FULTON COUNTY, GEORGIA

OFFICE OF INTERNAL AUDIT

FULTON COUNTY DEPARTMENT OF HEALTH & WELLNESS

REVIEW OF THE NEIGHBORHOOD UNION HEALTH CENTER

August 31, 2010
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Introduction

The Neighborhood Union Health Center (NUHC) located at 186 Sunset Avenue NW Atlanta, GA 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 health services including: dental, primary care, women’s health, child health, behavioral health, Work Force Development, and teen health services. These services were offered with the objective of providing the residents with centralized access to health services. NUHC partners with doctors from Morehouse School of Medicine for the delivery of its health services; Morehouse School of Medicine provides Primary Care.

Patients are seen by scheduling appointments and walk-ins. When patients arrive at the center, they sign the log in sheet indicating the types of services needed. New Patients are given intake forms to complete. Encounter forms are then created from the intake information. For returning patients, the encounter forms are pulled from the Mitchell and McComick (M&M) web base application system and updated. The patients take both the encounter form and a signed consent form to the required service areas.

Patients receiving dental, behavioral, and Women Infant and Children Program services report directly to the service areas where their intake forms are taken. Some patients are referred back to the front desk for additional medical screening if needed.

NUHC uses the Mitchell and McComick (M&M) software application system to record and generate its patients’ medical financial records. The system, however, does not record and generate all services offered at the center. It is not used for ear and eye examination, Work Force Development activities, lead screening, blood pressure screening, and Medicaid and pharmacy assistance. For these services NUHC maintains a second application system, “Practice Partner” which is also used in Primary Care by Morehouse doctors.

Objective

The primary objective of our review of the Neighborhood Union Health Center was to determine the effectiveness of the process and procedures used to accumulate and report patients’ data. In addition, we tested a sample of the data to determine the accuracy of the reported information.

Scope

The review was limited to patients’ recorded data from January 1, 2010 through June 31, 2010.

Methodology

To achieve our review objective, we evaluated the overall adequacy of the process used to accumulate and report patients’ data. We selected five service categories immunization, dental, behavioral health, WIC, and primary care. Next, we randomly selected one month’s total unduplicated patients’ count for each of the categories reported by the M&M System. These totals were traced to the center’s monthly encounter records, which are generated at registration.
In addition, we sampled nine days from each of the selected months and traced the M&M system daily records to the center's daily encounter forms and the sign-in records.

Findings and Recommendations

Finding-1  Untimely Recording of Intake Records

Adequate internal controls require that all patient information be entered into the system in a timely manner. We noted that some of the center's intake records were entered into the M&M System several days after the services were provided. The centers often gets overwhelmed by the number of patients requiring care and not have time to enter the data in a timely manner. The result is the increased risk of data being lost or not recorded.

Recommendation

We recommend increased management supervision over patients' intake care procedures. All patient information should be entered in a timely manner to ensure that information regarding patient services is captured.

Finding-2  Difference in Patient Counts

Proper documentation of patients' counts is necessary for tracking the number of patients' served as well as the delivery of medical services. We selected patient visitation counts for four months from the M&M system and traced them to the NUHC recorded counts. We found the system counts to be consistently different from the NUHC recorded counts.

The staff at NUHC gave the following reasons as factors which contribute to the differences.

- M&M system counts and the Health Center counts are prepared from different sources and are sometimes different
- The NUHC encounter forms not entered in the system on the service date will result in different daily counts
- For Primary Care intake records, the M&M system deletes an open encounter record not closed within 24 hours.
- When a patient signs the intake log sheet and is referred to other services, one encounter is recorded. The M&M system may generate more than one encounter for the patient depending on the services provided.
- A patient may at times receive services at one site but the information may be erroneously coded as having been received at a different site. This is especially true for registered patients referred to other locations.
- When recording dental services, only adult dental services are entered in the system and the children are not.
- NUHC was not reconciling its patients' counts with the numbers generated from the M&M system on a monthly basis.
One or more of the above factors contributed to the differences in patients’ counts reported by M&M system and the NUHC. However, failure to record accurate information into the accounting system may result in numerous problems including producing inaccurate reports to various regulatory agencies.

**Recommendation**

We recommend that the monthly report not be generated until all data for the previous month has been entered, reviewed, and reconciled. We also recommend that the Section Supervisors on a monthly basis request and obtain the M&M system’s daily and monthly patients’ counts. They should also reconcile the numbers to their in-house patients’ counts.

**Conclusion**

We noted two conditions contributing to the differences between the NUHC and the M&M system generated patients’ counts: 1) untimely recording of patient intake records and 2) non-reconciliation of patient counts.

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.