Parkland

Audit Committee Agenda

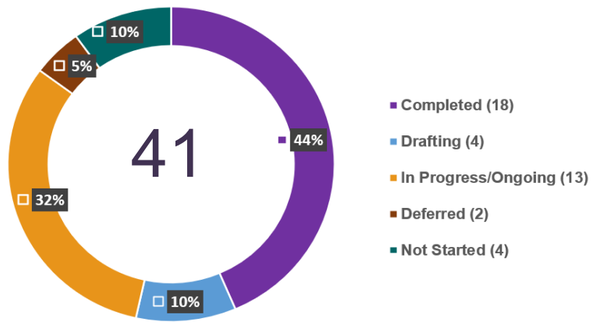
Committee Members
Chair: Todd Furniss, JD
Ramon Miguez, PE
Vincent Hall
Elizabeth Palacios, MD

Agenda for the ***Audit Committee*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, September 6, 2023 at 12:30 PM***, at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Executive Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) A quorum will be physically present at the location of the meeting. Videoconferencing access is also possible via WebEx. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2624 071 0191; meeting password: 1234) to join the meeting. The ***Audit Committee*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.085 (deliberation by governing board of certain providers of health care services), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Audit Committee*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

		PAGE	TIME (MIN)	PRESENTER(S)
I.	**Opening/Call to Order/Declare a Quorum Present/Mission Statement/Opening Remarks** ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity			Chair
II.	**Public Comments Regarding Agenda Items** *See public comment registration information and rules at https://www.parklandhospital.com/board-of-managers*			Chair
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Fiscal Year 2023 Audit Plan Update	*3*	05 mins	Vic Summers
B.	Fiscal Year 2024 Audit Plan	*5*	10 mins	Vic Summers
C.	Open Session Audit Follow-up Reports	*13*	10 mins	Vic Summers
D.	Audit Report Summary	*21*	05 mins	Vic Summers

		PAGE	TIME (MIN)	PRESENTER(S)
i.	Patient Property Audit, Report No. 23-21	*23*	05 mins	Vic Summers
ii.	EPIC – Intelligent Documentation Methods Audit, Report No. 23-11	*32*	05 mins	Vic Summers
IV.	**Executive Session** Tex. Gov't Code §§551.071, 551.074; Tex. Health & Safety Code §§161.032			
A.	Executive Session Audit Follow-up Reports [§§161.032]	*40*	10 mins	Vic Summers
B.	Audit Report Summary [§§161.032]	*50*	05 mins	Vic Summers
i.	Price Transparency Compliance Audit, Report No. 23-25 [§§161.032]	*51*	10 mins	Vic Summers
C.	Independent Briefing with Audit Committee (Verbal) [§§551.074]		10 mins	Chair
V.	**Action Items**			
A.	Committee may take action on any agenda item(s) above			Chair
VI.	**Closing Remarks**			Chair
VII.	**Reference Documents**			
VIII.	**Executive Session Reference Documents**			
A.	List each item included in the information section			
IX.	**Adjourn**			Chair

Internal Audit
Fiscal Year 2023 Audit Plan Update



	Count	Priority	Planned	Completed	Drafting	In Progress / Ongoing	Deferred	Not Started	Comments
2022 Carry Forward	**10**								
Foundation (IT Implementation)		High	Yes	X					
UT Contract - CVTS		High	Yes	X					
COVID-19 Post PHE		High	Yes	X					
Employee Health Plan		High	Yes	X					
UT Documentation Review		High	Yes	X					
UT RVU Payment		High	Yes		X				
Talent Acquisition		High	Yes	X					
Procurement/Contracting		High	Yes	X					
HIPAA Privacy		High	Yes	X					
Population Health		High	Yes	X					Risk Assessments completed for: GI & Liver Clinic, Internal Medicine Clinic, Neuro Clinic, Oak West Clinic, and Correctional Health.
Audits	**15**								
Chargemaster		High	Yes		X				
Contract Labor		High	Yes		X				
Lower Unit of Measure (LUM) Supplies		High	Yes	X					
Out of County		High	Yes	X					
UKG - Payroll		High	Yes	X					
Epic - Documenation Auto-fil		High	Yes	X					
Network		High	Yes			X			
Remote Clocking		High	Yes		X				
Vehicles		High	Yes			X			
Disaster Recovery		High	Yes			X			
Managed Care Payors Paying Correctly		High	Yes				X		Work is being done in this area by PFS, consider during future audit planning efforts beyond FY 2024
Patient Property		High	Yes	X					

