

# Correctional EMR Comparison Guide



Correctional Electronic Medical Records System

This document lists the minimum requirements of the correctional EMR vendor and software.

The following categories are covered:

1. EMR Vendor Commitments
  - a. Business Policies / Guarantees
  - b. Transition to EMR
    - i. Training
    - ii. Implementation
  - c. On-going Support
  - d. Follow up Training & Customization
  - e. Version Upgrades
  
2. EMR Software Capabilities
  - a. Integration vs. Modular
  - b. Document Management
  - c. Inmate Demographics
  - d. Inmate Movement
  - e. Medication Tracking (MAR)
  - f. Orders / Treatment Administration Record (TAR)
  - g. Alerts
  - h. Clinical Capabilities
  - i. Patient / Insurance Billing
  - j. Scheduling
  - k. Inventory
  - l. Customization
  - m. Reporting
  - n. Integration
    - i. Offender Management
    - ii. Microsoft Office
    - iii. HL7 Labs
    - iv. Pharmacy
    - v. Other Correctional Facilities
  - o. Security
  - p. Scalability
  
3. Hardware / Network Requirements
  - a. Server
  - b. Workstation
  - c. Peripherals
  - d. Database
  - e. Disaster Recovery
  - f. Services



	<b>EMR Vendor Commitments Business Policies / Guarantees</b>	<b>YES</b>	<b>Qualified YES</b>	<b>NO</b>	<b>Comments</b>
1.a.1	Can the vendor offer to escrow the EMR source code?				
1.a.2	Can the vendor supply names of other customers and allow site visits of those customers?				
	<b>EMR Vendor Commitments Transition to EMR - Training</b>				
1.b.i.1	Can the vendor offer on-site training at our facility?				
1.b.i.2	Can the vendor bring a computer network (servers, workstations, printers, scanners, etc.) to our site for initial training?				
1.b.i.3	Can the vendor offer a training database in addition to the production database?				
1.b.i.4	Prior to the initial training, will the vendor perform an initial assessment and interview key staff?				
1.b.i.5	Can the vendor customize the training to meet the specific needs of our correctional facility?				
1.b.i.6	Can the vendor train staff during off-shift hours?				
1.b.i.8	Can the vendor supply training on weekends or for two or more consecutive weeks if needed?				
1.b.i.9	Can the vendor offer a “train-the-trainer” model?				
1.b.i.10	Can the vendor train correctional officers as well as the medical staff?				
1.b.i.11	Can the vendor offer internet-based training?				
1.b.i.12	Can the vendor train every medical staff member if asked to do so?				
1.b.i.13	Can the vendor offer both classroom and individualized training?				
1.b.i.14	Can the vendor offer specialized training for physicians, dentists, and medical health specialists?				
1.b.i.15	Can the vendor train outside specialists such as part-time physicians who may only work a limited number of hours a week or month?				
1.b.i.16	Can the vendor offer training at their local facility (as opposed to training at our facility)?				
1.b.i.17	Is the vendor’s training staff employed by the vendor? (In other words, the vendor does not out-source its training.)				
1.b.i.18	Can the vendor offer training in customization routines so that our staff can perform the customization as opposed to the vendor’s staff?				



	<b>EMR Vendor Commitments Transition to EMR – Implementation</b>	<b>YES</b>	<b>Qualified YES</b>	<b>NO</b>	<b>Comments</b>
1.b.ii.1	Can the vendor supply staff on-site during the implementation phase of the EMR software?				
1.b.ii.2	Can the vendor staff assist during off-shift hours during the implementation phase?				
1.b.ii.3	Can the vendor staff remain on-site during weekends and for two or more consecutive weeks if needed?				
1.b.ii.4	Can the vendor coordinate integration of the EMR software with vendors of the offender management software, the lab software, the network/hardware staff and any other third party vendors?				
1.b.ii.5	If modifications are needed to the EMR software during the implementation phase, will the vendor install new versions during this phase?				
1.b.ii.6	Prior to the implementation phase, will the vendor customize the database to accommodate our unique information needs such as intake forms, consent forms, request forms, etc.?				
1.b.ii.7	Prior to the implementation phase, will the vendor customize the database to accommodate our unique medication and formulary needs?				
1.b.ii.8	Prior to the implementation phase will the vendor assist our staff in scanning in old-medical records by setting up scanners and scanning policies?				
1.b.ii.9	Prior to the implementation phase, will the vendor customize the database to accommodate the dictation/documentation needs of healthcare provider’s and their staff?				
	<b>EMR Vendor Commitments On-Going Support</b>				
1.c.1	Can the vendor offer 24/7 (24 hours per day, 7 days per week) telephone support?				
1.c.2	Can the vendor have the capability to remotely ‘view’ our EMR data?				
1.c.3	Is the vendor’s support staff employed by the vendor? (In other words the vendor will not contract out its support services.)				
1.c.4	If there are problems between the EMR software and other third party software (e.g. offender management), will the vendor coordinate the resolution of that problem?				



