

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
MEDICAL SERVICES  
Worksheet for Monthly Medical Activity Report (OP-140107)**

**Instructions:** Please complete the following for the previous **calendar month**. By the 5<sup>th</sup> of the current month, enter the data in the **Medical Activity Report System** and keep a copy for your files. If you have any questions, please call the Medical Services Division.

Month/Year: \_\_\_\_\_ Facility: \_\_\_\_\_

**SECTION ONE: MEDICAL ENCOUNTER & SERVICES COORDINATED AT FACILITY**

<b>Primary Care</b> (Note: include all visits to physicians, PA, NP)	
Number of "Request for Medical Services" (medical & optometric only)	
Number of "Request for Mental Health Services" (mental health only)	
<b>Scheduled Medical appointments</b> Number of visits performed by physician, PA and Advanced Nurse Practitioner, Optometrist, Dentist, Psychiatrist and ANP for mental health. Includes A & R, scheduled medical appointments, clinic emergencies, walk-ins, referrals from nursing protocols, etc. Includes all visits performed by the providers.	
<b>Physician Total Visits</b> (List the name of all physician's)	
1.	
2.	
3.	
4.	
<b>Total Physician Visits</b>	
<b>Physician's Assistant Total Visits</b> (List the name of all PA's )	
1.	
2.	
3.	
4.	
5.	
<b>Total Physician Assistant Visits</b>	
<b>Advanced Practice Nurse – NP Total Visits</b> (List the name of all APN's)	
1.	
2.	
<b>Total Advanced Practice Nurse – NP Visits</b>	
<b>Optometrist Total Visits</b> (List the name of Optometrist)	
1.	
<b>Dentist Total Visits</b> (List the name of all Dentist's)	
1.	
2.	
3.	
4.	
<b>Total Dentist Visits</b>	
<b>Psychiatrist / Mental Health ANP - CNS Total Visits</b> (List all psychiatrists and MH APN -CNS name)(Does not include psychologist)	
1.	
2.	
3.	
4.	
5.	
6.	
<b>Total Psychiatrist/MH NP Visits</b>	

<b>Nurse Protocols Definition for data collection:</b> Number of nursing protocols performed by nursing staff	
<b>Emergencies seen in the clinic</b> <b>Definition for data collection:</b> Number of unscheduled visits of an emergent nature. An unexpected health care need that cannot be deferred until the next scheduled sick call or clinic. Emergency care includes treatment provided by <b>medical director, physician, local ambulance service and/or outside hospital emergency department</b> . Do not include those seen by nursing staff.	
<b>Total number of encounters in pill pass, KOP, etc. – pill line activity.</b> Numbers will be obtained from contract Pharmacy and entered by Medical Administration. <b>NOTE:</b> this section to be completed by private facilities; Total number of prescriptions received.	

<b>After Hour Callbacks</b> (Number of times staff <b>returned</b> to the facility)	
Physician	
Physician Assistant	
Nursing Staff	
Dental	
Health Services Administrator	

<b>Medical Activity Restrictions</b> (OP-140107)	
<b>Medically unassigned</b> <i>Definition for data collection: Number of medically unassigned inmates - Long term mental health illness or injury with an order from a qualified health authority that has no potential of return to regular work.</i>	

<b>Medical Special Needs (OP-140133)</b>	
Number of inmates in wheelchair	
Number of inmates who are vision impaired	
Number of inmates who are hearing impaired	
Number of inmates using walker, cane, crutches	
Number of inmates using prostheses	

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<b>Testing and Screening (OP-140301)</b>			
<b>PPD (1A-3b)</b> (PPD placed at intake)		<b>Positive PPD reading</b> <i>Include greater than or equal to 10 for regular population, greater than or equal to 5 for high risk population. (INTAKE and BOOSTER)</i>	
<b>Booster</b> (part of two step testing)		<b>Number of conversions to a positive tuberculin skin tests (1A-3)</b> <i>Number of conversions to a positive skin test- any positive TST, <b>EXCLUDING</b> any positive TST that is part of the initial 2-step test (Booster) done on reception, is a conversion and that individual is considered a converter. (CLINICALLY INDICATED AND ANNUAL)</i>	
<b>Clinically indicated PPD /Annual PPD</b> (PPD placed due to <u>contact investigation / signs &amp; symptoms</u> or annual testing)		<b>Number of CXRs sent to OSDH</b>	

