Record Completion:

Is Assembly done? Yes No

Verify that CDCR standard list is used or obtain assembly list used:

Note if chronologic or reverse chronologic is used within sections of the record:

Is universal chart order used?

Volume per day?

Timeliness of process:

Is Analysis (may be referred to as "Audit" process) done on all charts? Yes No If no, which charts:

What deficiencies are reviewed: Check all that apply:

__ Signatures on documentation from medical staff

__ Other clinical signatures

__ Provider Order signatures

__ Progress note signatures

__ Missing documentation/reports: List Specifics

__ Nursing documentation: Note specifics:

Describe system used to get records completed (notification, area for completion, etc.)

Is there a separate 'incomplete' area?

Order in which charts are maintained:

Oldest incomplete chart:

Are concurrent audits done? If so, for what elements (sample form is helpful); who conducts and frequency; results reported?

Other Comments/Observations:

FORMS/LOOSE REPORTS:

Are forms numbered or barcoded?

Does forms inventory exist within facility?

How is patient identification recorded on forms? Is there an addressograph, who creates and when is it used?

Measure total "snapshot" in inches of loose report - totals within all filing areas

Analyze loose reports and document issues (such as unsigned verbal orders, lab requisitions returned due to missing information, etc.)

Coding and Abstracting:

Is ICD-9 diagnosis coding done on all charts? Yes No If yes, specify which ones.

Is ICD-9 procedure coding done on all charts? Yes No If yes, specify which ones.

Is CPT-HCPCS coding done on any charts? Yes No If yes, specify which ones

Is DSM coding done on any charts? Yes No If yes, specify which ones

Are diagnosis and/or procedural indexes produced? Yes No

Describe:

Are any reports run on diagnoses and procedure patterns (decision support) Yes No

If no, where is this data obtained from?

Are coders certified/credentialed who are doing coding? Yes No

Is any billing done? Yes No Describe:

What is the date on the ICD-9 book? What is the date on the DSM book? What is the date on the CPT book?

What is entered into CADDIS?

Who completes the Census (ADT) forms – describe process

Other Comments/Observations:

Final Discharge to main Health Record Center (Completion of Sentence/Term of Imprisonment):

-Volume Daily/Monthly?

-Describe record 'check out' process:

-Is loose filing sent to the Health Record Center?

-Is loose filing researched prior to sending and patient information noted?

-How long are any records retained at facility kept? (Typically 10 years post inmate leaving facility)

Other Comments/Observations:

Death Charts:

Volume monthly/annually?

Process: Usually copied (document distribution of copy), death records maintained at site for 10 years, and locked in HIM or Director's office (due to litigation concerns) – document any differences:

Birth Certificates/ OB Charts:

(For Women's Facility Only)

Yearly Volume Births:

Describe Process:

HIM Self Assessment

Record any concerns or barriers to performance expressed by department manager or staff as an issue.

PROVIDER ASSESSMENT:

Name and Title of Provider(s):

Record any concerns or barriers to performance expressed by clinical/provider staff as an issue.

Consultant Assessment

Record any processes or physical environment observation representing areas of concern from a best practice perspective.

Consultant Suggestions:

Record any ideas for improvement in processes, technology, or environment:

Physical Infrastructure/Logistics/Paper Record Management:

*Obtain copy of map if available for correctional facility, particularly all patient care or record storage areas.

*Gather list (or mark on map above) of name of each physical area where records are stored and description of which files are housed within that area.

* If Ed Stewart is onsite concurrently, will complete, if he is following after, please obtain these items in advance and forward to him along with copy of this completed assessment form.

ES will do the following:

SPACE UTILIZATION:

Tour all physical areas where records are housed or moved back and forth between main HIM department and care areas

- Conduct Record Retrieval Sampling Audit (10 random mix of Ducat, calls, and fax lists)
- Complete Storage Equipment Inventory
- Complete Storage Log / Space Utilization Summary Form
- Create simple CAD layout of current main file area space configuration.
- *= separate reports will be used*

Measure lineal and cubic feet in main filing areas

Where are previous URH volumes or thinned records kept: (also known as archive or closed out records):

Are these retrieved with active chart volume when requested?

How does site make sure these volumes travel with inmate if transferred?

FOLDERS:

Describe numbering system used (should be terminal digit by CDCR number)

Describe physical condition of UHR charts (forms, folders, fasteners, etc.)

Is chart folder barcoded?

Average thickness of UHR chart:

Average thickness of other charts: (i.e. CTC, OHU, MOHU, DMH that are stored outside the UHR)

FILE CONTROL:

Average number of outguides per 36 inches of shelving:

Is proper outguiding used: 1 copy on outguide, 1 on chart for routing

Describe how and when records are delivered to the clinics and other care areas:

Describe how and when records are returned to file (what is the reconciliation/pickup for all charts leaving department.):

AUDITS:

Are file audits conducted? How often? Results?

Does the facility conduct "chart sweeps"? How often?

Describe Destruction Process (may be done several different ways – boxed shredding offsite, onsite shredding, etc.)

LOGISTICS: Describe general situation and specific barriers in facility to delivery of records:

Describe any carts, dollies, electric cars, crates, bins, and other modes of transport used, and for what purposes:

Obtain estimates for chart retrieval and pick up, number of runs per day to various locations, etc. (sample if need be or get estimates from staff where you cannot accompany for runs)

Describe workflow/layout of main department relative to file space (Number of Desks)

Do filing areas have secured (locked) access to records?

Are files area fire damage protected (Sprinklers, etc.)

Other Comments/Observations: