



FULTON COUNTY

FULTON COUNTY, GEORGIA

OFFICE OF INTERNAL AUDIT

FULTON COUNTY DEPARTMENT OF HEALTH &

WELLNESS

REVIEW OF THE NEIGHBORHOOD UNION HEALTH

CENTER

October 13, 2010

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Introduction

The Neighborhood Union Health Center (NUHC) located at 186 Sunset Avenue in the Vine City section of Atlanta and is one of nine health service centers that was first opened in 1952 to address the health needs of Fulton County residents. In 2009 the historical center was renovated and reopened to offer an array of healthcare and social services on a collaborative basis. These services were offered with the objective of providing the residents with centralized access to health services under one roof to support overall wellness. NUHC partners with doctors from Morehouse School of Medicine, as well as, Fulton County Health and Human Services for the delivery of its health services.

Background

Neighborhood Union Health Center provides the following services to residents of Vine City area:

Primary Care Services-Morehouse School of Medicine

Primary Care Services are medical services provided by a physician and a physician assistant offered by Morehouse School of Medicine. By offering primary care services and residents having access to these services, it encourages healthy behavior and lifestyles. The Primary Care Service is also designed to reduce the number of visits to Grady Hospital's emergency department. The local community is encouraged to use the NUHC instead of Grady Hospital for conditions which are urgent but treatable by the Center. This is a community based effort to relieve the strain on Atlanta's largest charity healthcare provider.

Women, Infants, and Children (WIC) Services

WIC services are provided by Federal grants to states for supplemental foods, health care referrals, and nutrition education for lower income pregnant, and postpartum cycle mothers. The program also covers infants and children up to age five who are found to be at nutritional risk.

Public Health Services

Public health services include:

- Communicable Disease Follow-Up
- HIV Counseling and Testing
- Lead Screening
- Immunizations
- Ear, Eye, Dental Screening (EED)
- Prenatal Case Management (PCM)
- Right From the Start
- Medicaid Referrals
- Women Health

- Children 1st
- Breast Test & More
- Child Health/Health Check
- Pregnancy Related Services
- Breast and Cervical Cancer Program

Oral Health Services

Oral health services include:

- Adult Dental Services
- Adult Ryan White Dental Services

Behavioral Health Services

Behavioral health services include:

- Psychiatric Evaluation and Treatment
- Substance Abuse Screening, Assessment, and Treatment Planning
- Individual, Group, and Family Counseling
- Anger Management
- Coping Skills/Stress Management
- Parenting Skills
- Family Education Groups
- Co-Occurring Mental Health & Substance Abuse Groups

Workforce Development Services

Workforce development services include:

- Initial Needs Assessments
- Job Training
- Labor Market Information
- Career Guidance
- Occupational and Academic Assistance
- Subsidized Work Experience
- Resume Preparation
- Vocational Training
- Job Readiness
- Job Search Assistance
- Life Skills Training
- Occupational Skills Assessments

Patients and customers access the center's services by an appointment or on a walk in basis. New patients fill out intake forms which are provided along with health information circulars by the Fulton County Department of Health and Human Services.

Records pertaining to returning patients are accessed through the database system application licensed by Mitchell and McCormick, LLC (M&M). NUHC uses M&M application systems to record and generate its patients' services and the financial reports. However, the system does not record all services offered at the center. Ear and eye examination, Work Force Development activities, lead screening, blood pressure screening, Medicaid, and pharmacy assistance are documented manually. The related patient information for primary care services is accessible through The Practice Partner, Morehouse School of Medicine's electronic medical records system, which complements the M&M system in documenting primary care patients' services. All patient information and medical services provided are entered into the M&M and Practice Partner systems. In addition, NUHC uses the Georgia Registry Immunization Transaction System (GRITS) for recording immunizations. The GRITS system is used statewide by public and private health centers.

Objective

The primary objective of our review of Neighborhood Union Health Center activities was to obtain an understanding of the Center's process and procedures for accumulating and reporting patients' data. We also wanted to determine the validity of the monthly patient's visitations reported and assess the effectiveness of NUHC policies and procedures in achieving its mission.

Scope

January 1, 2010 through June 31, 2010.

Methodology

The monthly patients' count totals submitted to the Fulton County Board of Commissioners list the patient counts by program service area. The reported monthly counts were extracted from M&M system by the Information Technology manager and emailed to the Health Department on Jesse Hill Avenue. Reports that were not maintained manually or by M&M were emailed to the Health Department and included in the Board's monthly count report.

Unduplicated patients monthly count records were randomly selected from the program service areas. The Patients' Visit Listing along with related charts was reviewed. We traced the patient's name and the dates of visitations to supporting documents. We agreed the audited unduplicated counts to the total counts reported on the Monthly Commissioners' Report. Finally, we evaluated the overall adequacy of the internal control processes and procedures.

Finding-1 Immunization Report Not Accurate

The monthly report of immunizations should accurately represent immunization transactions for the month. All of the manual immunization files should be posted to the M&M system. A reconciliation of the manual immunization files and the M&M January 2010 report revealed the following:

- 10 of the 79 manual immunization files reviewed were not posted to the M&M system.
- There were 19 entries in the January 2010 M&M report that were unrelated to immunizations.

The lack of a proper monthly reconciliation process and accurate system reporting will result in an inaccurate report of immunization services.

Recommendation

We recommend that the M&M system be reviewed by the Fulton County Information Technology Department's Application Project Manager. There should be a reconciliation of the manual immunization files and the M&M monthly reports completed on a timely basis. The reconciliations should be reviewed and approved by management.

Management Response

Internal controls are currently in place which requires staff to enter data and reconcile the vaccine inventory in GRITS and M&M but should be updated and revised to address audit concerns.

Corrective Action: Additional training will be provided to all staff to ensure accuracy and timeliness of inputting data. Nursing Division's Performance Standards requires that data is entered at the time of services and vaccine inventory conducted daily along with reconciliation with the GRITS system. Effective immediately health center managers will be required to submit a weekly reconciled immunization and vaccine inventory report from GRITS and M&M to the department's Immunization Coordinator and Assistant Nursing Director.

The Department's Information Technology Manager is consulting with Mitchell and McCormick to eliminate the unrelated service data from the Immunization report.

Finding- 2 Files Not Available for Review

All manual immunization files, or copies, should be filed monthly at the Neighborhood Union Center for review and reference by the Medical staff. A review of the immunization records revealed that there were 4 of 83 manual files that were requested for review that were not located. The missing files were posted to the M&M system and the Georgia Registry Immunization Transaction Summary, (GRITS) for January 2010 but were not available for review. Presently the manual immunization files are not reconciled to the GRITS or M&M system monthly report detail. This lack of internal control may result in files that cannot be accessed by the administering nurse or a facility doctor for future use in the respective patient's medical care.

Recommendation

All manual files should be reviewed and reconciled at the facility that inventories the vaccines administered for the respective immunizations. These manual immunization files should be

matched to the M&M and GRITS system monthly reports. The reconciliations should be reviewed and approved by management.

Management Response

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Corrective Action: Additional training will be provided to all staff to ensure accuracy and timeliness of inputting data. Nursing Division's Performance Standards requires that data is entered at the time of services and vaccine inventory conducted daily along with reconciliation with the GRITS system. Effective immediately health center managers will be required to submit a weekly reconciled immunization and vaccine inventory report from GRITS and M&M to the department's Immunization Coordinator and Assistant Nursing Director.

The Department's Information Technology Manager is consulting with Mitchell and McCormick to eliminate the unrelated service data from the Immunization report.

Finfing-3 GRITS System Immunization Entries Were Not Accurate in January 2010

The State of Georgia Health Department regulations mandate the entry of all immunizations into GRITS which is its central data base. This data base system allows private and public health professionals to record their patient's immunization history in a state wide accessible venue and reduce the risk of immunizations being administered in error. The GRITS system entries must be posted with a vaccine control number that is assigned to a finite vaccine inventory lot, or batch. If the vaccine lot has passed its expiration, or spoilage, date the GRITS system will not accept the entry. To comply with the GRITS posting standards these entries should be accurate and timely. A reconciliation of the immunization manual files, the GRITS system list and the M&M report revealed the following:

- There were 11 manual immunization files that did not appear on the GRITS system monthly report as valid immunizations. Two of these manual files were not entered into the M&M system. Of the 11 missing GRITS system entries 8 were found to be entered subsequent to the respective vaccine lot's expiration date and were not accepted as valid. Additionally, there was one file entered into the M&M system but not into the GRITS database.

Currently there is not a formal procedure that requires a documented reconciliation of the manual immunization files to the monthly M&M and GRITS reports. The lack of internal control of immunization entries into the GRITS system has exposed patients to the possibility of receiving the same immunization twice.

Recommendation

We recommend that the GRITS monthly report should be reconciled to the M&M monthly report and the manual files on a timely basis. The reconciliations should be reviewed and approved by management.

Management Response

The upload and transfer of data from the M&M System to GRITS is a continuing challenge for all health districts. Our IT Division is working with M&M to rectify this problem. The real time upload between M&M and GRITS has been impacted by the state's delay in installing a new server due to contract disputes with vendors and the turnover of key staff in the GRITS and Immunization Programs. The system will not allow you to back-date an entry if the vaccine has expired even though the vaccine was not expired on the date it was actually administered. This occurs mostly with short term vaccine such as Hepatitis A & B that the state has in large quantities with short expiration dates. Frequently, these hurried conditions result in providing immunizations without access to M&M or GRITS and the information about the immunization are entered at a later date.

Corrective Action: Staff is currently required to enter data at the time service is delivered. It is a part of their Performance Appraisal Tool and the Immunization Vaccine Inventory Guidelines and Procedures. The Center Manager will be held accountable for staff compliance to policies and procedures. Staff will receive additional training and Center managers will be required to submit weekly GRITS reconciliation and vaccine inventory report to the Immunization Coordinator and Assistant Director of Nursing.

Laptop Computers have been purchased to assist the nurses and clerical staff with entering data when services are provided at off site locations such as churches, senior multipurpose centers, libraries and other community locations. Adapters that provide wireless access through cellular networks will be needed to access the system when offsite.

Data from services provided offsite will be entered in M&M within 24 hrs.

Finding- 4 Inefficient Processing Of Immunization Records

Efficient processing of immunization records will improve monthly report accuracy and increase the internal controls over patient records. The GRITS and M&M systems do not interface; this requires entry of the same information into the two systems for each immunization administered at the Neighborhood Union Health Center. This duplication of data entry doubles the processing time for patient information and opens the risk of patient files not being entered into one of the patient data bases. Interface of the two patient data base systems was attempted in the past but was discontinued. No further attempt to interface the GRITS and M&M systems has been made in 2010. There were no reports issued to the Department's Managers concerning this issue. The lack of interface between the GRITS data base and M&M system has resulted in an inefficient posting process.

Recommendation

The Fulton County Information Technology M&M Project Manager and the Department's Information Technology Supervisor that coordinates the Neighborhood Union Center's M&M reports should coordinate and oversee the interface of the two systems with the vendor. A series of progress reports should be submitted to management for review and approval.

Management Response

We disagree with the findings that no further attempts have been made to interface GRITS with M&M. The interface cannot be accomplished until the state installs a new server. This is a statewide problem and this fact was shared during the exit meeting with the auditors.

Finding- 5 Internal Controls over the Vaccine Inventory Is Inadequate

The Neighborhood Union Center should maintain the vaccine inventory as required by the basic inventory practices prescribed under Generally Accepted Accounting Principals. The Neighborhood Union Center maintains an ongoing inventory of vaccines used for common immunizations. These vaccines are inventoried by the respective manufacturer's control numbers posted to the GRITS and M&M systems. The inventory should be accurate, consistent and well documented. The M&M vaccine inventory reports do not include totals for expired vaccines or newly acquired inventory. The present internal control over ending inventory does not include a documented physical count of the month end inventory and a formal reconciliation to the GRITS or M&M monthly reports. Currently there is not a formal procedure for a documented inventory process. The lack of internal control process has exposed the Neighborhood Union Center to the risk of inaccurate vaccine inventory records.