	<b>EMR Vendor Commitments Follow Up Training &amp; Customization</b>	<b>YES</b>	<b>Qualified YES</b>	<b>NO</b>	<b>Comments</b>
1.d.1	Can the vendor offer follow-up training after the implementation phase of the EMR software?				
1.d.2	Can the vendor perform follow-up training on-site at our facility?				
1.d.3	Can the vendor perform follow-up training for as few as one or two individuals?				
1.d.4	Can the vendor offer internet-based follow-up training?				
1.d.5	Can the vendor offer follow-up training at their facilities?				
1.d.6	Can the vendor offer customization services after the implementation phase?				
1.d.7	Can the vendor offer follow-up training in customization routines so that our staff can perform the customization as opposed to the vendor's staff?				
	<b>EMR Vendor Commitments Version Upgrades</b>				
1.e.1	Can the vendor offer software version upgrades as part of the on-going maintenance fee?				
1.e.2	Can the vendor include all enhancements to the EMR software in the version upgrades?				
1.e.3	Can the vendor include all problem fixes/patches to the EMR software in the version upgrades?				
1.e.4	Can the vendor provide version upgrades on a regular basis?				
1.e.5	Can the vendor provide version upgrades on an as-needed basis?				
1.e.6	Can the vendor install version upgrades remotely?				
1.e.7	Can the vendor coordinate installation of version upgrades with the network/hardware vendor or staff?				
1.e.8	Can our staff make recommendations for enhancements to the EMR software?				



	<b>EMR Software Capabilities Integration vs. Modular</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.a.1	Is the EMR software a totally integrated system? (In other words, it does not use modules such as one module for medications, another module for the MAR, a third module for dictation, etc.)				
2.a.2	Is the vendor the sole developer of all routines, components, modules, etc.? (In other words, the vendor has not purchased software from other third parties and is dependent on those third parties for enhancements and problem fixes.)				
2.a.3	Is the vendor’s software as demonstrated sold as one complete package at one price? (In other words, the software is not sold piecemeal where additional modules each have an additional cost.)				
	<b>EMR Software Capabilities Document Management</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.b.1	Can the software have document management capabilities?				
2.b.2	Can old medical records as well as outside medical records be scanned into the EMR system?				
2.b.3	Can the software support the automated importation of scanned images via bar code separator pages, file naming conventions, and/or web services?				
2.b.4	Can the software store scanned images in their native file format?				
2.b.5	Can the software support all major Microsoft Windows files formats such as .tif, .jpg, .pdf?				
2.b.6	Can the software support inmate identifying photographs as well as digital photographs for things such as disease progression, abuse documentation, etc?				
2.b.7	Can the software support the storage of sound and video files?				
2.b.8	Is the access of the document management files (e.g. scanned-in images and photographs), seamlessly integrated into the EMR system? (In other words, the user Can not have to manually start up another program to view document management files.)				
2.b.9	Is there a path for unlimited growth of the number and size of document management files except for the natural limits imposed by hardware capacities?				
2.b.10	Are the document management files stored and organized separately from the clinical database(s) such that backups and disaster recovery can be streamlined and implemented using common commercially available backup software?				
2.b.11	Should we choose to discontinue and uninstall your EMR software, Can the document management files still be available for use?				



	<b>EMR Software Capabilities Inmate Demographics</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.c.1	Can your software store basic inmate demographic fields such as name, address, city, state, zip, etc.?				
2.c.2	Can your software store correctional specific inmate demographic information such as booking numbers or tag identification numbers, aliases, tattoos, and gang affiliations?				
2.c.3	Can inmates be 'searched' or 'queried' for based on standard demographic information (name, address, social security number)?				
2.c.4	Can inmates be 'searched' or 'queried' for based on correctional specific fields such as booking numbers, tag identification numbers, aliases, tattoos, and gang affiliations?				
2.c.5	Can inmates be 'searched' or 'queried' for based on third party identification numbers such as hospital account numbers?				
2.c.6	Can inmate demographic information be automatically populated in the EMR software via integration with offender management software?				
2.c.7	If an inmate is re-admitted multiple times to our facility can your software assign the same correctional specific identification numbers to that inmate OR assign a new correctional specific identification number to the same inmate but retain previous numbers assigned from previous incarcerations?				
2.c.8	Can ad-hoc reports be created to find all inmates with missing demographic information (such as missing ID numbers or last names)?				
2.c.9	If changes are made to inmate demographics, is a log kept of the changes made as well as who made the changes and when they were made?				
2.c.10	Can a 'guarantor' be entered and assigned to each inmate?				
2.c.11	Can mass communications be mailed or emailed to inmate guarantors for such things as inmate financial statements or general policy letters?				
2.c.12	Can your software keep track of an inmate's previous addresses and phone numbers?				
2.c.13	Can your software allow for an unlimited number of phone numbers to be assigned to one inmate?				
2.c.14	If two inmates entered in your software are later discovered to be the same inmate, can your software allow for an easy consolidation of those two inmates into one?				
2.c.15	Can your software support the exportation of demographic information into other third party software systems such as offender management or laboratory testing systems?				
2.c.16	Can your software allow for users to easily distinguish between active inmates and discharged inmates?				
2.c.17	Can inmate demographic information be viewed in a read-only format by users not authorized to update the information?				



