## FLORIDA DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH SERVICES

#### HEALTH SERVICES BULLETIN NO. 15.06.04

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SUBJECT: OFFENDER-BASED INFORMATION SYSTEMS—HEALTH SERVICES (OBIS-HS)

**EFFECTIVE DATE: 10/15/2021** 

#### I. PURPOSE

The purpose of this Health Service Bulletin (HSB) is to establish operational instructions for the Offender-Based Information System-Health Services (OBIS-HS).

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

## II. ACTION REQUIRED:

- A. Each institutional Health Services Administrator shall identify a person or persons (to include back-up/relief personnel) responsible for data entry and maintenance of medical, dental, mental health, laboratory and community care appointments (outside care shall include specialty care appointments at RMC) at their respective institutions.
- B. All requests for access to the OBIS-HS system shall be submitted on the information resources security request (Health Services) and shall be signed by the institutional Health Services Administrator. Only those persons who currently have access to medical records can obtain access to the medical information contained in the OBIS-HS system.
- C. Access to OBIS-HS is password-protected. Passwords shall not be shared or posted. The Health Services Administrator shall be responsible for ensuring that an employee's security privileges are promptly terminated if an employee leaves employment with Department of Corrections. Employees shall be aware of and prevent the viewing of computer screens by others who do not have access to medical records.
- D. All inmate medical, dental and mental health encounters, laboratory information, community care information, administrative encounters such as record reviews and answering of inmate requests, etc., require an OBIS-HS entry on the appropriate screen (s).
- E. For each encounter, the practitioner will either enter the data directly into OBIS via computer or, if they do not have computer access, complete the appropriate encounter form (DC4-700 series—medical, dental, or mental health). This information is required in order to complete an appointment or change a medical or mental health grade. This form will be given to the person(s) responsible for timely data entry. Incomplete encounter forms will be returned to the responsible staff member for completion. After the data has been entered from the form and entry verified, the form shall be destroyed. This form is not to be filed in the medical record.

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- F. All clinical information shall be entered within 72 hours of receipt.
- G. Tuberculin Skin Test (TST) results will be communicated to the computer operator in millimeters (mm). Lab results for syphilis tests will be communicated to the computer operator in titers.
- H. When an appointment, an encounter or any other type of treatment is refused, an encounter entry should occur in OBIS-HS indicating the refusal.
- I. Each inmate transferring in or out of an institution must have the OBIS-HS medical record checked for completeness upon arrival and prior to transfer.
- J. All missing information shall be filed immediately upon locating or efforts to locate the missing records documented.
- K. Inmates entering the system will have the initial physical exam data, dental screening, psychological screening, and initial profile and medical level entered by the reception center completing the reception process.

#### III. RESPONSIBLE PARTIES:

The institutional Health Services Administrator is responsible for ensuring the maintenance of an up-to-date record in OBIS-HS, as outlined above, for each inmate at the institution/facility.

#### IV. REPORTS:

- A. The following reports should be run by each institution on the schedule outlined below:
  - 1. Daily Basis:

HSS-12 Report - Appointments Callout Report provides a variety of reports listing inmate appointments for daily callout. The report should typically be requested two business days prior to the day needed.

## 2. Weekly Basis:

a. Report HSS-15 - Past-Due Appointments Report provides a listing of appointments that are overdue. All appointments appearing on this list shall be rescheduled and completed promptly. Inmates who failed to keep an

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appointment shall be coded as no shows, refusals, or not available/out to court, etc. as appropriate to the circumstance.

b. Report HSS-11 Scheduled Appointments by Facility should be requested each Friday for the upcoming week and be used during the week as an attachment to or instead of the manual appointment book.

## 3. As Required (for Management Tools):

- a. Report HSS-53 Inmate Profile Report provides up to 32 reports concerning inmate health classification grades.
- b. Report GHS-70 Lab Tracking Log Report can provide a listing of all labs completed and results for inmates at an institution.
- c. Reports GHS-17 Chronic Illness Clinic Reports provide listings of inmates who are currently enrolled in each chronic illness clinic.
- d. GHS-53 and DSS-53 Discrepancy Reports display various discrepancies in encounters and appointments for specific disciplines.
- e. GHS-49, DSS-49 and MHS-49 Daily Operations Logs provide inmate encounter information broken down according to contact staff, encounter type, actions, ICD-10 codes and date.
- f. Additional discipline reports as required.

#### V. ENHANCEMENTS TO THE SYSTEM:

All recommendations and suggestions for enhancements to the OBIS-HS or other Health Services systems shall be submitted in writing, either by memorandum or electronic mail, and addressed to the Chief of Health Services Administration in Central Office.

## VI. TECHNICAL SUPPORT:

A. The OBIS-HS Technical Reference and Procedures Manual is adopted as a component of this health services bulletin. The manual is available and will be maintained by the Office of Health Services.

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HSB dated 10/17/11, 04/05/18, AND 05/30/2019

B. Assistance with OBIS systems issues should be referred to the OIT helpdesk by phone (850-487-1550) or email (Helpdesk-TSC Statewide).	
Health Services Director	Date
This Health Services Bulletin Supersedes:	HSA Memorandum 89-5 dated 4/28/89, 10/18/96 HSAM 89-4 dated 3/2/98 TI 15.06.04 dated 9/18/00 and 4/10/03