	Count	Priority	Planned	Completed	Drafting	In Progress / Ongoing	Deferred	Not Started	Comments
Price Transparency Compliance		High	Yes	X					
Telehealth		High	Yes			X			
Population Health		High	Yes			X			Correctional Health Audit
Affiliates	**3**								
PCHP		High	Yes	X					Management Request - Review and periodic monitor the delegate entity agreement established between PCHP and Parkland.
Foundation		High	Yes					X	
PCCI		High	Yes					X	
Annuals	**11**								
Quality Assurance Review		Medium	Yes			X			Annual internal review as required by the Institute of Internal Auditor Standards.
RCA Validation		Medium	Yes				X		Validate prior RCA corrective actions have been sustained. Deferred to FY 2023 after consultation with Quality & Risk Management
HIPAA Privacy		High	Yes					X	Annual review that typically includes areas of high concern by the OCR. Collarboration project with Corporate Compliance.
External Audit (Interim & Final)		Medium	Yes	X					Assistance with external audit testing and following up on the prior year deficiencies.
Physical Inventory		Medium	Yes					X	Annual sampling of inventory counts to ensure accuracy. Physical counts begin in September.
HIPAA Self-Monitoring		Low	Yes			X			
Follow-up Monitoring		High	Yes			X			
Treatment Team (1st on call response)		Medium	Yes			X			
Annual Audit Plan		High	Yes			X			
Enterprise Risk Management (ERM)		High	Yes			X			
Audit /GRC Management System RFP & Implementation		High	Yes			X			
39				**17**	**4**	**12**	**2**	**4**	
				44%	**10%**	**31%**	**5%**	**10%**	
Management/BOM Requests	**2**								
COVID-19 Invoice Validation		Medium		X					Validation of invoice accuracy prior to presenting to Dallas County for payment.
Pharmacy Invistics Implementation		Medium				X			Participate in the implementation to enhance drug diversion and inventory understanding and ensure proper internal controls are implemented.
41				**18**	**4**	**13**	**2**	**4**	
				44%	**10%**	**32%**	**5%**	**10%**	

Parkland

Internal Audit Services

Fiscal Year 2024 Annual Audit Plan

Audit Committee Meeting
September 6, 2023
Presented by: *Vic Summers, Chief Audit Executive & Senior Vice President of Internal Audit Services*

