

HIM in Corrections

Save to myBoK

Bonnie Altus, RHIT, CHPS, CPHIMS, is the manager of information systems/telecommunications at the State of Oregon's Department of Corrections in Sheridan, OR. Joyce Leeka, RHIT, is a medical record administrator at the New Hampshire Department of Corrections in Concord, NH. Here they discuss their experiences as HIM professionals working in corrections.

What prompted you to take a position in this field?

Altus: I was working in IT when I got my RHIT, and this position became available without requiring relocation when I decided to leave IT and move into HIM. It seemed like a good first step into HIM and an interesting challenge.

Leeka: I had recently moved to New Hampshire after several years in acute care and long-term care consulting. I applied on a lark without any knowledge or actual experience with prisons or jails. I was the first HIM professional the department of corrections had ever employed. The medical records were kept as loose papers in manila file folders; no color-coding or open-shelf filing systems.

What do you find especially interesting about HIM in corrections?

Leeka: The day-to-day work in corrections is like any other HIM department, because the basic principles we learned apply in a prison setting as in any other setting. My position is behind the walls, and I have direct contact with inmates, have been to the corrections academy with officers, and learned defensive tactics as well as what to do in a hostage situation. I have had to develop the ability to distance myself from the crime the inmate has committed in order to perform my professional responsibilities. The most interesting challenge is the balance between confidentiality and the needs of the institution for medical information if housing or mental health is an issue.

Altus: I work in a centralized office, not in an institution. Our office handles release of information after prisoner release and advises all facilities on ROI and court orders. It is interesting in corrections, as our record is very different from hospital records. Each inmate has one record that follows them as they move from institution to institution around the state. If they are released, the record comes to paroled records. If they return, we pull that record again. I am becoming a legal issues resource, also, and that has been helpful to staff as I can point them to appropriate state and federal laws.

Do you have any electronic applications?

Altus: We don't have an EHR right now. However, as soon as the money is allocated in the state budget, we will begin implementation. We will use M-Track, software developed specifically for corrections. It belongs to a consortium, similar to public domain software. Members join the consortium and then can obtain the software free. Any customizations made to the software using Java programming language must be made available to the rest of the consortium members for their use.

Leeka: In the beginning, the medical record system needed immediate changes to improve documentation, facilitate clinic care, and comply with legal standards. All of this was on paper. Currently, we are in a phased go-live with a new inmate management system which includes a future electronic medical record component. We are in the discussion stage with two other state department of corrections about developing the system. I am thrilled to be using my skills and experience in this challenge!

Did anything surprise you when you started working in corrections?

Leeka: What surprised me the most was that working behind bars and with felons didn't bother me. In my state the HIM department at all sites works behind the walls in direct contact with the inmates. What also surprised me is that prisoners have

many basic rights, including medical record confidentiality and even medical care. In *Estelle v. Gamble*, 1976, the Supreme Court ruled that prisoners are entitled to healthcare that meets community standards. Essentially, they are the only group in this country with a right to medical care.

Altus: I was surprised by the need for basic record policies, such as retention and tracking. There is no master patient index, and there are a lot of records we can't find. Most eventually reappear. Records float around the state with little or no documentation regarding where they have been sent. So there is a lot of need for basic policies and procedures. Storage is a problem as it is for most HIM departments!

What advice would you give HIM professionals who want to work in corrections?

Altus: Someone who wants to work in corrections should look at the structure in their state and find out where HIM professionals are hired. Not all facilities hire credentialed staff. It is very important to have a thorough understanding of state and federal law related to release of information, subpoenas, and court orders, which in Oregon is unique to corrections.

Leeka: While most of the HIM work is the same, the clients are not. You have to be able to be an HIM professional, follow our training, apply HIM best practices, and be your client's advocate despite who they are and what they have done.

Bonnie Altus (bonnie.m.altus@doc.state.or.us) is manager of information systems/telecommunications at the State of Oregon's Department of Corrections in Sheridan, OR. **Joyce Leeka** (jleeka@nhdoc.state.nh.us) is medical record administrator at the New Hampshire Department of Corrections in Concord, NH.

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