Recommendation

The present format of the Vaccine Inventory report should be changed to include a column for new inventory for the month and a column for expired, (spoilage,) vaccine inventory. The GRITS and M&M inventory reports should be reconciled each month. An end of the month physical inventory should be documented and reconciled with both lists. The reconciliations should be reviewed and approved by management.

Management Response

Corrective Action: Health Services IT staff will meet with M&M to determine if the recommendation can be accomplished and the associated costs of this Enhancement. Fulton County will not be able to add a column to GRITS as this is a statewide program that interfaces with other system from private provider's offices and health districts. Adding the additional column could impede our nightly uploads to GRITS.

Finding- 6 Inaccurate Monthly Reports

Proper documentation of patient counts is necessary for tracking the number of patients' served as well as the delivery of medical services. We tested the accuracy of the unduplicated visitation counts reported to the Board of Commissioners and noted that 9 of 11 (81.82%) service areas count totals did not agree with the total patients' counts reported to the Board of Commissioners (See Table below). Our audit disclosed that the reported differences in the 9 service areas occurred as a result of one of the following reasons:

- a) Report timing –the report is prepared one or two days prior to the end of the month, leaving the counts for those days not reported. Details of the reported counts were not available.
- b) Duplicate patient entries
- c) Misclassification of patients to the wrong service areas
- d) Poor documentation
- e) State record system

The effect of incorrect reporting of statistical results is that it affects management's decisions and scrutiny of program results.

Services	Month	Reported Count	IT Count M&M	Audited Count (BASE)	Diff in Rpt Count Audited Count	% Of Audited Count	Reasons For Diff	System In Use
Immunizations	January	115	115	106	9	8.49%	b, c	M&M, GRITS
Dental	June	168	168	168	0	0.00	-	M&M
Mental Health	June	177	186	186	-9	-4.84%	a	M&M
WIC	March	310	333	335	-25	-7.46%	a, b, c	M&M
Family Planning	April	33	51	51	-18	-35.29%	b	M&M
Workforce Dev.	February	104	N/A	100	4	4.00%	b	MANUAL
Child First	January	21	21	21	0	0.00	-	M&M
Primary Care	May	216	229	228	-12	-5.26%	a, c	M&M
Lead Screening	March	46	41	41	5	12.20%	b	M&M
Medicaid	February	34	N/A	90	-56	-62.22%	d, e	STATE "SUCCESS"
Pharmacy Assistance	April	16	11	11	5	45.45%	c	MANUAL

Recommendation

Monthly reports should not be created without adequate supporting documentation and supporting data. The reports provided to outside users should be reviewed and approved by the NUHC facility managers before submission to the Board of Commissioners

Management Response

We do not dispute the findings but want to point out that the overall count discrepancy is 7.26 %. It is also important to note that reports are developed as requested and in response to deadlines of the requestor. This audit was long after the report dates. If a report deadline was prior to the end of the month, all data for the month may not have been included in the original reports, but in a retrospective audit, those counts would be in the system.

Corrective Action: A standardized Excel spreadsheet will be created to record data currently collected manually. Training will be provided for staff and implemented November 1, 2010. All data for monthly reports will be extracted on the 1st of each month. The Center Managers and Program Managers will review, reconcile and sign off on the data prior to submitting it the Senior Leadership Team to prepare the final report and submit to the Director of Health Services. Staff will run reports in M&M each day to reconcile the number of clients seen and services provided.

In addition we will note on reports, the dates of services that are included so that accurate comparisons can be made.