<b>Serious Injuries and Deaths (OP-140111, OP-140125, OP-14029, and OP- 140130)</b>			
<b>Assaults - inmate to inmate</b> <i>Number of inmate to inmate – inmates only assaults - (report only those that require medical provider or nursing intervention/treatment)</i>		<b>Accidental</b> <i>Number of accidental injuries - Inmates only (report only those that require medical provider or nursing intervention/treatment)</i>	
<b>Assaults - inmate to staff</b> <i>Number of inmate to staff assaults - Staff only (report only those that require medical provider or nursing intervention/treatment)</i>		<b>Work-related</b> <i>Number of work –related injuries - Inmates only (report only those that require requires medical provider or nursing intervention/treatment)</i>	
<b>Sexual assaults</b> <i>Number of sexual assaults - Inmate to inmate and inmate to staff (report only those that require medical provider or nursing intervention/treatment).</i>		<b>Sports</b> <i>Number of sports related injuries - Inmates only (report only those that require requires medical provider or nursing intervention/treatment)</i>	
<b>Self-mutilations</b> <i>Number of self- mutilations -Inmates only</i>		<b>Bloodborne pathogen exposures: staff (2A-3)</b> <i>Number of bloodborne pathogen exposures - Staff only (Do not include needle sticks)</i>	
<b>Attempted suicides (4A-3)</b> <i>Number of attempted suicides - Inmates only</i>		<b>Bloodborne pathogen exposures: inmates</b> <i>Number of bloodborne pathogen exposures -Inmates only</i>	
<b>Deaths (include suicides) (4A-5b)</b> <i>Numbers will be obtained from Medical Administration and entered by Medical Administration.</i>		<b>Nursing medication administration errors (4A-6)</b> <i>Numbers will be obtained from contracted pharmacy and entered by Medical Administration. <u>NOTE</u>: this section to be completed by private facilities</i>	
<b>Needle-stick injuries (medical staff) (2A-3)</b> <i>Number of needle-stick injuries -Staff only</i>		<b>Pharmacy dispensing errors</b> <i>Numbers will be obtained from contracted pharmacy and entered by Medical Administration. <u>NOTE</u>: this section to be completed by private facilities</i>	
<b>Total medical grievances (3A-1b)</b> <i>Number of medical grievances- Inmates only</i>			

