

To: NYC Board of Correction

From: Correctional Health Services, NYC Health + Hospitals

Date: March 2, 2020

Re: Revisions to the Monthly CHS Access Report following Completion of Electronic Health Record System Migration

As of today, CHS resumes production of the monthly CHS Access Report to the Board, which had been suspended after June 2019 to accommodate our agency's migration to a new electronic health record system. Monthly data are now available for access to care metrics for the months of August through December 2019 for all NYC jail facilities and Horizon Juvenile Center. The Report does not include data for July 2019, the month of transition for most facilities. Going forward, CHS will provide the Access Report to the Board on a quarterly basis, broken out by month.

Below, we summarize updates and changes to metrics and metric descriptions in relation to the June 2019 Report. The basic format remains the same, with inclusion of a data dictionary, access data tables presented for patient encounters overall and by facility for the stated reporting period, and trend graphs for the same across reporting periods.

General Update

With our previous health record system, we could not readily distinguish direct from indirect service types when analyzing aggregated data which may have led to overcounting of some patient encounters. Direct service encounters are those when a patient is present for the encounter. Indirect service encounters refer to administrative chart updates or other encounters where the patient is not present. The new health record system was designed to document encounters with greater specificity and thus allows for enhanced differentiation of direct vs. indirect and scheduled vs. unscheduled encounters as well as streamlined missed visit and verified refusal of services documentation. For example, nursing encounters have considerably increased in volume since the June 2019 report issue – the result of more accurate representation of the breadth of services provided by CHS Nursing (e.g., laboratory testing, daily finger sticks for diabetics, and medication administration).

Given these changes, the trending of metrics for access to care from the period prior to and after August 2019 has not been conducted. We have produced trend graphs with the starting month being August 2019 and will continue to do so for future reports.

Section 1. CHS Intakes (New Jail Admissions)

- There are no changes to this Section.

Section 2. Referrals Made to Mental Health Service

- There are no changes to this Section.

Section 3. Scheduled Services

- Reporting in this Section now includes only service encounters which are direct (i.e., involving face-to-face contact with patients) and scheduled. Encounters which are indirect and scheduled or unscheduled are not reported here.
- Scheduled service outcome categories have been updated to include ‘Seen’ by CHS and those indicating not being seen - ‘Refused and Verified’, ‘Not Produced’, ‘Rescheduled by CHS’, and ‘Rescheduled by Hospital’. This change is intended to align with Local Law No. 132 of 2019, Council Int. No. 1236-A of 2018, The City of New York.
- The discipline previously known as ‘Social Work’ has been renamed ‘Reentry Services’ and now includes encounters associated with mental health discharge planning for Brad H patients as well as other discharge planning services provided across all CHS reentry programs.
- Reporting for the discipline “Substance Use” has been added.
- Reporting for the discipline “Nursing” has been updated to include scheduled encounters associated with laboratory testing, taking of vital signs, daily finger sticks, medication administration and other routine services that are now readily distinguished in the new electronic health record system.
- Disaggregation by ‘Scheduled for Telehealth’-type encounters for the disciplines ‘Specialty Clinic-On Island’ and ‘Specialty Clinic-Off Island’ has been removed. At this time, CHS workflows are being optimized to capture in-person vs. telehealth encounters for all applicable disciplines and services. This reporting will be reflected in a future iteration of the Access Report with advance notification to the Board.

Section 4. Outcome Metrics

There are no changes to this Section.

Section 5. Unscheduled Services

- This Section includes only the metric ‘5.1. Sick Call Completed.’
 - Metric ‘5.2. Injury Evaluations’ is no longer being reported as CHS has been providing a monthly comprehensive injury report to the Board since October 2019.
 - Metric ‘5.3. Medical Add-Ons’ are now reported under the discipline ‘Medical’ in Section 3.

- Metric '5.4. Number of Patients with Non-Intake Lab Collection,' which had previously totaled the number of patients with at least one lab measurement per day, has been removed. Lab measurements are currently counted as distinct scheduled encounters under the discipline 'Nursing.' (See Section 3. Scheduled Services).