Internal Audit Services

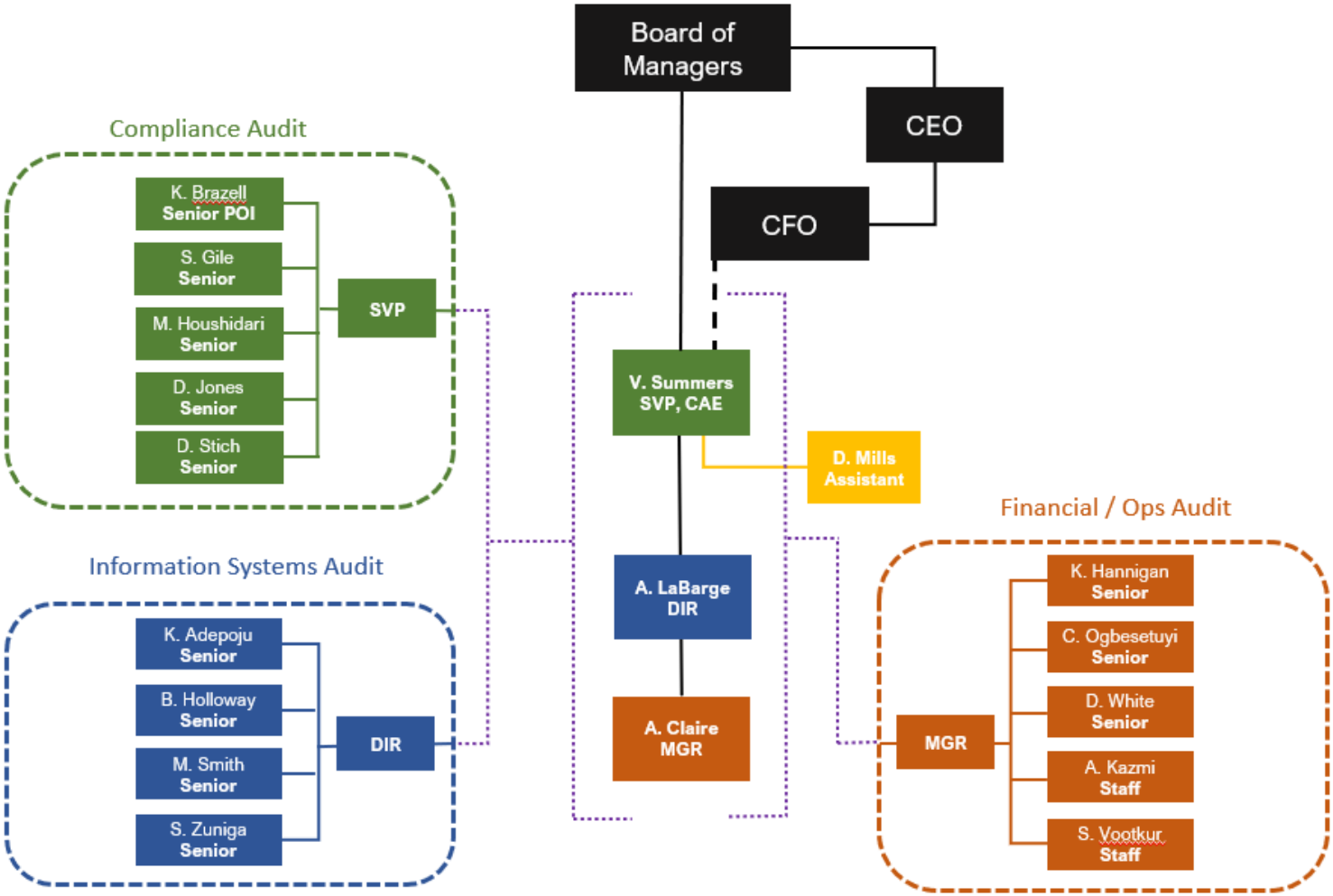
Vision

Be an innovative driver for positive change by collaborating with our clients to fulfill the organization's mission

Mission

Provide quality audit services with integrity, trust, and innovation as collaborative partners and business consultants to confirm processes are working as intended while providing insight into improvement opportunities to strengthen the organization

Organizational Chart



Parkland | *Care. Compassion. Community.*

Planning Process

Enterprise Risk Management Process (ERM)

- Meet with Parkland/Affiliate leaders
- Leaders assess their risks
- Leaders provide potential audit suggestions in their areas
- Results compiled

Provide a discussion document to the Audit Committee and Board of Managers

- Gain insight about areas impacting the District

Ongoing monitoring of activity impacting the District

Ongoing discussion with the Audit Committee Chair

Assess the information received during the planning process, consider:

- ERM results
- Inherent Risk (Likelihood x Impact)
- Management Effectiveness (internal controls)
- Residual Risk (Likelihood x Impact x Management Effectiveness)
- ERM Domains

