offender Based Information System	OBIS is a statewide computer application containing information about the inmate including offense, sentence, etc.
<b>Olson</b>	Olson Review	Process requested by inmate to review and request any copies from own UHR or other files; may also authorize others to review
<b>O/P</b>	Outpatient	
<b>OT</b>	Office Technician	
<b>Pertinent Packets</b>		Refers to the copies of inpatient records incorporated into the UHR or copies of the UHR utilized by areas such as Telemedicine, External Specialty Appointments (in shadow records) or standard group of documents for Release of Information

## Terms & Acronyms

TERM	MEANING	EXPLANATION
<b>POC</b>	Parole Outpatient Clinic	These are outpatient clinics located in parole offices across the state. These clinics provide mental health treatment to a limited group of parolees including court mandated mental health for sex offenders
<b>R&amp;R</b>	Receiving and Release	Area of the prison facility that processes incoming and outgoing inmates
<b>RC</b>	Reception Center	Institutions designated as major entry points – may hold prisoners up to 90 days before placement at appropriate institution
<b>RHIA</b>	Registered Health Information Administrator	A credential awarded by the American Health Information Management Association to individuals with a four year college degree in programs meeting specified educational and competency criteria
<b>RHIT</b>	Registered Health Information Technician	A technical credential awarded by the American Health Information Management Association to individuals meeting educational and competency requirements
<b>ROI</b>	Release of Information	The function within Health Information Management responsible for review and appropriate response to requests for access or copies of the Unit Health Record
<b>SSI</b>	Social Security Insurance	An agency that issues frequent requests for copies of UHRs to make disability determinations for patient-inmates
<b>TB</b>	Tuberculosis	
<b>TD</b>	Terminal Digit	The filing system utilized in Health Records in which UHRs are filed by the last two digits (creating one hundred equal file sections)

## Terms & Acronyms

TERM	MEANING	EXPLANATION
<b>Thinned Records</b>		Refers to excess health record documents that are taken from the current inpatient/outpatient nursing unit record and should be organized by HIM
<b>TM</b>	Telemedicine	The telemedicine program provides specialty care (medical and mental health) to inmates through the use of technology which allows the clinician to examine the inmate without direct physical patient contact
<b>TTA</b>	Triage and Treatment Area	Areas within the institutions designated for emergent or urgent care and staffed 24 hours/7 days
<b>UB04</b>	Universal Bill (2004 version)	The universal billing document provided to CDCR for patient-inmates who receive inpatient or outpatient care in the community
<b>UHR</b>	Unit Health Record	The longitudinal medical record of each inmate containing the original of all outpatient information and copies of inpatient or external provided healthcare. The UHR frequently has multiple volumes as information expands – referred to as current and previous or closed volumes