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<b>Specific Illness Counts (OP-140137, OP-140125, OP- 140301; MSRM 140125-01; MSRM 140137-03, MSRM 140137-06)</b>		
<b>Illness (Note: an inmate with multiple diseases must be counted for each category listed below)</b>	<b>Total number of <u>known</u> inmates at facility (Includes Newly Diagnosed)</b>	<b>Number of <u>newly diagnosed</u> inmates at facility within this month</b>
<b>Asthma (ICD 9 - 493.90)</b> <i>Number of asthma inmates at your facility this month</i>		
<b>Pulmonary (ICD 9 - 496)</b> <i>Number of pulmonary inmates at your facility this month Includes COPD</i>		
<b>Diabetes (1A-14) (ICD 9 – 250)</b> <i>Number of diabetic inmates at your facility this month</i>		
<b>Endocrine (ICD 9 – 259.9)</b> <i>Number of endocrine inmates currently at your facility this month DO NOT INCLUDE DIABETES</i>		
<b>Hypertension (1A-13) (ICD 9 - 401.9)</b> <i>Number of hypertension inmates at your facility DO NOT INCLUDE CAD or HYPERLIPIDEMIA</i>		
<b>Cardiovascular (ICD 9 -414.0 &amp; ICD 9 – 272.4)</b> <i>Number of cardiovascular inmates at your facility this month INCLUDES BOTH CAD AND HYPERLIPIDEMIA. DO NOT INCLUDE HTN</i>		
<b>Seizures (ICD 9 – 345.9)</b> <i>Number of seizures inmates at your facility</i>		
<b>Cancer (ICD 9 – 239.9)</b> <i>Number of cancer inmates at your facility this month</i>		
<b>Liver Disease (ICD 9 - 571.9)</b> <i>Number of liver disease and Hepatitis C# at your facility (this number should be equal or greater than Hepatitis C)</i>		
<b>Tuberculosis Disease (active) (1A-2)</b> <i>Number of inmates who have active TB disease (ATS-classification 3)</i>		
<b>TB Infection (latent): currently on treatment (1A-4b)</b> <i>Number of inmates who are currently on prophylaxis treatment this month</i>		
<b>Number of inmates with a positive tuberculin skin test who completed prophylaxis treatment for tuberculosis (1A-4)</b> <i>Number of inmates who have completed prophylaxis treatment this month</i>		
<b>HIV (1A-6 , 1A-7) (ICD 9 –V08)</b> <i>Number of inmates diagnosed with asymptomatic HIV</i>		
<b>HIV : currently on treatment (1A-7)</b> <i>Number of inmates who are currently on treatment for asymptomatic HIV</i>		
<b>AIDS (1A-6 , 1A-7) (ICD 9 – 042)</b> <i>Number of inmates diagnosed with AIDS (OI, Cancers, CD4 &lt; 200)</i>		
<b>AIDS: currently on treatment (1A-7)</b> <i>Number of inmates who are currently on treatment for AIDS (OI, Cancers, CD4 &lt; 200)</i>		
<b>Hepatitis A – ACUTE Anti HAV IGM positive</b> <i>Number of inmates diagnosed with positive lab result - Anti HAV IGM positive</i>		
<b>Hepatitis B – ACUTE surface antigen positive</b> <i>Diagnosed with positive lab results – surface antigen positive</i>		
<b>Hepatitis C –any positive lab confirmed only(1A-5) (ICD – 9 070.70)</b> <i>Number of inmates that are <u>confirmed lab positive</u> for Hep C whether converter or transferred.</i>		
<b>Hepatitis C: currently on treatment (Center of Excellence - JEHCC, OSP, MBCC, DCCC)</b> <i>Number of inmates who are currently on <u>medication</u> treatment for Hepatitis C</i>		
<b>STD (sexually transmitted diseases)</b> <i>Numbers of inmates diagnosed as having an STD</i>		
<b>MRSA (1A-1) (ICD 9 – 041.12)</b> <i>Number of inmates with a diagnosis of MRSA at your facility for this month (Report only new cases diagnosed each month)</i>		
<b>MRSA who have received treatment or are currently on treatment</b> <i>Number of inmates who were prescribed medication for the treatment of MRSA. (Report only new cases diagnosed that are prescribed treatment each month)</i>		
<b>Hygiene related conditions (scabies, lice, athletes' foot, etc.)</b> <i>Number of inmates diagnosed with hygiene related conditions at your facility (Parasites that live on the outside of the host. Examples: fleas, lice, fungal infection, scabies)</i>		

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**Specialty Care Visits (report only clinics that have been completed) (1A-12)  
Definition for data collection: Number of specialty care appointments that have been completed.**

Activity/Clinic	Local provider	At Lindsay	OU Medical Center	TeleHealth (HIV / Hep C)
Ambulatory Surgery				
Audiology				
Breast Care Center				
Breast Institute				
Cardiology				
Cardiac rehabilitation				
Chemotherapy				
Colonoscopy				
CT scans				
Dermatology				
Dialysis				
DMEI (Dean McGee Eye Institute)				
EEG				
EKG				
Endoscopy				
Eye Clinic				
Gastrointestinal				
Gynecology				
Heart Station				
Hematology				
Infectious disease				
Loveless shoes				
Medicine				
MRI				
Nephrology				
Neurology				
Neurosurgery				
Oncology				
Ophthalmology				
Optometrist appointments - total				
Oral surgery				
ORL				
Orthopedics				
Otology				
Pain management				
Physical therapy				
Plastics				
Prosthetics				
Podiatry appointments				
Pulmonary				
Radiation therapy				
Radiology				
Rheumatology				
Special procedures total				
Surgery				
Thoracic				
Transplant				
Ultrasound				
Urology				
Vascular				
Other				



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**SECTION TWO: COMMUNITY AND EMERGENCY CARE**

NOTE: Please count every hospital admission separately. Example- an inmate is admitted to a local hospital 1 admission –local, then discharged from local hospital and sent to LMH -1 admission to LMH.

Off-site emergency room visits (OP-140118) (1A-11).....	OUMC			
	LOCAL			
Off-site emergency room visits (OP-140118) (1A-11).....				
	LINDSAY			
Off-site emergency room visits (OP-140118) (1A-11).....				
	LOCAL	OUMC	LMH	
Hospital admissions from emergency room visits (1A-10).....				
Hospital admissions from non-ER visits (1A-10).....				
Total number of hospital days during month.....				
Number of inmates in hospital during month.....				

Transportation to Emergency (SHOULD BE EQUAL TO TOTAL SENT TO OFFSITE EMERGENCY ROOM VISITS)	
Number transported by ambulance	
Number transported by Med Flight	
Number transported by facility vehicle	
Other method of transportation	

Facility Transfers to an <u>Infirmary</u> (other than your own) (OP- 140119) Number of inmates from your facility that has been transport to an infirmary.	
OSP	
MBCC	
LARC	
DCCC	

**SECTION THREE: SPECIALIZED TREATMENT UNITS AND CARE**

**Infirmary Report (NOTE: this section is only to be completed by the following facilities: OSP, MBCC, LARC, DCCC) (OP-140119)**

Total infirmary admissions this month		Total infirmary discharges this month	
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**Women's Health Care Report (NOTE: this section is only to be completed by the following: MBCC, EWCC, KBCCC ) (OP- 140145; MSRM 140145-01))**

Number pregnant (new and current)		Number of Amniocentesis	
Number of births – c-section		Number of Ultrasounds	
Number of births – vaginal		Number of Pregnancy tests	
Number of abortions – abrupt		Number of Mammograms	
Number of abortions - elective		Number of Pap smears	

**Mental Health Unit Report (NOTE: this section is only to be completed by the following facilities: JHCC MHU, MBCC MHU, and OSP MHU) (OP-140127)**

MHU referrals - referred and placed on observation/evaluation status		MHU referrals - referred and not admitted to observation/evaluation status	
Number of inmates newly admitted to MHU		Number of inmates discharged from MHU	

**Medication Encounters (OP-140130)**

Numbers will be obtained from the contracted pharmacy and entered by medical administration. Note: This section is to be completed by private facilities.

Number of prescriptions		Number of psychotropic medications	
Number of inmates on medication		Number of inmates on psychotropic medications	

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**SECTION FOUR: MENTAL HEALTH SERVICES MONTHLY ACTIVITIES**

Treatment or Contact	Psychiatrists	QMHP
<b>Number of individual inmates seen in individual therapy/counseling</b> <i>Number of inmates who have attended at least one individual session with you. You are counting individual inmates here so there should not be any duplication.</i>		
<b>Total number of individual therapy/counseling sessions</b> <i>Number of individual sessions that you provided. This should be at least be equal to the number of inmates seen. It can be more if some inmates received more than one session.</i>		
<b>Number of individual inmate contacts in group therapy/counseling or psycho-educational groups</b> <i>Number of inmates that attended a group session this month. Remember that an inmate will only be counted once for this item.</i>		
<b>Total number of group sessions</b> <i>Number of group sessions provided this month</i>		
<b>Number of inmates administered a psychological battery (evaluation)</b> <i>Number of inmates who took some type of psychological test. Do not over count here. If an inmate completed a WAIS one day and an MMPI another, you only have one inmate to count.</i>		
<b>Number of inmates seen for crisis intervention</b> <i>Number of inmates seen for crisis intervention. Some inmates may seem to have a predisposition for a crisis every week but you only count the inmate and not each episode.</i>		
<b>Number of contacts seen for crisis intervention</b> <i>Number of contacts seen for crisis intervention</i>		
<b>Number of MHU therapeutic contacts (MHU facilities only)</b> <i>Number of inmate in MHU that you had therapeutic contacts with. How many times over the month did you have contact with inmates in MHU? This may end up looking like an inflated number but you are counting the number of contacts. It is possible that several inmates are contacted every day.</i>		
<b>Number of inmates seen for clinical interview and/or mental status exams (other than SHU and LARC)</b> <i>Number of inmate's seen for clinical interview and/or mental status exams. Again, you are counting inmates and not the number of exams or interviews.</i>		
<b>Number of inmate contacts during SHU semi-weekly reviews</b> <i>Number of inmate contacts during TDU/ SHU semi-weekly reviews. Every other week, you may have an individual inmate contact at TDU/SHU. For this item, how many times did you have contact with an inmate on TDU/SHU?</i>		
<b>Number of inmates seen for 30 or 90 day SHU mental status exams</b> <i>Number of inmates seen for 30 or 90 day SHU mental status exams. Again, you are counting the number of inmates and not exams.</i>		
<b>Number of incidents involving therapeutic restraints</b> <i>Number of incidents involving restraints. How many times was there an incident involving restraints?</i>		
<b>Number of emergency enforced medication incidents</b> <i>Number of enforced medication incidents. How many times did you participate in an enforced medication incident?</i>		
<b>Number of inmates seen for psychotropic medication management</b> <i>Number of inmates seen for psychotropic medication management. How many inmates did you provide psychotropic medication management?</i>		
<b>Total number of hours MH staff delivered in-service training (includes both medical and non-medical staff)</b> <i>Total number of hours MH staff delivered in-service training (includes both medical and non-medical staff). How many hours did you spend providing in-service training?</i>		
<b>Number of staff consultations</b> <i>Number of staff consultations. How many consultations did you provide to staff (all staff) this month?</i>		
<b>Number of after hour callbacks</b> <i>Number of after hour callbacks. Count the number of time within the month that mental health staff returned to the facility</i>		

**MENTAL HEALTH CLASSIFICATION (1A-9)**

Number of MH-A		Number of MH-C1 (1A-9)		Number of MH-D (1A-9)	
Number of MH-B (1A-9)		Number of MH-C2 (1A-9)			

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<b>SECTION FIVE: DENTAL SERVICES MONTHLY ACTIVITIES</b>
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Clinic Visits & Requests For Care	Dentist	Hygienist
<b>Oral surgery referrals (off site)</b>		
<b>Routine visits</b> <i>Number of routine visits. Appointed inmates</i>		
<b>Unscheduled visits/Emergency visits</b> <i>Number of unscheduled or emergency visits. Visits by inmates with urgent needs, not appointed in advance</i>		
<b>Total visits failed/canceled by clinic</b> <i>Number of visits failed or cancelled by clinic or inmate. Include no-shows, lockdowns, schedule change, etc.</i>		
<b>Total visits rescheduled</b> <i>Number of visits failed or cancelled by clinic or inmate that have been rescheduled.</i>		
<b>Total clinic visits (includes routine and ER)</b> <i>Number of clinic visits includes routine visits + unscheduled/ER visits</i>		
<b>Total sick call requests</b> <i>Number of Requests for Dental Services received</i>		

Services/Procedures Provided (OP-140124)	Dentist	Hygienist
<b>Total complete exams with treatment plans (1A-15)</b> <i>Number of treatment plans. "An examination by a licensed dentist that includes a dental history, exploration and charting of teeth, examination of the oral cavity and x-rays."</i>		

**Medical Monthly Activity Report**

The medical services unit will maintain medical services statistics. The statistics will be completed by the facility correctional health services administrator or designee and include the information listed on the "Worksheet for Monthly Medical Activity Report" (DOC 140107A).

**Instructions for Completing the Monthly Medical Activity Report**

The "Worksheet for Monthly Medical Activity Report" (DOC 140107A) will be entered into the web database in order to collect statistical data required. The individuals responsible for performing the functions that need to be reported monthly will maintain an accurate method by which this information can be reported and **verified** to the correctional health services administrator (CHSA) or designee preparing the monthly report. The "Worksheet for Monthly Medical Activity Report" (DOC 140107A) will be utilized and faxed to Medical Administration designee. Only statistical information will be entered. All inmates identifying information will be omitted.

This report will be entered no later than the fifth day of the month or as determined by the medical services designee.

A monthly summary from the "Worksheet for Monthly Medical Activity Report" (DOC 140107A) are included in the monthly "Health Services Report."

Additional reports will be produced based on information requests and uses for utilization management.

**I have reviewed the reported numbers and verify that the numbers are correct.**

**CHSA signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_