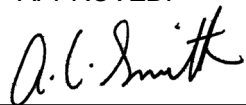




Department of
Rehabilitation & Correction

SUBJECT: Electronic Health Record (EHR) Utilization and Responsibilities	PAGE <u> 1 </u> OF <u> 10 </u>
	NUMBER: 69-OCH-06
RULE/CODE REFERENCE: ORC 5120.01	SUPERSEDES: 69-OCH-06 dated 4/09/2018
RELATED ACA STANDARDS: 5-ACI-6A-12M, 6A-16M, 6C-03M 5-ACI-6C-11, 6D-05	EFFECTIVE DATE: March 1, 2022
	APPROVED: 

I. AUTHORITY

Ohio Revised Code 5120.01 authorizes the Director of the Department of Rehabilitation and Correction, as the executive head of the department, to direct the total operations and management of the department by establishing procedures as set forth in this policy.

II. PURPOSE

The purpose of this policy is to establish standard procedural guidelines for the utilization of the Ohio Department of Rehabilitation and Correction (ODRC) electronic health record by staff to document holistic care services provided to ODRC incarcerated individuals.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the ODRC. It also applies to all persons providing health care services to ODRC incarcerated individuals under the auspices of a Memorandum of Understanding (MOU).

IV. DEFINITIONS

The definitions for the below listed terms can be found at the top of the policies page on the ODRC Intranet at the following:

[Definitions Link](#)

- **Dragon**
- **Electronic Health Record (EHR)**
- **Exempt Health Care Managers**
- **Mental Health Group Documentation**
- **Personally Identifiable Information (PII)**
- **Sensitive Data**
- **ServiceNow**
- **Ticket**

V. POLICY

It is the policy of the ODRC to provide procedural guidelines which clarify staff responsibilities when utilizing the ODRC Electronic Health Record (EHR) to document health care services for ODRC incarcerated adults.

VI. PROCEDURES

A. Staff Responsibilities in Utilization of the Electronic Health Record (EHR):

1. Staff in the following service areas are required to use the ODRC Electronic Health Record (EHR) for documentation of services provided to ODRC incarcerated individuals:
 - a. Medical Services,
 - b. Behavioral Health Services,
 - c. Recovery Services,
 - d. Dental Services,
 - e. Sex Offender Services.
2. Staff are responsible for following all ODRC Information Technology policies as applicable when using the EHR. Two (2) policies are of particular relevance, and health care staff shall familiarize themselves with their requirements:
 - a. Internet, Electronic Mail, and Online IT Services Use (ODRC Policy 05-OIT-10): This policy provides guidelines regarding proper use of ODRC information technology assets and data, which includes the EHR. It addresses account access and security, general use, and confidentiality of ODRC data.
 - b. Information Technology Systems Password and Account Security (ODRC Policy 05-OIT-17): This policy provides guidelines regarding passwords, account deactivation, and compromised accounts.
3. Staff shall only utilize the EHR in an approved manner, following specific workflows as designed and trained for each service area. Approved workflows for the EHR are in user manuals and task guides on the ODRC Intranet page for the Healthcare Analytics Division, grouped by service area.
 - a. Staff shall only utilize the EHR during their healthcare specific job duties and in accordance with their position description.
 - b. All staff accessing the EHR shall maintain the confidentiality of patient information. Staff shall communicate patient information with other members of the health care team for health care purposes only, shall access patient information only for purposes of patient care, or for otherwise fulfilling the staff's assigned job responsibilities, and shall not disseminate patient information for purposes other than patient care, or for otherwise fulfilling the staff's assigned job responsibilities, through social media, texting, emailing or any other form of communication.