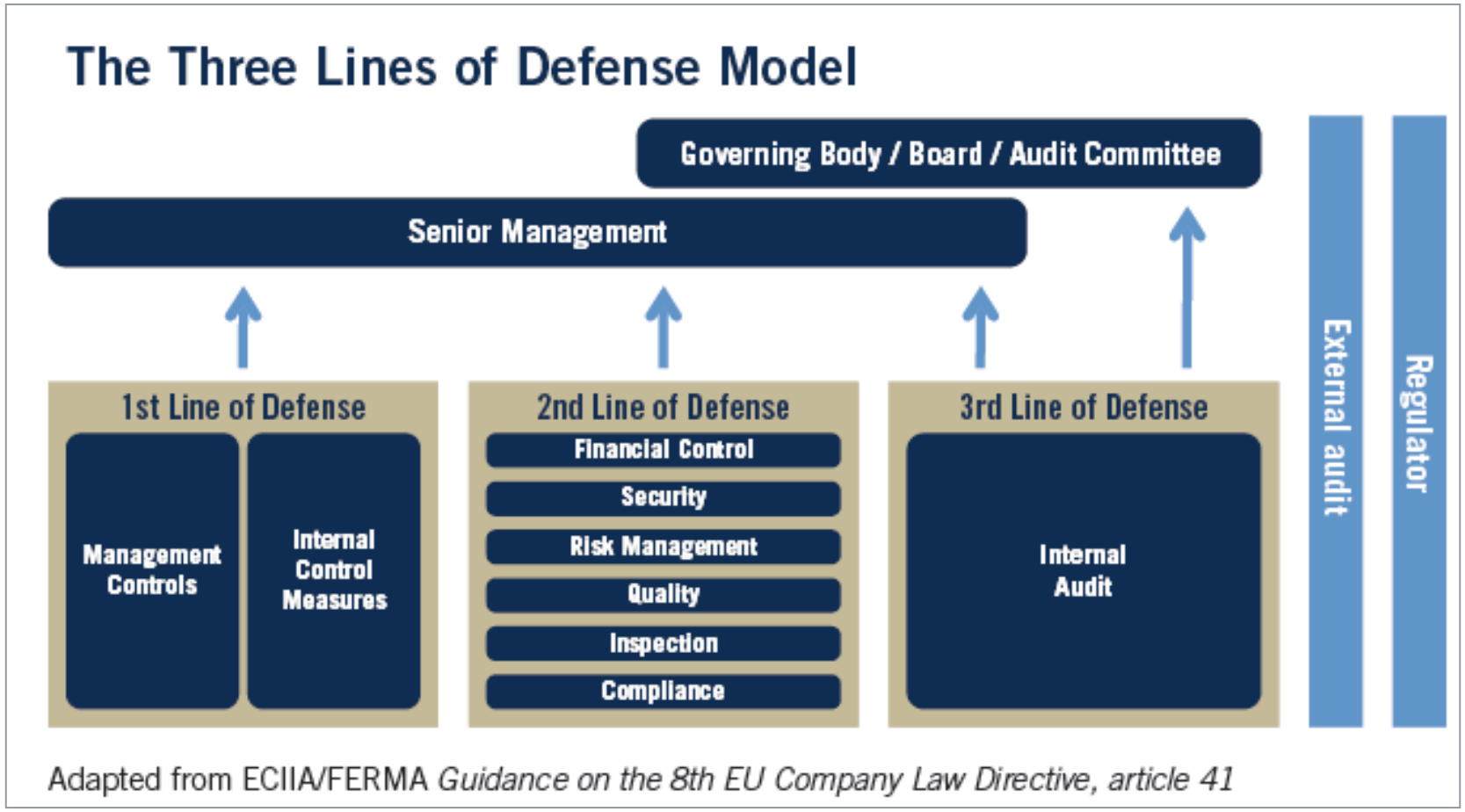
Receive feedback from Parkland Executives on the proposed plan

Conduct audit resource analysis

Develop the annual audit plan

Receive approval of the Audit Committee

Risk Management and Control



Resources

Indirect Hours		**11,826**
❖ Paid Time Off & Holiday	4,088	
❖ Administrative Time	6,038	
❖ Education/Training	1,700	
Direct Audit Hours		**22,494**
❖ Carry Forward Audits	1,200	
❖ New Audits	8,002	
❖ Audit Support	1,428	
❖ Parkland Affiliates	360	
❖ Follow Up	2,582	
❖ Annual Projects	3,993	
❖ Management/BOM Requests	4,929	
Total Hours		**34,320**

FY 2024 Audit Plan

Carry Forward

- Network
- Population Health (Correctional Health)
- Disaster Recovery
- Telehealth

Affiliate

- PCCI (Risk)
- PCHP (Claims Payment)
- Foundation
- Nursing Homes
  (Oversight, Corrective Action Validation)

Annual

- Annual Audit Plan
- Cash Monitoring (Fraud)
- Enterprise Risk Management (ERM)
- External Audit (Interim & Final)
- Follow-up Monitoring
- HIPAA Privacy
- HIPAA Self-monitoring (IAS, Compliance, Legal)
- Information Security (Cyber, Risk)
- Physical Inventory
- Population Health (Risk)
- IAS Quality Assurance Review
- Cause Analysis Validation
  (TBD – collaboration with Quality)
- Revenue Cycle
  (Professional Billing Implementation)
- Supply Chain (Risk)
- UT Contract (Risk, Documentation Review)