2.c.18	Can your software allow for the unlimited classifications of inmates for tracking such things as ICE inmates, federal inmates, state inmates, etc.?				
2.c.19	Does your software store digital photographs to help identify inmates?				
	<b>EMR Software Capabilities Inmate Movement</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.d.1	Can your software track the movement of inmates within the correctional facility in real time from the offender management system OR without an offender management system interface?				
2.d.2	Can your software automatically build a 'dictionary' of in-facility locations (e.g. inmate cells) based on inmate movement records imported from the offender management system?				
2.d.3	Can your software display the current location of the inmate on any screen that displays the inmate name?				
2.d.4	Can your software automatically update the current location of the inmate in real-time as the inmate is moved in the facility?				
2.d.5	If an inmate is discharged, does your software automatically record that an inmate is discharged and note that the inmate's current location is out of the facility?				
2.d.6	Can your software run proximity reports based on inmate movements to determine which inmates have been in contact with other inmates to help with such things as the control of TB outbreaks and/or the movement of contraband?				
2.d.7	Can your software run exhaustive proximity reports to not only determine which inmates have been in contact with each other, but which inmates have been in contact with each other via intermediary inmate contact?				
2.d.8	Can your software track a responsible party (e.g. correctional officer) for each inmate movement so that ad-hoc reports can be created to see all inmate moves that a particular party has been responsible for?				
2.d.9	If inmate movements are received out-of-sequence from the offender management software, will your EMR software auto-sequence them in the proper order based on time-of-day?				
2.d.10	Are logs kept in your EMR software of the raw data of the inmate movements so that any potential problems with the offender management software can be diagnosed?				



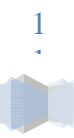
	EMR Software Capabilities Medication Tracking (MAR)	YES	Within 1 Year	Never	Comments
2.e.1	Does your software include a Medication Administration Record (MAR) component?				
2.e.2	Is your MAR fully integrated within your EMR software so that EMR records are accessible from within the MAR at any time? (In other words, the MAR routines are not a separate software module potentially purchased and or developed by another vendor).				
2.e.3	Is all inmate information (e.g. demographic, financial, scheduling, clinical, and document management) available from the MAR?				
2.e.4	Is your MAR fully paperless so that it does not require any information be printed to paper to be used?				
2.e.5	Can your MAR track the administration of every medication dose or pill?				
2.e.6	Can your MAR support PRN or 'Keep On Person' medications?				
2.e.7	Is the underlying medication order or prescription available for access directly from the MAR?				
2.e.8	Can your MAR display the inmate's photograph on all inmate specific screens for easy confirmation of the proper inmate receiving the proper medication?				
2.e.9	Can your MAR use color to quickly identify such things as whether or not an inmate has received a required dose at a required time?				
2.e.10	Can your MAR display all medications and doses in a grid format similar to a paper-based layout of one month per page?				
2.e.11	Can you access previous and future months of information on the MAR easily and quickly?				
2.e.12	Can you "drill down" within the MAR to access all dosage or detailed medication information without leaving the MAR?				
2.e.13	Can your MAR support 'pill box' dispensing of medications? That is the inmates must all come to a centralized location to receive their medications.				
2.e.14	Can your MAR support 'med-pass' dispensing of medications? That is the inmates remain in their cells and a staff member moves from cell to cell to dispense medications.				
2.e.15	If your MAR supports 'med-pass' dispensing, can you easily organize the MAR information (either from a report or by other means) for all inmates such that the order that inmates are accessed in the MAR corresponds to the order of the inmates in their cells?				
2.e.16	If your MAR supports 'med-pass' dispensing, but the inmate is not in the cell or refuses to take the medication, can you quickly record the reason why the medication was not given?				



2.e.17	If your MAR supports 'med-pass' dispensing, can you also perform and record other tasks (such as taking vitals, administering TB tests, drawing blood, etc.) in the EMR system without leaving the MAR screens?				
	<b>EMR Software Capabilities Medication Tracking (MAR), con't</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.e.18	If your MAR supports 'med-pass' dispensing, can you enter inmate requests, 'To-Do' requests, Orders, etc. in the EMR system without leaving the MAR screens?				
2.e.19	Can your MAR support off-shift dispensing?				
2.e.20	Can your MAR allow for an unlimited number of shifts and shift descriptions?				
2.e.21	When a new medication order or prescription is entered, can your MAR automatically assign a dispensation time frame and shift(s)?				
2.e.22	Can your MAR support non-consecutive or unusual dispensation patterns such as Monday, Wednesday, Friday, or once per week, or twice per month, etc.?				
2.e.23	Can your MAR support the dispensation of medications outside of the assigned dispensation pattern?				
2.e.24	Can your MAR automatically compute a stop date based on the medication start date?				
2.e.25	Can your MAR allow for the discontinuation of a medication and is it color coded as such for easy viewing by the user?				
2.e.26	Can your MAR integrate with outside pharmacies for automated medication orders?				
2.e.27	Can your MAR update inventory levels as medications are dispensed?				
2.e.28	Can your MAR track inmate signatures for medication orders and individual medication doses?				
2.e.29	Can your MAR contain an audit log that shows who and when every entry was created and modified?				
2.e.30	Can ad-hoc reports be created to track any and all medication and dosage fields?				
2.e.31	Can ad-hoc exception reports be created to see which inmates did not receive a medication for a given time frame?				
2.e.32	Can ad-hoc reports be created to see which inmates are due to have their medications (prescriptions) renewed or refilled?				



