

Section-14 Health Services	OP-140106	Page: 1	Effective Date: 06/11/2024
Healthcare Record System	ACA Standards: 2-CO-1E-04, 2-CO-4E-01, 5-ACI-6C-11, 5-ACI-6D-05, 5-ACI-6D-07, 4-ACRS-4C-22, 4-ACRS-4C-23, 4-ACRS-4C-24		
Steven Harpe, Director Oklahoma Department of Corrections		Signature on File	

Healthcare Record System

I. Health Care Records (2-CO-4E-01, 4-ACRS-4C-22)

A. Purpose and Overview

An individual healthcare record is initiated at reception and maintained on each inmate throughout the period of incarceration.

1. This record will provide an accurate chronological account of all health care services provided and will include all in-patient and outpatient health care documents generated during incarceration. (5-ACI-6D-05 b#3, b#4, b#6, b#9, b#10, b#13, b#14, 4-ACRS-4C-22)
2. The healthcare record may include records maintained in an electronic healthcare record system (EHR) and/or WebExtender.

B. Physical Security (4-ACRS-4C-22)

1. The healthcare record will be kept separately from the field record. (4-ACRS-4C-22)
2. Each EHR and WebExtender maintained will be kept in a secure environment and protected by appropriate electronic safeguards. Protected Health Information (PHI) stored electronically is to be password protected. Passwords are individual-specific and are not to be shared by or accessible to more than one individual.
3. Electronic transmission devices, including computers, fax machines, and other electronic equipment over which PHI may be received or transmitted, are to be maintained in secure sites and/or away from public access.
4. Computer screens containing PHI are to be inaccessible to public view. Computers that store PHI are to be secured before being left unattended.
5. PHI will be kept strictly confidential in accordance with [OP-140108](#) entitled "Privacy of Protected Health Information." (5-ACI-6C-11 b#2, 4-ACRS-4C-22)
6. Physical access to the EHR and user accounts that provide access to PHI are to be revoked upon the termination of an employee, student, or trainee or when others, such as contractors and vendors,

no longer require access.

C. Health Care Record Components/Content (5-ACI-6D-05)

The medical health care content will meet all state and federal legal/regulatory and accreditation requirements. The medical health care will include, at a minimum, the following:

1. Photo of inmate;
2. Name of inmate; (5-ACI-6D-05 b#1)
3. Oklahoma Department of Corrections (ODOC) number; (5-ACI-6D-05 b#1)
4. Age; (5-ACI-6D-05 b#1)
5. Gender; (5-ACI-6D-05 b#1)
6. Race; (5-ACI-6D-05 b#1)
7. Institution; (5-ACI-6D-05 b#1)
8. Incarceration date;
9. Parole date;
10. Release date;
11. Alerts;
12. "Problem List" ([DOC 140106A](#), attached); (5-ACI-6D-05 b#4, b#11, b#12)
13. Procedures;
14. Allergy record;
15. Medications; (5-ACI-6D-05 b#7)
16. "Medication Administration Record" ([DOC 140106C](#), attached); (5-ACI-6C-11 b#3, 5-ACI-6D-05 b#7)
17. "Health Care Provider Orders" ([DOC 140106F](#), attached); (5-ACI-6C-11 b#3, b#4, 5-ACI-6D-05 b#3, b#6, b#9, b#10)
18. Clinical notes (providers, nursing, dental, mental health, optometry); (5-ACI-6D-05 b#3)
19. Immunization record; (5-ACI-6D-05 b#5)

20. Advance directives (if applicable);
21. Medical/mental health/dental history;
22. Screening test; (5-ACI-6D-05 b#2)
23. Optometric; (5-ACI-6D-05 b#10)
24. Surgical and past medical history;
25. Family history;
26. Consultation reports; (5-ACI-6C-11 b#4, 5-ACI-6D-05 b#10)
27. Laboratory; (5-ACI-6D-05 b#8)
28. Radiology reports; (5-ACI-6D-05 b#8)
29. Treatments; (5-ACI-6D-05 b#6)
30. Diet order;
31. "Food Services Work Permission Slip" ([DOC 140106E](#), attached);
32. Vital signs;
33. Consent forms; (5-ACI-6C-11 b#1, 5-ACI-6D-05 b#15)
34. Authorization release of PHI; (5-ACI-6D-05 b#16, 5-ACI-6D-07)
35. Waivers; (5-ACI-6D-05 b#15)
36. Infirmary record; (5-ACI-6D-05 b#10, b#13)
37. OB/GYN (if applicable); (5-ACI-6D-05 b#10)
38. Inpatient/outpatient documentation (5-ACI-6D-05 b#10, b#13); and
39. Request for health services. (5-ACI-6D-05 b#9)