FY 2024 Audit Plan

New Projects

- Assets
- Payroll
- Out of State workers (Payroll Setup, Taxes, Federal & Respective State Law)
- Contract Labor (New Invoice & Payment Process)
- Role Based Access
- Cigna (Contract Management, Claims Payment)
- Patient Scheduling Process
- Patient Registration Process
- Virtual Visits
- UT (MSA 31 denials)
- Parkland/PCHP Delegated Entity Agreement

Internal Audit Services

Audit Follow-up Report Summary

June 22, 2023 – August 24, 2023

	Overall					Current Period Activity		
Session Type	Number of Audits	Number of Audits Greater than a Year Old	Number of Issues Reported	Number of Issues Addressed to Date	Number of Open Issues	Audits Closed During Period	Number of Issues Addressed	Number of Issues Where Management Accepted the Risk
Open Session	**8**	**3**	**32**	**16**	**16**	**2**	**7**	**0**
Executive Session	**8**	**3**	**41**	**18**	**23**	**2**	**5**	**0**

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Internal Audit Services
Closure Report

AUDIT COMMITTEE OPEN SESSION
September 6, 2023

Audit	Session Type	Issue	Action Detail	Actions Taken by Management
22-01 Employee Health Plan	Open	22-01 MedImpact claim payments are not consistently settled in accordance with Parkland's Pharmacy Benefit Plan	22-01 Settlement of Pharmacy Claims Action Owner: Tawana McCullough Executive: DeLancey Johnson	The Benefits team has been working with MedImpact and implemented the following corrective actions: • Monthly and Quarterly Meetings - Each quarter the Benefits Department, Employee Health Center team and Parkland's Pharmacy team meet with MedImpact to review a sampling of claims to include but not be limited to the following categories: PPO, HDHP, Diabetes, Specialty, non-formulary, formulary drugs, deductibles, out of pocket, and vaccines. In addition, domestic (Tier 1) and non-domestic claims (Tier 2) will be reviewed. Included in the sampling of claims, during the review, screenshots are taken to further verify results. Examples of Testing Completed include: Fertility changes provides an example of how the Benefit Department now test system update and COVID 19 changes. • A review of the Log and Formulary Recommendations was also conducted; and • The 2022 Business Financial Review was completed.
22-01 Employee Health Plan	Open	22-01 Limited oversight of TPA processes	22-01 Oversight of TPA Processes Action Owner: Tawana McCullough Executive: DeLancey Johnson	The Benefits team has been providing oversight of Parkland's Third Party Administrators (TPA) UMR and MedImpact since January 2023. As a result of the audit and meetings with UMR and MedImpact, the Benefits Department has implemented the following corrective actions: Monthly meetings are currently held to discuss issues that have arisen regarding claims, plan language and/or product functionality. The administration of complex claims is handled on a claim-by-claim basis. An analysis is performed on difficult claims issues. These steps are being taken to ensure that the claims process is in accordance with Parkland's Employee Health Plan intent; • Monthly monitoring of Administrative Fees; • Conducting quarterly audits of UMR and MedImpact to ensure that claims are paid according to Parkland's plan document; • Submitted RFP and selected a new TPA for next fiscal year; • Communicated with the new TPA Cigna the expectation of monthly/quarterly meetings to review claims data, and • Engaged and outside Claims auditors to conduct annual review of medical claims.