	<b>EMR Software Capabilities Orders / Treatment Administration Record (TAR)</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.f.1	Can your software include an Order-based Treatment Administration Record (TAR)				
2.f.2	Can your system support both standing orders and ad-hoc orders?				
2.f.3	Can orders be assigned to individual staff members?				
2.f.4	Can orders be assigned to departments (groups of related staff members)?				
2.f.5	Can the execution of orders automatically create other records in the EMR system? (For example, if an order is given to take an inmate’s vital signs, can the processing of that order automatically create a separate vital sign record for the inmate?)				
2.f.6	Can the completion of one order automatically create another order? (For example, if an order is completed to ‘Give a TB Test’ can the completion of that order automatically create an order to ‘Read a TB Test’?)				
2.f.7	Can the completion of one order have multiple possible endings, each of which may automatically create multiple additional orders? (Such as system allows for decision making support in such things as chronic disease management, admission of new inmates, etc.)				
2.f.8	Can your order system track best-case and worst-case target dates?				
2.f.9	Can your order system allow for work to begin on an order immediately after it is created?				
2.f.10	Can your order system prevent an order from being started until a specific timeframe occurs and/or a specific amount of time has passed from the creation of the order?				
2.f.11	Can orders be cancelled?				
2.f.12	Can ad-hoc order reports be created to see such things as all open orders for specific departments or all past-due orders?				
2.f.13	Can dictionaries of standing order definitions be built and categorized for rapid order selection and creation?				
2.f.14	Can order target dates be tied to the inmate’s birth date?				
2.f.15	Can other clinical records such as vital sign records, lab tests, or document management files be ‘inserted’ into the order as documentation of the order?				
2.f.16	Can your order system support the ‘approval’ or ‘sign-off’ of the order by the requesting authority such as the physician or supervisor?				
2.f.17	Are all fields stored on the order available for display and filtering on ad-hoc and system reports?				
2.f.18	Can your order system support the ‘export’ of the order definitions to other correctional facilities that also have your EMR system installed?				
2.f.19	Can staff members create orders on behalf of, and at the request of authority figures such as physicians or managers?				
2.f.20	Can your order system contain an audit log that shows who and when every entry was created and modified?				



2.f.21	Can all orders (open or complete) for an individual inmate be accessed by the user from within the MAR system?				
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	EMR Software Capabilities Alerts	YES	Within 1 Year	Never	Comments
2.g.1	Can your EMR software include an alert component to warn users of specific inmate conditions?				
2.g.2	Can we customize alerts to be issued based on the inmate's age?				
2.g.3	Can we customize alerts to be issued based on the inmate's sex?				
2.g.4	Can we customize alerts to be issued based on the inmate's current problems (e.g. diabetes, hypertension)?				
2.g.5	Can we customize alerts to be issued based on other classifications/categories that may have been assigned to the inmate?				
2.g.6	Can we customize alerts to be issued based on laboratory values?				
2.g.7	Can we customize alerts to be issued based on missing values such as no lab results, orders, diseases, or vital signs?				
2.g.8	Can we customize alerts to be issued based on fields entered on intake screening forms, such as pregnancies, suicide risks, high-risk behavior, etc.?				
2.g.9	Can we customize alerts based on any combination of one or more of the criterion listed above (in lines 2.g.2 to 2.g.8)?				
2.g.10	Can alerts be automatically checked and possibly issued based on creation of appointments, visits, inmate admissions, movements, etc?				
2.g.11	Are alerts that have been issued to an inmate highly visible and easily accessible?				
2.g.12	Can alerts be department specific, meaning only certain departments can see or act upon specific alert types?				
2.g.13	Can default orders be assigned when an issued alert is acted upon by an authorized staff member of healthcare provider?				
2.g.14	Can an authorized staff member of healthcare provider choose to ignore or cancel an alert?				
2.g.15	Can your system track all alerts issued and the corresponding measures taken in support or denial of those alerts?				
2.g.16	Can reports be created for track alerts issued and the outcome (if any) of those alerts?				



	EMR Software Capabilities Clinical Capabilities	YES	Within 1 Year	Never	Comments
2.h.1	Can your software track active and inactive medications for inmates?				
2.h.2	Can your software auto-update active and inactive medications automatically from medication orders / prescriptions created within the system?				
2.h.3	Can your software track active and inactive medications from sources outside the correctional facility such as specialists, health departments and the inmate’s family (over the counter drugs)?				
2.h.4	Can your software track current problems (e.g. diabetes, hypertension, dyslipidemia, etc.) for an inmate?				
2.h.5	Can your software track current problems using a standardized coding system such as the ICD-9 disease classification system?				
2.h.6	Can your software support start, continue, and stop dates for current problems?				
2.h.7	If your software tracks current problems based on ICD-9 codes, can current problems be auto-assigned to patient visits for billing and reporting purposes?				
2.h.8	Can your software track allergies for inmates?				
2.h.9	Can your software support start, continue, and stop dates for allergies?				
2.h.10	Can comments be entered for current medications, problems, and allergies?				
2.h.11	Can your software track a ‘past medical history’ for inmates?				
2.h.12	Can the past medical history be updated by multiple data entry methods such as templates, voice dictations, and/or copy-paste from other software packages (e.g. Microsoft Word)?				
2.h.13	Can your software support patient visits or encounters?				
2.h.14	Can an encounter record provider documentation in free-text format?				
2.h.15	Can encounter documentation be entered using pre-defined template phrases for rapid-data entry?				
2.h.16	Can encounter documentation be entered using voice dictation software?				
2.h.17	Can information such as vital signs, past medical history, active medications, etc. be auto-pasted into encounter documentation?				
2.h.18	Can encounter documentation be searched and reported on?				
2.h.19	Can the encounter documentation contain an audit log that shows who and when every entry was created and modified?				
2.h.20	Can providers enter an electronic signature to note that the encounter documentation is valid and complete?				
2.h.21	Can multiple providers electronically sign-off on the same encounter documentation?				
2.h.22	Can templates be customized by authorized users to fit the documentation styles of each healthcare provider?				



