

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER H-01.1	PAGE NUMBER 1 of 9
	RELATED NCCHC and ACA STANDARDS: P-H-01 Health Records Format and Contents (Essential); 4-4396, 4-4413, 4-4414, 4-4415	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: DACS EHR iChart MODULE BUSINESS RULES	
EFFECTIVE DATE: 4/5/2014	REVISED: 7/16/14	

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: To ensure that iChart, the Delaware Automated Correction System (DACS) Electronic Health Record (EHR) use is consistent throughout the Delaware Department of Correction (DDOC) and according to the defined rules set by the Department and BCHS.
- III. APPLICABILITY: All DDOC employees, contractor medical staff and any outside healthcare providers servicing DDOC offenders.
- IV. DEFINITIONS: See Glossary
- V. SUMMARY OF CHANGES: This policy revision incorporates items from Segments 1, 2 & 3a;
- A. requiring the use of the iChart as a condition of employment for all medical, mental health, dental, and substance abuse personnel to the maximum extent possible;
 - B. allowing the Registered Nurse (RN) assigned to the infirmary to complete the Intake Screening in the infirmary by logging into the iChart Intake Screening module from the infirmary;
 - C. prohibiting a new or renewal medical order without annotating the circumstances under which the order is written;
 - D. the iChart must be annotated after the medication is given to each offender and prohibits bulk processing at the end of the Med-Pass.
- VI. POLICY:
- A. It is the policy of the DDOC that as a condition of employment, all medical, mental health, dental, and substance abuse personnel must be willing and able to document the care provided to offenders in the DDOC iChart to the maximum extent possible.

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B. It is also the policy of the DDOC that prescribers place medical orders, including prescriptions into the iChart and the previous process of writing the order on a paper charts and having nurses transcribe the orders from paper to iChart is prohibited except for verbal orders received by RNs during night and weekend hours.

C. It is the policy of the DDOC that the iChart will be used to document all medical, dental, mental health and substance abuse diagnostic and treatments for offenders in the custody of the DDOC.

D. Each Level 4 and Level 5 medical unit will develop a site-specific procedure for implementing this policy and coordinating the procedure with BCHS.

VII. PROCEDURES:

A. ADMINISTRATIVE PROFILES

1. Administrative profiles will be developed by BCHS in coordination with the DDOC Information Technology (IT) and the Bureau of Management policy 4.7 *ACCESS TO DELAWARE AUTOMATED CORRECTION SYSTEM (DACS)*.
2. Attachment 1 is the Administrative Profiles for Segments 1 and 2.
 - a. Permissions will include; View Only, Add Documentation with Signature.
 - b. Only IT personnel will have ability to delete or change documentation in accordance with BMS policy, e.g. a pdf file of a paper document may have been stored under an incorrect SBI number requiring moving the document to under the correct SBI number, or a progress note annotated under an incorrect SBI number may be moved by IT personnel to under the correct SBI number. No DDOC personnel other than IT will have permissions to change or delete documentation.
3. Change requests for Administrative Profiles for new employees, employees changing positions, or for those leaving employment will be made by the site Health Services Administrator (HSA) to BCHS who will notify IT.

B. Daily Sign-In and Dashboard

1. Contractor employees, Medical and Administrative Assistants, Nurses (specifically those scheduled for Booking and Receiving, Sick Call and Chronic Care Clinics), Physicians and Physician Extenders will access the DACS iChart module

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Dashboard daily which will provide a real-time worklist for offender Encounters that shall be addressed during the workday.

C. Scheduling In-house Appointments

1. Templates for the automated and manual scheduling functions will be developed and maintained by BCHS personnel with changes made based upon request by the site HSA after coordinating the change request with security. The site shall not have the authority to change the schedule templates.
2. The scheduling templates will include the clinic hours and which providers will be available during clinic hours, days of the week clinics will be held, and holidays during which clinic appointments are cancelled.
3. The automated scheduling function shall be set by BCHS and will not be modified without an analysis by BCHS to determine the need for changes.

D. Scheduling Out-of Facility Appointments

1. The approval process through the Regional Medical Director is not part of Segments 1 or 2 at this time but will in future segments.

E. Intake Screening

1. Intake Screening will be performed by a Registered Nurse (RN) profiled to perform this function.
2. Because of the necessity of completing the Intake Screening in a timely manner and completeness, the iChart will not allow the RN to close-out the Encounter until all the mandatory questions are annotated.
3. Bedside Booking at a local community hospital is initiated by security personnel and the iChart will notify the Intake Screening RN to place the Intake Screening in a Pending Status. The Intake Screening will be completed by the RN assigned to the infirmary through the iChart after the offender's release from the hospital and transfer to the Department of Correction.
4. Until the Electronic Signature pads are functioning the RN must print the Intake Signature form and HIPAA Release of Medical Information forms to access both the pharmacy database and to contact the offender's primary care physician and

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scan the forms into the iChart at the time of Intake Screening.

