



Audit Department

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Angela M. Darragh, CPA, CFE, CISA, Acting Director



June 1, 2011

Mr. Don Burnette
Clark County Manager
500 South Grand Central Parkway, 6th Floor
Las Vegas, Nevada 89106

Dear Mr. Burnette:

Pursuant to Audit Department policy, we performed follow-up procedures on significant findings from the UMC Patient Access Turnaround Times audit. This follow-up letter should be read in conjunction with the original audit. The follow-up procedures performed included interviews with responsible parties and an examination of related documentation. This follow-up engagement does not represent a complete reexamination of University Medical Center.

The auditor's role in follow-up reviews is to compile corrective actions taken from affected Department/Division management, assess whether these responses are adequate or not adequate to correct reported deficiencies, and relay those findings to management.

It is the Department/Division management's responsibility to decide if any appropriate action should be taken in response to reported audit findings. It is also their responsibility to assume the risk by not correcting a reported condition because of cost or other consideration.

As of May 2011, the results of our follow-up review showed that of the 6 audit recommendations reported, 4 (or 67% percent) were fully implemented, and 2 (or 33% percent) were partially implemented.

Presently, UMC has designated staff evaluating organizational policy and procedures related to the entire release of information process. The workgroup objectives include training content, and self-monitoring activities to assess performance.

The assistance and cooperation of UMC staff is recognized and appreciated.

Sincerely,

/s/ Angela M. Daragh

Angela M. Darragh, Acting Director

AUDIT REPORT ACTION PLAN
UMC Patient Access Turnaround Times
Findings, Recommendations, and Corrective Action Taken
As of April 2011



AUDIT DEPARTMENT
 Angela Darragh, CPA, CFE, CISA
 Acting Audit Director

Original Report Issuance Date: February 13, 2009

Summary Audit Findings & Recommendations			Summary Management Disposition			Audit Follow-Up		
Ref	Finding	Recommendation(s)	Concurrence	Management Response & Action Plan	Mgmt Action Due Date	Implemented	Not Implemented	Other
Practices are inconsistent with policy								
1	Three of six (50%) departments are not maintaining a log or retaining copies of requests.	We recommended the Chief Operating Officer direct managers of cost centers performing the release of information process to work with the Director of Health Information Management to ensure their operations are conducted in accordance with the procedures outlined in Appendix A of the administrative policy, V-7 Uses & Disclosures of Protected Health Information.	(1)	Associate Administrator of Ambulatory Care proposes a restructuring of how UMC tracks, processes, and fulfills the request for PHI records to be overseen and directed through the HIM Department.	N/A	✓		
2	One department requires patients to pick up requested copies in person.	We recommended the Associate Administrator of Ambulatory Services discontinue the practice of requiring patients pick up copies in person.	(1)	Associate Administrator of Ambulatory Care proposes a restructuring of how UMC tracks, processes, and fulfills the request for PHI records to be overseen and directed through the HIM Department.	N/A	✓		

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3	Not providing notification when additional time is needed to fulfil a request or within the timeframe established by departmental policy.	We recommended the Associate Administrator of Ambulatory Services direct managers to enforce the policy that patient requests are completed within five working days or modify the policy to be consistent with the administrative policy of within 30 days. Requestors must be notified whenever a request cannot be completed within 30 days of receipt.	(1)	Associate Administrator of Ambulatory Care proposes a restructuring of how UMC tracks, processes, and fulfills the request for PHI records to be overseen and directed through the HIM Department.	N/A	✓		
Inadequate Training and Evaluation								
4	Excepting HIM, departments do not have designated staff assigned to releasing information and no consistent training in the procedures. Staff were unable to identify applicable policies, procedures, and resources available to them in performing the function.	We recommended the Chief Operating Officer direct managers of cost centers performing the release of information process to develop and implement a training program.	(1)	Associate Administrator of Ambulatory Care proposes a restructuring of how UMC tracks, processes, and fulfills the request for PHI records to be overseen and directed through the HIM Department.	N/A			✓
5	We found varying degrees and methods of evaluating employee competence in processing requests. Some managers use a general question and answer but do not ask questions specific to the release of information process, others use demonstration but retain no documentation of results, others use observation but retain no documentation. Two managers did not evaluate competency. None had conducted any internal monitoring of the process.	We recommended the Chief Operating Officer direct managers to develop and implement specific competency measures for staff performing the release of information process, and to conduct periodic self-monitoring evaluations to detect areas of non-compliance.	(1)	Associate Administrator of Ambulatory Care proposes a restructuring of how UMC tracks, processes, and fulfills the request for PHI records to be overseen and directed through the HIM Department.	N/A			✓
Conflicting and duplicative policies								

Summary Audit Findings & Recommendations			Summary Management Disposition		Audit Follow-Up			
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6	Ambulatory Services had two policies related to the release of information process, one merely referred to the administrative policy.	We recommended the Associate Administrator for Ambulatory Services revise AC1.25 to include the references to the administrative policy, and delete AC2.30.	(1)	Associate Administrator of Ambulatory Care proposes a restructuring of how UMC tracks, processes, and fulfills the request for PHI records to be overseen and directed through the HIM Department.	N/A	✓		

- (1) In his response, the Associate Administrator of Ambulatory Care proposed a restructuring of the process to correct issues identified during the audit, but did not address specific recommendations individually. Our follow up objectives were to determine whether the process in place corrected the cause of the audit findings.

A workgroup, representing departments involved in the release of information process, is evaluating the organizational policy and procedures at this time. The workgroup will include developing training content for employees, and self-monitoring activities to assess performance.