2.h.23	Can Medicare audit points be assigned to template phrases so the encounter documentation can be audited to ensure compliance with Medicare coding guidelines and level of Evaluation & Management (E/M) coding selection?				
2.h.24	Can different providers use different sets of encounter documentation templates?				
2.h.25	Can different providers share encounter documentation templates?				
2.h.26	Can encounter documentation templates be exported from correctional facility database to another correctional facility database?				
2.h.27	Can the encounter record have fields for inmate vital signs?				
2.h.28	Can vital signs be recorded apart from an encounter record?				
2.h.29	Can multiple vital sign records be entered for the same inmate on the same day?				
2.h.30	Can your software track an inmate's weight, height, and computer a body mass index (BMI)??				
2.h.31	Can your software compute a body surface area based on the inmate's weight & height?				
2.h.32	Can your software track an inmate's blood pressure, pulse, respiration, and temperature?				
2.h.33	Can your software allow for the possibility that vital signs cannot be recorded and allows for the failure reason to be noted?				
2.h.34	Are vital signs reportable fields?				
2.h.35	Can reports on vitals signs be run for vitals signs recorded both on and apart from encounter records?				
2.h.36	Can the encounter record support the assignment of ICD-9 diagnosis codes?				
2.h.37	Can the encounter record support the assignment of CPT procedure codes?				
2.h.38	Can the encounter record support the assignment of mental health codes such as the DSM?				
2.h.39	Can diagnosis codes be 'linked' to procedure codes?				
2.h.40	Can modifiers be assigned to CPT codes?				
2.h.41	Can an attending provider be assigned to the encounter record?				
2.h.42	Can a referring provider be assigned to the encounter record?				
2.h.43	Can more than one referring provider be assigned to the encounter record?				
2.h.44	Can a supervising provider be assigned to the encounter record?				
2.h.45	Can an EMT/Paramedic be assigned to the encounter record?				
2.h.46	Can a sign-off provider be assigned to the encounter record?				
2.h.47	Can a third party payer such as an insurance company, Medicare, or Medicaid be assigned to the encounter record?				
2.h.48	Can multiple insurance companies ordered by priority be assigned to the encounter record?				



2.h.49	Can dollar amounts be assigned to the procedure codes on the encounter record?				
<b>EMR Software Capabilities Patient / Insurance Billing</b>		<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.h.49	Can multiple fee schedules such as the Medicare fee schedule be assigned to procedure codes to document the cost of care provided by the correctional facility over a period of time?				
2.h.50	Are the entire CPT / ICD-9 / HCPCS codes available for inclusion with your software?				
2.h.51	Are you licensed by the AMA to legally distribute the CPT / ICD-9 / HCPCS codes?				
2.h.52	Can a location be assigned to the encounter record?				
2.h.53	Can your software support referral records to track the referral of an inmate to another healthcare provider or organization for care?				
2.h.54	Can a dictionary of referral types be created for the rapid entry of a new referral?				
2.h.55	Can the referral record track both the 'referred to' and the 'referred by' healthcare provider?				
2.h.56	Can your software support the creation of requisition records to track the request of a provider for services to be performed by another staff member?				
2.h.57	Can requisitions be entered that automatically send lab orders to in-house or outside laboratory vendors?				
2.h.58	Can a dictionary of requisition types be created for the rapid entry of a new requisition?				
2.h.59	Can the requisition record track the ordering provider?				
2.h.60	Does the requisition track the completion date and time?				
2.h.61	Can ad-hoc reports be run on any requisition fields to track such things as all pending requisitions, all requisitions of a specific type, all requisitions for a given inmate classification, etc.?				
2.h.62	Can your system support the creation of treatment protocols for disease management?				



	EMR Software Capabilities Patient / Insurance Billing	YES	Within 1 Year	Never	Comments
2.i.1	Can your software support patient billing?				
2.i.2	Can your software generate invoices and patient statements?				
2.i.3	Can invoices or patient statements be mailed to the patient's family or guarantor?				
2.i.4	Can payments be recorded in your software?				
2.i.5	Can your system support line item payment posting?				
2.i.6	Can your software support insurance billing?				
2.i.7	Can your software print standard insurance claim forms such as the CMS-1500 & UB-04?				
2.i.8	Can your software file insurance claims electronically?				
2.i.9	Can your software adhere to all HIPAA file formats for the submission of electronic claims?				
2.i.10	Can your software support the automatic posting of electronic remittance payments?				
2.i.11	Can your software adhere to all HIPAA file formats for the posting of electronic claims?				
2.i.12	Can your software support the assignment of primary, secondary, tertiary, and other insurance companies to inmates?				
2.i.13	Can your software support the ability to enter adjustments or write-downs to specific line-item charges?				
2.i.14	Can your software support fee schedules to ensure that all charges are billed to the patient or insurance company at the proper rate?				
2.i.15	Can your software support contract schedules to ensure that all payments received on behalf of the patient are the proper amount?				
2.i.16	Can the layout of patient statements be customized?				
2.i.17	Can your software support the ability to use Microsoft Word's mail merge capabilities to generate patient statements?				
2.i.18	Can your software have the ability to submit insurance claims to financial clearinghouses such as Gateway EDI, Zirmed, or WebMD?				
2.i.19	Can your system retain a copy of every printed claim, every electronic claim, and every electronic remittance file?				