F. Transfers In From Other Institutions

1. Transfers In from other facilities do not require the repeat of the Intake Screening.
2. The RN (an LPN may not perform this duty) assigned to Intake Screening at a Level 5 or Nurse Manager at Level 4 facilities must complete the iChart Transfer Details section, Incoming Facility button and is responsible for completing the transfer documentation of the medications received, the current treatment, housing placement and receipt of any paper health records, rescheduling appointments, last PPD date, Result, Date of last physical, vitals, observations, deformities, referrals (None, Emergency Room, sick call, physician and mental health), Placements (infirmary, general population, others), Education, Medical File Received, Date, Addendum. Most of these details will be automatically generated by the iChart and the RN's responsibility will be to ensure the information is correct.

G. Transfers Out To Other Institutions

1. The RN (an LPN may not perform this duty) assigned to Intake Screening at Level 5 facilities or the Nurse Manager at Level 4 facilities shall be responsible for ensuring completion the Transfer Details iChart section including offender's general information, current medical and mental conditions, allergies, current medications, current treatment, physical disabilities and limitations, assistive devices and prosthetics, Appointment Schedule Information including: Service Type/Specialty/ Focus (PPD Read/Initial; Physical Initial; Dental IOE), Priority (routine, TBD), provider Type (nurse, physician, etc.), Appointment Date and Time. Most of these details will be automatically generated by the iChart and the RN's responsibility will be to ensure the information is correct.

H. Sick Call Requests

1. Until an electronic Sick Call Request system is implemented, Sick Call Requests must be picked up by the medical contractor daily and date/time stamp the request.
2. The Sick Call Request shall be triaged by an RN within 24 hours of receipt of the Sick Call Request into one of the categories; Medical Emergency, Medical Routine, Mental Health Emergency, Mental Health Routine, Dental Emergency, Dental Routine, Administrative and Pharmacy.

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3. Until an electronic Sick Call Request system is implemented, the RN performing the Sick Call Triage shall scan the Sick Call Request Form and add to the iChart.
4. Based upon the category of service needed the automated scheduling function of the iChart will generate referrals or schedule appointments as needed as the Sick Call Request is annotated in the iChart.

I. Nurse Sick Call Protocols

1. During the Nurse Sick Call the RN shall be responsible for opening the Encounter for the visit, perform and annotate the vital signs, perform their documentation on the Nurse Sick Call Protocol tabs, perform the order-entry or referrals as needed, sign-out the Encounter with their signature and print the Inmate Patient education material to give to the offender.

J. Preventive Examinations

1. The Initial Preventive Medical Examination will be automatically scheduled following the Intake Screening with subsequent Prevention Examinations based upon age, and registry into a Chronic Care Clinic.
2. During the Preventive Medical Examinations the nurse or their designee such as an Administrative or Medical Assistant, shall be responsible for opening the Encounter for the visit, perform and annotate the vital signs, visual acuities and hearing screenings, check the PPD status and sign-out of the Encounter. The provider will open the same Encounter and will be able to see the nurse's documentation, but unable to revise the information. The provider will perform their documentation, order-entry or referrals as needed and sign-out the Encounter with their provider signature.
3. When significant findings such as an abnormal physical examination, a critical value abnormal laboratory or imaging report, are found by a physician extender or nurse, the responsible physician or site Medical Director shall document his/her review of the Preventive Examination note.
4. Offender employment clearances, such as Kitchen Clearances will be annotated the same as Preventive Medicine Examinations.
5. Initial Dental Oral Examinations will be addressed in future revisions of this policy.

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K. Chronic Care Encounters

1. Chronic Care Encounters will be addressed in future revisions of this policy.

L. Medical Inquiries

1. Medical Inquires will be documented in accordance with BCHS policy 11-A-11.1, *INQUIRIES, COMPLAINTS AND RECORDS REQUESTS FROM ATTORNEYS, FAMILIES OR ADVOCACY AGENCIES CONCERNING MEDICAL CARE.*
2. Requests for copies of Medical Records will be addressed by printing the requested documentation and forwarded to the requestor in accordance with BCHS policy 11-A-11.1, *INQUIRIES, COMPLAINTS AND RECORDS REQUESTS FROM ATTORNEYS, FAMILIES OR ADVOCACY AGENCIES CONCERNING MEDICAL CARE.*
3. Requests from offenders wishing to review their medical records may view the iChart on a computer screen while under supervision by security and the keyboard is under control of the site Health Services Administrator. The offender may not add information or request printed copies. Offender copies of the medical records may be obtained through their attorney in accordance with BCHS policy 11-A-11.1, *INQUIRIES, COMPLAINTS AND RECORDS REQUESTS FROM ATTORNEYS, FAMILIES OR ADVOCACY AGENCIES CONCERNING MEDICAL CARE.*