- c. Nursing staff shall maintain the confidentiality of patient information in accordance with OAC 4723-4-03 (H) and 4723-4-04 (H).
- d. All clinical contacts with an incarcerated individual shall be documented in the EHR. Documentation shall be completed on the same day as contact prior to the responsible clinician leaving for the day.
- e. Staff are prohibited from using the EHR in any manner that is not authorized by the ODRC. Some examples of prohibited use include but are not limited to:
 - i. Sharing of health information with custody staff not involved in the treatment team,
 - ii. Accessing or utilizing the EHR for a patient not being treated or followed by the staff person during their ODRC job duties,
 - iii. Sharing a patient's health information with external stakeholders without an appropriate release, and
 - iv. Sharing a patient's health information with outside individuals who are not the patient's next of kin.
4. Staff are prohibited from logging in to the EHR using another person's account. Additionally, staff shall not log in as themselves and document work performed by another person. Both scenarios represent false documentation.
 - a. Exempt health care managers shall ensure a timely "onboarding process" is completed via help desk ticket at <https://stateofohio.service-now.com/ess> to obtain EHR access for new staff immediately upon hire.
 - i. Access to the EHR is required for staff to document their work.
 - ii. Prompt access mitigates the temptation by staff to share accounts to get work done.
5. ODRC policy and protocol guidelines remain in place and must be followed, including the continued use of paper logs, ODRC forms outside of the EHR, and other applicable policy and protocol requirements.
6. The EHR contains confidential health records for all ODRC incarcerated individuals. Thus, all staff with access to the EHR are required to follow guidelines in ODRC Policy 07-ORD-11, Access and Confidentiality of Medical, Mental Health, and Recovery Services Information, regarding access to and sharing of patient health data.

B. Training Requirements Related to Use of the EHR:

1. There are multiple levels of EHR training available and provided to ODRC healthcare staff.

- a. Training via Online Resources
 - i. Dedicated ODRC Intranet pages containing user manuals, task guides, and workflows for all health care service areas can be found at <http://intra/index2.php?id=385>.
 - ii. Approved healthcare learning management platforms, which may be used to deliver a live or recorded webinar.
 - b. Training via the Correctional Healthcare Academy – A segment of the New Employee Orientation (NEO) mandated for all new health care staff entering ODRC which introduces the ODRC EHR.
 - c. Training within the Institutions – EHR training programs at each institution provided by ODRC Exempt Health Care Managers or their designees.
 - d. Training via Regional or Ad Hoc Opportunities: Training provided by regional nurse administrators, regional behavioral health administrators, regional recovery services administrators, Operation Support Center (OSC) staff, regional managers, and/or regional expert users to health care staff in a specific ODRC geographic region.
2. It is the responsibility of all ODRC exempt health care managers who have direct reports, using a combination of the resources outlined in section VI.B.1 of this policy, to ensure staff on their table of organization is adequately trained in proper utilization of the EHR.
- a. Exempt health care managers are required to be expert users in their respective service area's workflows, such that they can train new staff as necessary.
 - b. Exempt health care managers are responsible for developing expert users amongst their staff locally to assist with training other staff and new users.
 - c. Exempt health care managers are responsible for ensuring they have a program of training that is sustainable for their health care employees regarding the EHR. Minimally, this program shall include the following elements:
 - i. All training provided related to EHR utilization shall be formally documented on the ODRC Training Session Report (DRC1792). These forms shall be retained according to the Department of Administrative Services (DAS) State Retention Schedule and be available for audit purposes.
 - ii. All training programs shall include a designated expert user on each shift.
 - a) This person shall understand all workflows in their designated work areas and be able to assist others as necessary.

- b) Exempt health care managers shall routinely and clearly communicate names of designated expert users or any changes of designated expert users to all staff.
- iii. All institutional health care training programs shall include EHR training specific for new employees.
 - a) Each new employee is required to review this policy in its entirety.
 - b) Each new employee shall minimally receive eight (8) hours of EHR training specific to their job description prior to working independently. The introduction to the EHR training provided at the CTA through the Health Care Academy may not be counted as part of this minimum eight (8) hours.
 - c) Each new employee shall minimally shadow an experienced employee for four (4) hours related to EHR utilization prior to working independently. This requirement is beyond what is provided at CTA or the eight (8) hours required above.
 - d) Exempt health care managers shall ensure new employees know the following prior to being allowed to work independently:
 - 1) The name of the designated expert EHR user on their shift,
 - 2) How to find, access, and use the online intranet EHR resource center,
 - 3) How to access technical support assistance for EHR related issues, and
 - 4) Approved workflows specific to their job description.
 - e) The exempt health care manager and new employee shall review, complete, and sign together the EHR: Certification of Use and Training for New Employees (DRC5144). A copy of this form shall be provided to the employee for their records and the original shall be retained according to the Department of Administrative Services (DAS) State Retention Schedule and be available for audit purposes.
- iv. Staff meetings held by exempt health care managers shall include an EHR related topic as part of the agenda.
- v. Exempt health care managers shall ensure all email communications or directives regarding EHR utilization from OSC are shared with their staff.
- vi. If an administrative or CQI review indicates non-compliance by staff with approved workflows or a knowledge deficit of staff related to the EHR, ad hoc training shall be provided to address the issue.
- 3. Both Franklin Medical Center (FMC) and Pickaway Correctional Institution (PCI) exempt health care managers are responsible for providing orientation and training on

the ODRC EHR to Ohio State University Medical Center staff working in their facilities and complete the Certification of Use and Training for New Employees (DRC5144).