	EMR Software Capabilities Scheduling	YES	Within 1 Year	Never	Comments
2.j.1	Can your software include scheduling capabilities for the creation of inmate appointments with healthcare providers?				
2.j.2	Can your scheduler include the ability to schedule both providers and equipment?				
2.j.3	Can your scheduler support multiple providers at multiple locations?				
2.j.4	Can your scheduler support customizable appointment reason code lists?				
2.j.5	Can appointment schedules be viewed in both a grid format and a list format?				
2.j.6	Can your scheduler have the ability to find the next available appointment for a specific provider and/or reason and/or location?				
2.j.7	Can your scheduler support an unlimited number of scheduling templates for each provider such as a Monday schedule, a Tuesday schedule, etc.?				
2.j.8	If a provider's schedule changes, can your software automatically reassign multiple appointments to a different date/time as one operation?				
2.j.9	Can your appointment scheduler provide the ability track inmate flow within the medical facility such that the location (exam room, waiting room, etc.) of any inmate can be determined at any time?				
2.j.10	Can your appointment scheduler track the amount of time that an inmate spent in any one location within the medical facility?				
2.j.11	Can a 'no-show' of an inmate be documented within the appointment scheduler?				
2.j.12	Can comments be entered on appointments?				
2.j.13	In addition to the appointment reason, can the chief complaint for an encounter be entered on the appointment to be automatically copied to the encounter?				

	EMR Software Capabilities Inventory	YES	Within 1 Year	Never	Comments
2.k.1	Can your software include inventory capabilities?				
2.k.2	Are the inventory routines fully integrated within the EMR system?				
2.k.3	Can inventory items be directly tied to medication orders / prescriptions such that the creation and/or dispensing of a medication automatically reduces the inventory level for that item?				
2.k.4	Can inventory items be directly tied to procedure codes such that the assignment of a procedure code to an encounter automatically reduces the inventory level for that item?				
2.k.5	Are inventory level re-order points supported?				
2.k.6	Are inventory level minimum and maximum quantities supported?				
2.k.7	Can vendors be assigned to inventory items?				
2.k.8	Can a preferred vendor be assigned to an inventory item?				
2.k.9	Can vendor quantity/cost breakdowns be maintained?				
2.k.10	Can purchase orders be created for inventory items of a given vendor?				
2.k.11	Are vendor item codes assignable to inventory items?				
2.k.12	Can vendor lead times be tracked for each vendor's item?				
2.k.13	Can ad-hoc and system reports be created to track all aspects of inventory management?				
2.k.14	If a discrepancy is found between your system's count of inventory items and an actual physical count, can that discrepancy be noted and the amount in your system adjusted accordingly?				



	EMR Software Capabilities Customization	YES	Within 1 Year	Never	Comments
2.1.1	Is your system a very flexible and customizable system by the end user?				
2.1.2	Can your system offer the ability for authorized users to customize provider dictation templates?				
2.1.3	Can your system offer the ability for authorized users to customize medication lists?				
2.1.4	Can your system offer the ability for authorized users to customize order definitions?				
2.1.5	Can your system offer the ability for authorized users to customize appointment reasons?				
2.1.6	Can your system offer the ability for authorized users to customize procedure and diagnosis descriptions?				
2.1.7	Can your system offer the ability for authorized users to customize inmate classifications?				
2.1.8	Can your system offer the ability for authorized users to customize a dictionary list of allergies?				
2.1.9	Can your system offer the ability for authorized users to customize categories of document management file types and descriptions?				
2.1.10	Can your software support the customization of new types of user definable fields and records, for example new intake screening records, facility property records, alcohol abuse records, drug use records, visitor log records, incident report records, etc. without ANY assistance or programming modifications by you the vendor whatsoever?				
2.1.11	If your software supports user definable fields and records, can those user defined records be fully integrated into the EMR system such that they appear to be seamless to the end user?				
2.1.12	If your software supports user definable fields and records, can ad-hoc reports be created to query on those records?				
2.1.13	If your software supports user definable fields and records, can data entry screens be customized using an integrated screen design tool?				
2.1.14	Can the user definable fields include field types such as text, multi-line, date, numeric, monetary and other standard field types?				
2.1.15	Can the user definable fields include computed fields that take values from other user definable fields (and/or system fields in the EMR) and compute new values from existing fields?				
2.1.16	Can the definitions of user definable records and fields be exported from one correctional database to another correctional database for standardization across multiple correctional facilities?				
2.1.17	Can the vendor offer customization services as well as training for the correctional facility in how-to-do customization of your system?				