D. Documentation (5-ACI-6D-05, 4-ACRS-4C-23)

1. All inmate/clinical staff encounters will be documented/scanned into the EHR. A SOAP (Subjective, Objective, Assessment, Plan) note, "Progress Note" ([DOC 140106B](#), attached), or other appropriate note or medical/dental/mental health form will be used for documentation. (5-ACI-6C-11 b#2, b#3, 5-ACI-6D-05 b#3, b#6, b#10, b#12)

2. All documentation that requires an inmate's signature will be completed and scanned into the inmate's EHR.
3. Health care record documentation will include, but not be limited to, information to describe the condition of the inmate, justify diagnosis and treatment, document results of care or treatment, and describe specific orders for treatment, medications and recommendations.
4. Entries will be accurate, relevant, timely and complete.
5. Appropriate note titles will be matched to note content and the credentials of the author.
6. Notes will be reviewed and signed by the next working day. (5-ACI-6D-05 b# 14, 4-ACRS-4C-23)
7. EHR users will acknowledge notifications, which require signatures. (5-ACI-6D-05 b#14, 4-ACRS-4C-23)
8. An addendum to a note is made when deemed necessary to clarify information recorded in the original document or to add to the original document.
9. All applicable fields are to be completed. On fields that are not applicable to the inmate, the field will have an entry of "N/A" (not applicable).
10. Handwritten documentation will be made in black ink. This is to ensure the quality of electronic scanning, photocopying and faxing of documents. All entries in the health care record will be legible to individuals other than the author.
11. All health care records, regardless of form or format, will be maintained in their entirety, and no document or entry may be deleted from the record, except in accordance with Section I. item E. of this procedure.

E. Corrections, Amendments and Deletion of Records

When an error is made in the EHR, the original entry is not deleted, but will remain accessible. Reasons for the correction of an entry will be documented, signed and dated by the person making the revision. Erroneous entries documented will be corrected according to the following format:

1. Documents created in paper format are to be corrected in the following manner:
 - a. Draw a single line through the incorrect entry;

- b. Date and authenticate the incorrect entry;
 - c. State the reason for the error;
 - d. Insert the correct information; and
 - e. If the document was originally created in a paper format and then scanned electronically, the electronic version will be corrected by printing the document, correcting as above steps 1 - 4, and then rescanning the document.
2. Documents that are created electronically will be corrected, amended or marked as deleted by one of the following formats:
- a. Adding an addendum to the electronic document indicating the correct information, the identity of the person who created the addendum, the date created and the electronic signature of the person creating the addendum.
 - b. Editing/correcting the error by the author prior to signing the note.
 - c. Selecting "Mark as Deleted;" as well as stating the reason for the deletion, the identity of the person who marked the note as deleted, the date created and the electronic signature of the person.
 - d. If the employee is no longer employed by the agency, the correctional health services administrator (CHSA) will submit a request in writing or via electronic mail to the chief Medical Officer (CMO)/designee to delete the erroneous record.
3. The following information will be included for the requested error to be processed and completed by the CMO/designee:
- a. Inmate name and ODOC number;
 - b. Name of assessment/form/treatment plan/progress note;
 - c. Date of assessment/form/treatment plan/progress note;
 - d. The time the form was signed by the clinician who completed it; and
 - e. The reason for the request.

4. When a pertinent entry is missed or not written in a timely manner, the late entry will be entered in the following format:
 - a. Identify the new entry as a “late entry;”
 - b. Late entry note will reflect the current date and time; and
 - c. Identify or refer to the date and circumstance for which the late entry is written.
5. Inmates may request a health care record amendment and/or health care record addendum. in accordance with [OP-140108](#) entitled “Privacy of Protected Health Information.”