Internal Audit Services
Closure Report

AUDIT COMMITTEE OPEN SESSION
September 6, 2023

Audit	Session Type	Issue	Action Detail	Actions Taken by Management
22-01 Employee Health Plan	Open	22-01 UMR Claim Payments are Not Consistently Settled	22-01 UMR Claim Payments are Not Consistently Settled Action Owner: Tawana McCullough Executive: DeLancey Johnson	The Benefits team has been working with UMR and implemented the following corrective actions: • Monthly plan review meetings with UMR and Quarterly review of claims with an onsite visit with UMR to review claims audit results. During the quarterly review, this includes a sample review of domestic and non-domestic claims along with the appropriate Explanation of Benefits (EOBs).The quarterly review also includes, but is not limited to member deductibles/out of pockets, claim holds, and ambulance claims. Tests includes Tier 1 - services provided at a Parkland facility, Tier 2 – services provided with a facility other than Parkland and is in UMRs network, and Tier 3 – service provided by physicians or facilities not in Tier 1 or Tier 2 (out of network). Criteria includes Claim verified for correct and timely payments; • UMR Invoice Reviews; • Engaged External Audit of UMR Pricing by TFG Partners ; and • Communicated Monthly and Quarterly Claim Review Meeting Expectations with new TPA (Cigna)
22-03 Procurement and Contracting	Open	22-03 Advertising Procurement Opportunities to Vendors	Action: 22-03 Advertising Procurement Opportunities to Vendors Action Owner: James Floyd Executive: Pamela Bryant	Contract Management provided IAS with the documented process. The Contract Team members contact the Diversity Team for a list of potential MWBE vendors in the market that could provide the good/service or provide subcontracting services. This list is sent to the Contract Team member and a separate email is sent to all vendors listed. The Diversity team notifies multiple business advocacy groups including: The Dallas Black, Hispanic and Asian Chambers and the regional Black and Hispanic Contractors Associations, of the opportunity for them to distribute to their respective members. A reminder to keep the lists of vendors from the business owners and Diversity team in the project folder was discussed during the Contract Team meeting on 7/10/202. The Contract Team members was also reminded to keep the lists of vendors from the business owners and Diversity team in the project folder.

Internal Audit Services
Closure Report

AUDIT COMMITTEE OPEN SESSION
September 6, 2023

Audit	Session Type	Issue	Action Detail	Actions Taken by Management
22-03 Procurement and Contracting	Open	22-03 Notices of Award	Action: 22-03 Notices of Award Action Owner: James Floyd Executive: Pamela Bryant	As of May 30, 2023, the Awarded Contract list was added to the Parkland website. The Awarded Contract list will be generated and distributed automatically on the 10th day of each month and will be automatically distributed to Contracts and Corporate Communications. It will then be uploaded to the Parkland website. The existing file was replaced with the new file. IAS extracted a list of contracts that were executed within the last 60 days from Parklands Contract Management System "Jaggaer" to determine: 1. If the contract should be posted on Parkland's Web Page and 2.Did the contract meet Publicizing Awards Procedure and Purchasing Practices and Procedures Manual posting criteria.
23-05 Lower Unit of Measure (LUM)	Open	23-05 LUM Supplies Not Received but Invoiced as Ordered and Paid	22-05 LUM Supplies Not Received but Invoiced as Ordered and Paid Action Owner: Pamela Bryant Executive: Richard Humphrey	Supply Chain implemented monthly LUM audits beginning June 2023. IAS validated Supply Chain's results to ensure each supervisor conducted the audits timely, completely and accurately.
23-05 Lower Unit of Measure (LUM)	Open	LUM Supplies “Shipped To” (Delivered) to the Incorrect Zone	LUM Supplies “Shipped To” (Delivered) to the Incorrect Zone Action Owner: Pamela Bryant Executive: Richard Humphrey	Supply Chain LUM Distribution Management provided education and/or communication LUM Supply Chain Distribution Technician's to report all incorrect zones deliveries to their Supply Chain Supervisor so that this information can be tracked and reported back to Medline.