2.1.18	Can user definable fields and records be combined with system fields such as inmate demographics, etc. on ad-hoc and system reports?				
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	EMR Software Capabilities Reporting	YES	Within 1 Year	Never	Comments
2.m.1	Can the EMR software include a fully-integrated reports writer?				
2.m.2	Was the integrated report writer designed and developed by your company? (In other words the report writer was not purchased from another company and is not an add-on report writer such as Crystal Reports.)				
2.m.3	Can reports be run for one inmate, some inmates, or all inmates?				
2.m.4	Can reports be run for current inmates and inmates no longer housed in the correctional facility?				
2.m.5	Is every field of importance stored in the EMR system a reportable field?				
2.m.6	Can report designs be created and stored for later use?				
2.m.7	Can time-frame reports be saved in such a way that they always run for given time frames (such as the current day, the previous month, etc.) without having to re-enter a start and stop date?				
2.m.8	Can reports be run at any time?				
2.m.9	Can ad-hoc reports be created and run on-the-fly without the need to save a report definition?				
2.m.10	Can report definitions be saved and scheduled to run at specific times and regular intervals?				
2.m.11	Can report output be saved within the EMR system for viewing at a later time?				
2.m.12	Can users 'drill-down' on reports to the underlying records represented by the report output?				
2.m.13	Can information on reports be exported to text files?				
2.m.14	Can information on reports be printed?				
2.m.15	Can numeric information on reports be graphed with an integrated graphing component?				
2.m.16	Can information on reports be exported to Microsoft Excel?				
2.m.17	Can information on reports be exported to Microsoft Word?				
2.m.18	Can report definitions be exported to other correctional databases for standards across multiple correctional facilities?				
2.m.19	Can management-by-exception reports be created by filtering report output on specific field values such as lab values greater or less than certain values, systolic or diastolic blood pressure values that are too high or too low, medication orders that are past a target date, inmate requests that have not been honored that are several days past due, etc.?				
2.m.20	Can summary reports be created that hide detail but display such things as how many inmates with a specific condition are in the correctional facility, the amount of work performed by a specific nursing department, the number of medication orders of specific drug type prescribed by a specific doctor, etc.?				
2.m.21	Can output on reports be color-coded based on specific criteria to highlight items of interest?				
2.m.22	Can report creation and execution be restricted by department and security clearance?				
2.m.23	Can reports be categorized by user created categories?				



	<b>EMR Software Capabilities Integration – Offender Management</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.n.i.1	Can your software support integration with offender management software?				
2.n.i.2	Can your software support a bi-directional interface with offender management software?				
2.n.i.3	Can your software support the automatic importation of inmate demographic data from offender management software?				
2.n.i.4	Can your software support the automatic creation of new inmates in your system based on the demographic data sent from offender management software?				
2.n.i.5	Can your software support the automatic update of inmate demographic fields for existing inmates in your system based on the demographic data sent from offender management software?				
2.n.i.6	Can your software support the automatic importation of inmate movement records from offender management software?				
2.n.i.7	Can your software maintain the current location of inmates based on the importation of inmate movement records from offender management software?				
2.n.i.8	Can your software support the automatic importation of inmate photographs from offender management software?				
2.n.i.9	Can your software maintain an audit trail of the raw data sent by the offender management software?				
2.n.i.10	Can your software support real-time importation of data from offender management software?				
2.n.i.11	Can your software support importation of data using the FTP protocol from offender management software?				
2.n.i.12	Can your software support importation of data using shared folders from offender management software?				
2.n.i.13	Can your software support importation of data using web services from offender management software?				

	<b>EMR Software Capabilities Integration – Microsoft Office</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.n.ii.1	Can your software integrate with Microsoft Office components?				
2.n.ii.2	Can your software integrate with Microsoft Word to allow authorized users to do such things as perform mail merge functions, create patient consent forms, create inmate request forms, create patient education materials, etc.?				
2.n.ii.3	Is virtually every field in your EMR system available for auto-insertion into a Microsoft Word document?				
2.n.ii.4	Can complex template document files and EMR field relationships be set up by authorized users so that other users can quickly perform the automatic creation of Word documents containing EMR data with a minimum of effort and thinking?				
2.n.ii.5	If your EMR system supports user definable fields and records, can data from those user definable records be auto-inserted into Word documents?				
2.n.ii.6	Can your system store in the inmate’s chart every Word document created on behalf of that inmate?				
2.n.ii.7	Can your software integrate with Microsoft Excel so that authorized users may export report output into Excel spreadsheets?				
2.n.ii.8	Can complex ‘template’ spreadsheets be pre-created so that after report output is imported into the spreadsheet, totals, graphs, etc. can be automatically computed and created based on the data exported from the EMR system?				
2.n.ii.9	Can your software integrate with Microsoft Outlook?				
2.n.ii.10	If your software integrates with Microsoft Outlook, can emails be sent from within your EMR system?				
2.n.ii.11	If your software integrates with Microsoft Outlook, can multiple emails be sent based on report output data?				

	<b>EMR Software Capabilities Integration – HL7 Labs</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.n.iii.1	Can your software integrate with HL7-compliant laboratory software systems?				
2.n.iii.2	Can your software have the ability to receive laboratory results in an HL7 compliant file format?				
2.n.iii.3	Can your software have the ability to send laboratory requisitions in an HL7 compliant file format?				
2.n.iii.4	Are the lab results received by your software automatically assigned to the proper patient in the EMR database without any human involvement?				
2.n.iii.5	Are the individual lab results values stored as discrete values for later reporting and graphing?				
2.n.iii.6	If your EMR system offers user definable fields and records, can you integrate user definable fields with lab results fields on the same report? This allows in-house lab results that may be stored as user definable fields to be combined with lab results that may come from outside laboratory testing vendors.				
2.n.iii.7	If the lab vendor notes that a specific lab result is abnormal, Can your system also note that fact?				
2.n.iii.8	Can your system have a mechanism for tracking and reporting on whether or not follow-up has been done with the patient for each lab result set?				
2.n.iii.9	Are lab results fully integrated within your EMR system and each inmate’s chart? (In other words, the user Can not have to invoke another third party program to view lab results.)				
	<b>EMR Software Capabilities Integration – Pharmacy</b>				
2.n.iv.1	Can your software integrate with pharmacies?				
2.n.iv.2	Can your software automatically send medication orders or prescriptions to pharmacies?				
2.n.iv.3	Can your software automatically receive notification that a medication order or prescription has been filled or not filled?				
2.n.iv.4	If your software includes inventory routines, can you automatically adjust inventory levels as medications are received from the pharmacy?				
2.n.iv.5	If the pharmacy offers an electronic MAR, can your software integrate with their MAR in real time?				
	<b>EMR Software Capabilities Integration – Other Correctional Facilities</b>				
2.n.v.1	Can your software have the ability to share inmate information electronically with other correctional facilities?				
2.n.v.2	Can your software ‘export’ all inmate medical information for one inmate into a commonly recognized file format such as HTML, RTF, or DOC for viewing on another computer that does not have your EMR software installed?				
2.n.v.3	Can your software ‘export’ all inmate medical information for one inmate, that can then be imported into another installation of your software to ensure continuity of care for that inmate?				