Finding-7 Patient Files Not Found

The Federal privacy regulation (HIPAA) requires health care organizations to develop and follow procedures that ensure the confidentiality and security of protected health information when it is transferred, received, handled, or shared. Several files were not found. Service areas with missing files were: Immunizations (4); Primary Care (6), and Family Planning (12). Additionally, we found a patient with two files and patient numbers created by the primary care service area. Based on the response to our inquiry, the Nurse Supervisor stated that the files may have been misplaced during transfers to other service areas. The files were not found because they were transferred without retaining proper tracking documentation. Patient files which can not be found may result in violations of the HIPAA regulations.

Recommendation

NUHC should ensure that all files are properly maintained, filed and secured at all times. A log should be established for signing out files by authorized personnel if it becomes necessary that the file is needed in any other station.

Management Response

Original records are not transferred out of the health center except for the purpose of review by the Director of Health Services and the County Attorney in response to a court order or subpoena, and the department's Record Manager in response to third party payers. Health Center staff did conduct a search of the missing records after the exit meeting with the auditors and did locate the records in the physician's office.

Corrective Action: Staff will utilize the internal medical records transfer form when transferring records between health centers and programs, effective immediately.

The Department of Community Health's Release of Authorization form will continue to be used for all external release of medical records. A training update on both forms and HIPPA regulations will be provided to all staff.

Finding 8 Internal Control

While performing our review of the tallying process of patients' visits, we considered the internal controls over the accumulation and recording of patients' data. We limited our internal control assessment to those controls necessary to achieve our review objectives. During our audit, we observed inadequate internal control procedures in the following areas: accountability of patients' files, reconciliation of patients' counts, patient data documentation, and patients' authorization signatures for services provided. Internal Controls are a system consisting of specific procedures designed to provide management with reasonable assurance that goals and objectives it believes important to the entity will be met. These weaknesses in the internal controls can be attributed to standard operating procedures which have not been updated or modified. The effect of these weaknesses makes the NUHC more susceptible to infractions of the HIPAA regulations and causes incomplete and/or inaccurate patient statistical information to be reported.

Recommendation

We recommend that NUHC should establish effective internal control procedures if it is to achieve its objectives.

Management Response

Some Internal controls are in place but they need to be revised and updated to address each of the audit findings and placed in Standard Operating Procedure forms. All staff will receive training on the revised and updated.

Finally, the Department agrees that our current electronic data management systems are disparate and do not communicate with one another and as currently configured, not able to capture all of our data points. Moreover, in the next 2 years, Health IT requirements as per the Affordable Care Act will go into effect. To that end, I have convened a work group to begin a deliberative process to make recommendations for a comprehensive system that meets the needs of the Health Services many teams. Minutes from the first meeting of that Workgroup are attached.

Audit Concern - Information Technology

Neighborhood Union Health Center currently uses both electronic and manual systems to document and record patients' service data. The electronic systems are "Practice Partner" and

Mitchell & McCormick. The “Practice Partner” is used by Morehouse Doctors for primary care services and Mitchell & McCormick is used for both primary care and other patients’ services.

The inability of the electronic systems to interface with each other is a concern because patient count information is not being correctly reported. Additionally, a manual system is used by Work Force Development and the Pharmacy Assistance Programs; however, this system is prone to human errors and is also labor intensive.

Recommendation

We recommend total conversion of the manual system to the electronic system. Efforts should be made to interface the Practice Partner System with the Mitchell & McCormick System. These changes will enable the County to better assess the impact of NUHC to the Vine City residents.

Conclusion

The accurate reporting of patients’ information reflects the management information system’s ability to track patients and services provided through the various programs. Correct information ensures that management and the Board of Commissioners are basing their decisions on correct information.

Neighborhood Union Health Center in our opinion is making a positive impact in the areas of health and wellness to the residents of Vine City area. Our conclusion is based on our audit of patients’ data records, observations and inquiries with NUHC management

We would like to thank management from the Fulton County Department of Health & Wellness and the staff from the Neighborhood Union Health Center for their timely cooperation and assistance during the review.

