

Why don't we need a medical person ID, too?

The facilities have a number of medical providers, ranging in training from MD to LPN to DMD. Rather than ask the facilities to assign a unique identification number to all medical staff in their prison and jail jurisdictions, and taking into account that the reporter may be filling the form out based on information from an outside referral, we felt it best to exclude a medical person ID to reduce burden on the facilities.

Wasn't there some instruction about not using the real patient ID but some proxy? Or is this the real ID? Does that instruction need to be added?

In meetings with the facility contacts, there was a lot of discussion about this identification number, and we advised them that this would be best implemented by creating a sequential identification number that, when combined with the facility identification number, will create a unique form identification number.

We created a "Standard Operating Procedures" document and a training PowerPoint presentation for providers that walk them through the form on an item-by-item basis. For the form identification number, we advise the providers to "assign the remaining four digits to create a unique identifier for the form."

We will add the following language to the Standard Operating Procedures document and training PowerPoint presentation to clarify:

1. The **form identification number (FIN)** is a six-digit number used by the facility to track the **form**.
 - The first two digits of the FIN are assigned to the facility by CDC. These two digits will be the same for all forms completed for the facility.
 - The facility will assign the remaining four digits **sequentially** to create a unique identifier for the form.
 - This number will remain on the form when the form is sent to CDC.

We also amended the form, changing "Patient ID" to "Unique Sequential ID" and indicating that the Form Identification Number should only be assigned by the central reporter at the facility (see attached).

Where is the pledge of confidentiality? I'm concerned about putting IDs on the form without it being in close proximity. I'm also a bit concerned about the ability of BJS to uphold such confidentiality if it's not clearly pledged and I'm not sure where that would be if not on the form.

We have inserted an assurance of confidentiality at the top of the front page of the form that pledges confidentiality under both BJS and CDC statutes due to the joint nature of the CISVC:

The information collected on this form shall be used for statistical and research purposes only. The Bureau of Justice Statistics assures confidentiality based on Title 42 USC § 3735 and 3789g. The Centers for Disease Control and Prevention assures that all information which would permit identification of any individual, a practice, or an establishment, will be held confidential, will be used for statistical purposes only by CDC staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m)

Item F3 asks about “this” incident/injury? Does this mean the one that the patient came in for that day or the sexual violence? To me it’s unclear.

We have amended Item F.3 as follows:

- F.3 Has the inmate been seen for **the incident/injury listed in Part A** in the **past 30 days**?
- **Mark YES if the medical record indicates the inmate has been seen in the past 30 days for one or more conditions listed in Part A.**
- Yes → Date of most recent **prior** visit
- No

We can let it go for now, but we prefer the instruction “check one or more” on the race/Hispanic origin question. I should have caught that last time. It’s probably a smaller deal for observation/records data but just for consistency; let’s change it next time, okay?

We have amended the form (see attached).