4. Exempt health care managers are responsible for providing orientation and training on the ODRC EHR to students and interns working at their respective facility and complete the Certification of Use and Training for New Employees (DRC5144).

C. Electronic Signatures in the EHR:

1. Within the ODRC EHR, most documentation occurs through encounters, which represent health care appointments with or on behalf of a patient.
2. Staff documenting in the ODRC EHR are responsible for completing documentation that is clinically thorough and accurately reflects the service provided. Once the documentation is considered complete, the staff member must sign their encounter.

Signing the document achieves the following:

- a. Electronically signs the encounter with the staff member's name and credentials, attaching a date and time stamp to completion of the documentation,
 - b. Constitutes the legal signature of the individual completing the encounter,
 - c. Prevents any further edit or alteration of the documentation in that encounter by any user, including the user that is signing the encounter, and
 - d. An electronic signature is equivalent to a written signature on documentation completed in a paper health record.
3. Staff are prohibited from leaving documentation unsigned or signing documentation completed by another user. Exceptions to this may include:
 - a. "Unsigned" notes that are discovered for a staff person who has left ODRC employment or is out on extended leave. The exempt health care manager responsible for the service area in which the document occurred shall sign the note and complete an addendum explaining what occurred.
 - b. Documents requiring co-signature or to be placed on hold for further review as defined in workflow.

D. Technical Support for Staff Utilizing the EHR:

1. Technical support for the EHR and healthcare applications is available through the Healthcare Application Support Team as follows:
 - a. Monday through Friday (excludes holidays) between the hours of 7:00am and 4:00pm. Occasionally, availability may extend to 5:00pm, dependent upon staff coverage and demand.

- b. For assistance, place a Help Desk ticket at <https://stateofohio.service-now.com/ess> using your OAKS ID and myOhio password. Call myOhio at 1-888-644-6625 if you need assistance with your password.
 - c. If you are unable to log into ServiceNow you can email the ODRC Help Desk at DRC.InfoServCtr@odrc.state.oh.us.
 - d. If you are an OhioMHAS employee, follow your agency's guidance to place a ticket with the MHA Help Desk. The MHA Help Desk will refer the ticket to the Healthcare Application Support Team.
 - e. If you need to contact Healthcare Application Support Team after placing a ticket, email DRC.HealthandEHRSupport@odrc.state.oh.us. Please have your incident number available.
 2. Pertinent information needed by the Healthcare Application Support Team to assist (this should be in your ticket):
 - a. Name and credentials of reporting staff,
 - b. Institution,
 - c. Computer name (type name in the search, view your PC name, device name),
 - d. Phone or email to be utilized for follow-up, and
 - e. Summary of issue, with as much detail as possible, including interventions already attempted and screenshots where possible.
 3. The Healthcare Application Support Team can help with the following applications:
 - a. Fusion
 - b. Patient One View
 - c. Monthly Stats
 - d. Image Grid
 - e. Apteryx
 - f. Dragon Medical One
 - g. FMC Roster
 4. The Healthcare Application Support Team can NOT help with the following applications:
 - a. Domain accounts
 - b. Microsoft Outlook email
 - c. DOTS portal
 - d. Kronos
 - e. Online Forms
 - f. ORAS
 - g. OnBase
 - h. PREA
 - i. CIPS
 - j. Medicaid Benefits
 - k. Relias

5. Staff shall request assistance with the applications listed above in VI.D.4 of this policy by going to ServiceNow <https://stateofohio.service-now.com/ess> and logging in with their OAKS ID and myOhio password. Users can put in a ticket or System Access/Hardware request on this site.
 - a. Screenshots can be added to their ticket in ServiceNow and shall NOT contain any Personally Identifiable Information (PII) or sensitive data.
 - b. Users can review the status of their request by logging into ServiceNow and going to requests in the upper right-hand corner.
6. ODRC staff who use the EHR are responsible for seeking assistance when experiencing technical, account, user, or other issues occurring during their duties.
 - a. Failure to report issues with the EHR can cause the issue to grow or be experienced by other users.
 - b. If the problem is experienced during hours the Healthcare Application Support Team is unavailable, a ticket should be put in through ServiceNow and the Healthcare Support Team will follow up.