F. Downtime Documentation

1. In the event that the EHR is not operational, a paper format system will be used. Healthcare record forms for services normally documented in the EHR will be available at each facility for staff use.
 - a. The start and stop times of the downtime shall be documented in the health record to ensure accuracy of the legal record.
 - b. Upon notification that the EHR system is again operational, the information documented on paper will be entered manually or scanned into the EHR.
2. Critical data to be manually entered into the EHR post-downtime include the following:
 - a. Medication orders;
 - b. Text orders; and
 - c. Vital signs.

G. Grievances/Request to Staff

Grievances and “Request to Staff” forms are not included in the EHR. Such forms will be maintained in accordance with [OP-090124](#) entitled “Inmate/Offender Grievance Process.”

H. Health Care Record Transfers (2-CO-1E-04, 4-ACRS-4C-24)

1. A sealed “Medical Transfer Summary” ([DOC 140113A](#)), and dental x-rays will accompany the inmate when transferred to another ODOC facility or private prison. (4-ACRS-4C-24)
2. The healthcare record will be transported in a manner to maintain confidentiality.

3. Upon arrival at a receiving facility, the receiving facility's medical staff will change the clinic location so the inmate's EHR can be electronically transferred.
4. Inmates released to specialized supervision programs will have their health care record(s) transferred to the closed record unit.

I. Escape Status

1. Inmates who have escaped and those reinstated from escape will have documentation addressing their escape status entered in the EHR by a qualified healthcare professional (QHCP) when such information has been conveyed to them. The date and time of the escape or return and any other pertinent information will be noted.
2. The healthcare record (hardcopy) will be stored and maintained by the health services unit responsible for the inmate's health care at the time the inmate escaped.
3. Central classification requests to transfer an escaped inmate's health care record to a location other than its assigned location will require documentation concerning the request to be entered in the EHR prior to record transfer.

J. Discharge Note

1. A "Discharge Health Summary" ([DOC 140106D](#), attached) will be completed by a health care provider, RN or LPN prior to an inmate's parole or discharge from ODOC. A copy of the "Discharge Health Summary" and the inmate's immunization record will be offered to the inmate upon discharge.
2. Any inmate who is discharged by death will have pertinent information documented in the EHR in accordance with [OP-140111](#) entitled "Inmate Death, Injury and Illness Notification and Procedures."

K. Closed Record Storage and Maintenance (5-ACI-6D-07, 4-ACRS-4C-23)

Inactive health care records will be retained in compliance with the legal requirements for the jurisdiction.

1. Closing of Health Care Records
 - a. An inmate discharged by death will have their healthcare record closed in accordance with [OP-140111](#) entitled "Inmate Death, Injury and Illness Notification and Procedures."

- b. Dental films and x-ray films will be forwarded to the Closed Records unit through the use of a sealed envelope or box within ten working days when an inmate is paroled or released from custody.
- c. The inmate's EHR will be transferred to "Inactive" status through the Inmate Community Offender Network (ICON).

2. Disposition of Closed Records

The health care record will be retained in accordance with [OP-020202](#) entitled "Management of Office Records" and the Agency Record Disposition Schedule, 89-04: 7-25: as approved by the Oklahoma Department of Libraries Archives and Records Commission. (5-ACI-6D-07)

II. Health Care Forms (electronic and hardcopy)

Forms available electronically or hardcopy are in accordance with [MSRM 140106-01](#) entitled "Healthcare Records – Table of Contents."

III. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-020202 entitled "Management of Office Records"

OP-090124 entitled "Inmate/Offender Grievance Process"

OP-140108 entitled "Privacy of Protected Health Information"

OP-140111 entitled "Inmate Death, Injury and Illness Notification and Procedures"

"Agency Disposition Schedule" 89-04: 7-25, as approved by Archives and Records Commission <http://doc.ok.gov/records-disposition>"

MSRM 140106-01 entitled "Healthcare Records – Table of Contents."

IV. Action

The chief Medical Officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

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Replaced: OP-140106 entitled "Healthcare Record System" dated January 19, 2022

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140106A	"ODOC Problem List"	Attached
DOC 140106B	"ODOC Progress Note"	Attached
DOC 140106C	"ODOC Medication Administration Record"	Attached
DOC 140106D	"ODOC Discharge Health Summary"	Attached
DOC 140106E	"ODOC Food Services Work Permission Slip"	Attached
DOC 140106F	"ODOC Health Care Provider Orders"	Attached
DOC 140113A	"Medical Transfer Summary"	OP-140113