2.n.v.4	Can your software electronically receive inmate information from other correctional facilities?				
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	<b>EMR Software Capabilities Security</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
2.o.1	Can your software contain security features?				
2.o.2	Can your software enforce username and password checking before the user can be using the software?				
2.o.3	Should each user have a unique username?				
2.o.4	Can users be assigned to a group where each department is then assigned specific privileges or security clearances?				
2.o.5	Can your system recognize administrator or super-users that can administer the security routines?				
2.o.6	Can administrator or super-users be prevented from accessing clinical information?				
2.o.7	Is every change in user and group settings recorded in an audit log?				
2.o.8	Is every log in and log out of the system recorded in an audit log?				
2.o.9	Can your system have the ability to prevent a given user from seeing some inmates?				
2.o.10	Can your system have the ability to restrict access to each discrete record by group? (In other words, a user must be a member of a specific group to see a specific inmate's record such as a lab test or appointment.)				
2.o.11	Can users be members of more than one group at the same time?				
2.o.12	Can your system support an unlimited number of users?				
2.o.13	Can your system support an unlimited number of departments?				
2.o.14	Can your system include audit trails of data creation and modification for sensitive and critical data such as provider dictation, medication administration, sensitive user definable fields, etc.?				
2.o.15	Can your system support keeping audit logs indefinitely? Is this option configurable to administrators/super-users?				
2.o.16	Can your system support running client software in a terminal services environment?				
2.o.17	Is Microsoft Windows your system preferred operating system for workstations and servers?				
	<b>EMR Software Capabilities Scalability</b>				
2.p.1	Is your EMR software scalable from a capacity point-of-view, meaning that it supports an unlimited number of inmates and medical records and is only restricted by the natural constraints of existing hardware?				
2.p.2	Can your EMR software support the simultaneous usage of the software by dozens (even hundreds) of users assuming the hardware it runs on is capable of such volume?				
2.p.3	Can your software support large capacity storage devices such as terabyte hard drives and/or SAN disk arrays?				

2.p.4	Is your EMR software scalable from an information management point-of-view, meaning that as our correctional facility grows in its needs your software is already capable, today, of meeting those needs? Examples would include complex disease management protocols; means of rapid data entry of sophisticated documentation; advanced reporting and trending for outcome-based medicine; tracking of new types of information using user definable records; and so on.				
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	<b>Hardware Network Requirements Server</b>	<b>YES</b>	<b>Within 1 Year</b>	<b>Never</b>	<b>Comments</b>
3.a.1	Can your EMR software run on standard off-the-shelf Microsoft Windows based servers?				
3.a.2	Do you recommend the use of RAID disk arrays?				
3.a.3	Can your EMR software run on terminal servers or Citrix servers in a thin-client environment to reduce workstation hardware costs?				
3.a.4	Is your software SQL based (either Microsoft or Oracle, but preferably Microsoft)?				
3.a.5	Do you recommend the installation of the database, domain, and terminal servers within the correctional facility?				
	<b>Hardware Network Requirements Workstation</b>				
3.b.1	Can your software support standard, off the shelf, Microsoft Windows based workstations?				
3.b.2	Can your software support desktop computers?				
3.b.3	Can your software support laptop/notebook computers?				
3.b.4	Can your software support tablet PC's?				
3.b.5	Can your software support thin-client machines as workstations?				
3.b.6	Can your software support non-standard computers if used as a thin-client workstation?				
3.b.7	For non-thin-client workstations do you offer minimum specifications for those workstations?				
	<b>Hardware Network Requirements Peripherals</b>				
3.c.1	Can your software support most standard Microsoft compatible peripherals?				
3.c.2	Can your software support Microsoft compatible printers?				
3.c.3	Can your software support Microsoft compatible scanners?				
3.c.4	Can your software support Microsoft compatible keyboards, mice, and alternative data input devices (such as track balls, pen tablets, etc.)?				
3.c.5	Can your software support bar code data entry devices?				
	<b>Hardware Network Requirements Database</b>				
3.d.1	Is your database system SQL based (either Microsoft SQL or Oracle, but preferably Microsoft)?				
	<b>Hardware Network Requirements Disaster Recovery</b>				
3.e.1	Can you offer recommendations for backup policies and procedures to our I.T. staff?				
3.e.2	In the event of a disaster recovery scenario, Can you be Caning to travel to our site for assistance in bringing our system back online?				
	<b>Hardware Network Requirements Services</b>				
3.f.1	Do you offer any type of network/hardware services?				
3.f.2	Can you supplement our I.T. staff if requested to do so?				
3.f.3	Can you coordinate network/hardware projects with our I.T. staff if requested to do so?				
3.f.4	Can you completely manage our I.T. needs if requested to do so?				



