

Mecklenburg County Status Update

Department of Internal Audit
Clinical and Laboratory
Test Result Notifications Audit
Audit Review Committee Update
July 11, 2017

Health Department Audit Update

- ▶ Internal Audit is evaluating the design and effectiveness of the patient notification process for clinical laboratory and radiologic test results.
- ▶ In addition, we are reviewing and evaluating all relevant clinical data from April 1, 2014 through March 31, 2017.

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- ▶ We are finalizing review of the following patient tests through the notification of results:
 - Cervical Cancer/HPV (Pap Smear)
 - Colorectal Cancer
 - HIV and STDs
 - Hepatitis B and C
 - Breast Cancer (Mammography)
 - Tuberculosis
- ▶ The audit includes NW and SE Health Department clinics and testing services provided by Community-Based Testing (Community Health Services Division).

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▶ Our audit excludes:

- Clinic testing services for which patients receive results in-clinic at the time of their visit
- Evaluation of the quality of provider diagnoses
- Patient follow-through on referrals for services
- Subsequent treatment provided by the County to patients
- Aging report requested by the Audit Review Committee and other activities stated in external consultants' scope of work

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Key Milestones	Status
Audit planning	Completed
Conduct risk assessment	Completed
Define and validate departmental process objectives	Completed
Interview departmental process owners	Completed
Map workflows and identify key internal controls and control gaps	Completed
Identify and confirm availability of relevant data for testing purposes	Completed
Obtain internal electronic medical record (EMR) data for testing purposes	Completed
Obtain external electronic health record data for testing purposes	Completed

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Key Milestones	Status
Communicate preliminary issues based on process design to Health Department Executive Leadership	Completed
Communicate/compare issues and Pap smear results with consultants	Completed
Identify instances of non-compliance to applicable criteria	In process
Develop recommendations for improvement based on results of testing	In process
Communicate final issues to Health Department Executive Leadership	Pending

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- ▶ Preliminary Results and Recommendations Herein Subject to Final Management Review and Indexing and Referencing Process

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▶ Documentation Risk

- ▶ Some patient information was not documented in the electronic medical record (EMR) system.
 - ▶ Provider follow-up notification instructions for Pap smear and tuberculosis (TB) x-ray results were documented outside EMR.
 - ▶ Patient medical history and initial testing related to TB was retained outside of EMR until final test results were received.
 - ▶ Staff stopped entering patient data into the EMR (Cerner), losing the ability to compile weekly EMR audit reports and other customizable reports
 - ▶ BCCCP mammography results were not keyed into EMR; only retained a scanned copy
 - ▶ Other patient contact attempts conducted by Community-based Testing in-office staff were not documented in EMR.

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▶ Recommendations

- ▶ Work with Cerner vendor to identify ways to increase EMR capabilities, e.g., developing required forms in system to allow staff to complete all patient medical record information directly into EMR.
- ▶ Ensure staff records all patient information into EMR; if exceptions are needed for hard copy documentation as an interim step, staff should ensure timely transfer of that information into EMR.
- ▶ Train staff accordingly.

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▶ Compliance Risk

- ▶ There was no communication protocol between the lab and clinics for key aspects of the patient test results notification process, including but not limited to:
 - ▶ Delays in specimen receipt from clinic
 - ▶ Lab order changes and cancellations entered by clinic staff
 - ▶ Delays in test result receipt from County and external labs
 - ▶ Provider notification of receipt of hard copy Pap smear results

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▶ Recommendations

- ▶ Establish clear communication protocols for test requests, changes, test results, and other activities between labs and clinics.
- ▶ Train staff accordingly.

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- ▶ Compliance Risk
 - ▶ The department did not have an established process for independent quality review and ongoing monitoring of all patient testing and test results notification activities, e.g., sexually transmitted diseases (STD), BCCCP mammography, TB testing, and Refugee Clinic tests.

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- ▶ Recommendations
 - ▶ Establish a process for independent quality review and ongoing monitoring of all patient testing and notification activities.
 - ▶ Train staff accordingly.

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- ▶ Policies and Procedures Risk
 - ▶ The department had formal, documented policies and procedures for many aspects of its patient test results notification process but some did not reflect current and/or best practices.
 - ▶ For example, no naming standard for lab results, clinical notes, and other information keyed into the EMR.

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- ▶ Recommendations
 - ▶ Develop formal, documented policies and procedures for monitoring, documentation standards, and communication.
 - ▶ Train staff accordingly.

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- ▶ Human Resource Risk
 - ▶ The department did not have a formalized, program-specific training for new clinical staff.
- ▶ Recommendations
 - ▶ Develop a formal, program-specific training for current and new staff as they come on board. Ensure any policy and procedure updates (from prior recommendation) are included in the training.

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- ▶ A final report with recommendations to improve internal controls and compliance will be submitted once all testing is completed and we receive Health Department responses to recommendations.

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Audit Team

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QUESTIONS