M. Scanning paper documents into the iChart

1. During the time of implementation of the iChart there will be documents, e.g. Sick Call Requests, documents from outside institutions, hospitals, physician offices, etc. that must be scanned into the iChart. In order to ensure the accurate and complete scanning of these documents a quality control system will be implemented. Each document scanned into the iChart will be placed in a folder for Medical Records. Within three business days a records technician will check the iChart to ensure that each page of the document has been scanned and is legible. If the document is not accurately and completely scanned the Medical Records technician will rescan the document and add to the iChart without deleting the previous version but adding the version. The paper documents will be destroyed after the scan validation has been accomplished by the Medical Records technician.

N. Medical Order-Entry

1. A medical, either new or a renewal may not be entered until a progress note, Office Encounter, or Chronic Care Clinic Note is entered to explain the circumstances for the order. The iChart will not allow a provider to close the order screen unless the

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accompanying progress note is not completed.

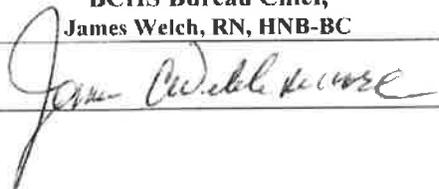
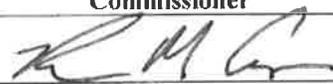
2. Prescribers must annotate all medical orders, including prescriptions into the iChart and the previous process of writing the order on a paper charts and having nurses transcribe the orders from paper to iChart is prohibited. Verbal orders received by RNs during night and weekend hours must be entered into iChart and annotated with the "Verbal Order" radio-button.

3. Medications prescribed during a Chronic Care Clinic visit may be prescribed with refills; medications prescribed during sick call and all Over-the-Counter (OTC) medications except for aspirin prescribed for cardiac conditions may prescribed for 30 days maximum and may not be refilled without being registered in a Chronic Care Clinic.

O. Nurse Administered Medicine (Med-Pass)

1. The nurse distributing medicines will annotate the screen after each offender has been administered their medication. The iChart will not allow bulk processing of the Med-Pass at the end.

Approval:

BCHS Bureau Chief, James Welch, RN, HNB-BC	Date	Robert Coupe Commissioner	Date
	7/17/14		7/17/14

24	Consult Coordinator	M	A	View Only	A	A	A	A	A	View Only				
25	Discharge Planner-RN	M	A	View Only	A	A	A	A	A	View Only				
26	Infection Control Nurse-RN	M	A	A	A	A	A	A	A	View Only				
27	Chronic Care Nurse-RN	M	A	A	A	A	A	A	A	View Only				
28	CCQ Coordinator-RN	M	A	A	A	A	A	A	A	View Only				
29	Medical Assistant	M	View Only	No Access	No Access	View Only								
30	Lab Technician	M	View Only	No Access	No Access	No Access								
31	X-Ray Technician	M	View Only	No Access	No Access	No Access								
32	LPN	M	View Only	No Access	No Access	No Access								
33	RN	M	A	View Only	A	A	A	A	A	View Only	A	No Access	No Access	A
34	Psych Technician	MH	View Only	No Access	No Access	View Only								
35	Mental Health Clinician	MH	View Only	No Access	No Access	View Only								
36	Dental Assistant	M	A	A	A	A	A	A	A	View Only	View Only	No Access	No Access	View Only
37	Dental Hygienist	M	A	View Only	A	A	A	A	A	View Only	View Only	No Access	No Access	View Only
38	Clinical Pharmacist	M	View Only	No Access	No Access	View Only								
39	Pharmacy Technician	M	View Only	View Only	A	A	A	A	A	View Only	View Only	No Access	No Access	View Only
40	Dietician	M	View Only	A										
41	Physician	M/MH	View Only	No Access	No Access	View Only								
42	Mid-Level Provider	M/MH	A	View Only	A	A	A	A	A	View Only	View Only	No Access	No Access	View Only
43	Dentist	M	View Only	View Only	A	A	A	A	A	View Only	A	No Access	No Access	View Only
44	Consulting Provider	M	View Only	No Access	No Access	View Only								
45	Substance Abuse Director	SA	View Only											
46	Clinical Supervisor	SA	View Only											
47	Counselor	SA	View Only											
48	Sex Offender Program	MH	View Only											
49	Family Services Coordinator	DOC	View Only	A	View Only	View Only								

Definitions:

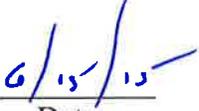
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I have reviewed this policy and it is to be incorporated into BCHS Policy H-01, Health Record Format and Contents.



Acting BCHS Bureau Chief
Vincent F. Carr, DO, FACP



Date