E. Dragon Medical One Application

1. Dragon software license assignment and use is reserved for advanced level providers (ALPs) in health care service areas.
2. There are a limited number of licenses for Dragon available, and they shall be assigned given availability. ALPs who want to use Dragon must get permission from either the ODRC state medical director (for medical providers) or the ODRC chief psychiatrist (for behavioral health providers). Refer to Healthcare Analytics Protocol J-1, Dragon Dictation Software, for details.
3. Once approval for Dragon use is obtained via email or otherwise, the user shall complete a System Access Request (DRC3424), select Dragon from healthcare permissions, and scan/email it to the health care support team at DRC.HealthandEHRSupport@odrc.state.oh.us.
4. An Acknowledgement of Receipt of Nuance Dragon PowerMicII (DRC2255) shall be completed upon issue of the device.

F. Continuous Quality Improvement (CQI) Related to Use of the Electronic Health Record

1. The OCHC is committed to improving the health of our patients by providing excellent health care. Utilization of the EHR to document and facilitate care is a key component of the health care system. Likewise, the EHR is an opportunity to utilize technology to better organize and deliver care.

- a. It is critical that staff are using this valuable tool properly, as designed, and in ways that promote quality health care.
 - b. For these reasons, the EHR shall be central to almost all quality improvement monitoring, root cause analysis, and intervention.
2. It is the responsibility of exempt health care managers in all service areas to monitor the utilization of the EHR by staff on their table of organization for appropriate use, compliance with workflows, and quality of documentation.
3. Institutional QICs shall monitor EHR utilization and documentation to further CQI initiatives in health care.
4. Ongoing quality issues identified related to EHR utilization shall be added to the CQI log for analysis, intervention, tracking, and resolution.
5. Exempt health care managers in all service areas shall ensure there is a program of concurrent quality review related to the EHR for areas within their scope of supervision. Review of the following shall occur each business day, to ensure appropriate utilization of the EHR and quality care by their staff:
 - a. Documentation is signed timely when completed,
 - b. Orders are completed timely and properly reconciled,
 - c. Telephone encounters are addressed and signed in a timely manner,
 - d. Reception Centers – New intakes are screened, assessed, and referred appropriately, and
 - e. Intra-system transfer – New transfers are screened, assessed, and referred appropriately to ensure continuity of care between institutions.
6. Many Medical and Behavioral Health care services that are ordered and documented in the EHR rely heavily on interfaces that transmit orders to and receive results from other health care entities. To ensure quality and continuity of patient care, exempt medical and behavioral health care managers shall monitor the below care documentation as applicable to their scope of supervision each business day, in addition to the basic monitoring required for all health care service areas:
 - a. Laboratory orders are transmitted, completed, and results received,
 - b. Diagnostic imaging/X-ray orders are transmitted, completed, and results received, and
 - c. Specialty consult orders are scheduled, completed, and results received.
7. QICs at each institution shall complete minimal monthly monitoring of the care review areas listed in VI.F.5 and VI.F.6 of this policy. Results of this monitoring shall be shared with exempt health care managers responsible for each service area, as well as presented in the monthly CQI meetings for each service area.
8. To achieve the daily concurrent CQI reviews required by section VI.F.5 and VI.F.6 of this policy, it is acceptable for exempt health care managers to use a team approach that may include, but is not limited to:

- a. Multiple exempt health care managers sharing the responsibilities,
- b. QIC participation in required monitoring, and
- c. Delegation of concurrent CQI monitoring to staff.

G. EHR Outage or Downtime Practices

Refer to Healthcare Analytics Protocol J-3, Electronic Health Record Outage Protocol.

Referenced OCHC Protocols:

- J-1 Dragon Dictation Software
J-3 Electronic Health Record Outage

Referenced ODRC Policies:

- 05-OIT-10 Internet, Electronic Mail, and On-Line Services Use
05-OIT-17 Information Technology Systems Password and Account Security
07-ORD-11 Access and Confidentiality of Medical, Mental Health, and Recovery Services Information

Referenced Forms:

- | | |
|---|---------|
| ODRC Training Session Report | DRC1792 |
| Acknowledgement of Receipt of Nuance Dragon PowerMicII | DRC2255 |
| Electronic Health Record: Certification of Use and Training for New Employees | DRC5144 |