Internal Audit Services
Follow-Up Report

AUDIT COMMITTEE OPEN SESSION
September 6, 2023

Progress Trend Legend

↑ ***Ascend*** – significant progress, closure likely and approaching

⤳ ***Forward*** – moderate progress in the right direction

⇆ ***Divergent*** – progress limited, at risk of descending

↓ ***Descend*** – no development, closure unlikely and risk may be accepted

Audit	Issue	Action Detail	Status	Action Needed	Risk to Parkland if Corrective Actions are Not Implemented
19-08 COPC ⤳	19-08 Compliance with ABN Procedures and Regulatory Requirements	Action: 19-08 ABN Denial Review Process Action Owner: Eboni Joseph-Wilson Executive: Edmundo Castaneda Action Due Date: 7/31/2023 **New Action Due Date: 9/30/2023** % Complete: 80	There are approximately 200 lines to be reviewed by the IT/Operational teams. The project manager is checking with IT to see if there is an integrated testing window and how much time is needed once the spreadsheet has been completed.	Parkland needs to review all Parkland clinical charge codes prior to implementing the new EPIC ABN application.	Failure to implement corrective actions could result in non-compliance with federal/state billing regulations and could subject Parkland to regulatory sanctions, civil and/or criminal penalties and negative publicity. If under billing it would result in lost revenue.
19-12 Revenue Cycle ↑	19-12 Missing Charges	Action: 19-12 Supply Charges - Perioperative Services Action Owners: David Alexander Executive: Donna Richardson Action Due Date: 1/31/2024 % Complete: 75	For year to date, 1,085 Perioperative Charges have crossed the bridge. An additional 3,500 charge items are scheduled to cross by the end of August.	The Clinical Bridge Interface team needs to load the remaining OR Clinical Bridge locations and determine the remaining OR supplies that need to be loaded into the Clinical Bridge. Phase 1 has been completed and accomplishments include: 1. The Clinical Bridge is up and running 2. 375 OR supplies are processing successfully 3. 17 chargeable GI Lab supplies are available for IAS to test 4. The completion, documentation, approval and publication of the OR Clinical Bridge - New Supply Request Workflow	Failure to implement corrective actions could result in non-compliance with federal/state billing regulations and could subject Parkland to regulatory sanctions, civil and/or criminal penalties and negative publicity. If under billing it would result in lost revenue.
20-11 Consignment Process ↑	20-11 Pricing Inconsistencies Were Identified	Action: 20-11 Pricing Inconsistencies - Perioperative Services Action Owner: Mary Alexander Executive: Pamela Bryant Action Due Date: 1/31/2024 New Action Due Date: 4/30/2024 % Complete: 75	IAS retested and identified a control gap on how the latest contract price is not being pulled correctly from INFOR into EPIC. The go live date for Phase of the perpetual inventory is scheduled for completion for Novembert 2023. Supply Chain will bring the Consignment inventory into the perpetual inventory in Phase II of this project.	Supply Chain - Needs to develop a system to ensure prices for consignment items are current and updated in INFOR, and to ensure current contract prices are reflected in INFOR. There is a flag in INFOR to ID consignment; however, Supply Chain is not currently using this flag. Supply Chain wants to implement a Perpetual Inventory System and work with INFOR to identify and separate Consignment from Parkland Owned supplies.	Failure to implement corrective actions could result in non-compliance with federal/state billing regulations and could subject Parkland to regulatory sanctions, civil and/or criminal penalties and negative publicity. If under billing it would result in lost revenue. Potential of co-mingling consignment with Parkland owned supplies. Potential of not being able to determine consignment expenditures if combined with Parkland owned inventory. Potential negative publicity associated with non-compliance with billing regulations.
	20-11 Tracking and Monitoring of Consignment Items Were Lacking	Action: 20-11 Tracking and Monitoring of Consignment Items were Lacking Action Owner: Mary Alexander Executive: Pamela Bryant Action Due Date: 1/31/2024 % Complete: 75	Supply Chain is working on building Parkland's Perpetual Inventory for Surgical Services. Supply Chain and Surgical Services team are developing new processes and making some physical changes to restrict access to protect the integrity of inventory counts. Currently, Supply Chain is monitoring and tracking consignment manually as reported previously.	Supply Chain needs to implement a Perpetual Inventory System and work with INFOR to identify and separate Consignment from Parkland Owned supplies.	Potential non-compliance with federal/state billing regulations could subject Parkland to regulatory sanctions, and civil and/or criminal penalties. Potential of over/under billing. Potential of co-mingling consignment with Parkland owned supplies. Potential of not being able to determine consignment expenditures if combined with Parkland owned inventory.

Internal Audit Services
Follow-Up Report

AUDIT COMMITTEE OPEN SESSION
September 6, 2023

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Audit	Issue	Action Detail	Status	Action Needed	Risk to Parkland if Corrective Actions are Not Implemented
	20-11 The Recall Process Is Decentralized	Action: 20-11 The Recall Process Is Decentralized Action Owner: Michael Lane Executive: Roberto de la Cruz Action Due Date: 6/30/2023 % Complete: 40	A team representing Quality & Safety Operations, Safety & Clinical Risk Management and Supply Chain has: 1. Completed a cross walk of Parkland's current Recall process design and organizational reporting policies and have aligned them. 2. Identified a gap in the stated policies and that there is not a clinical assessment for timing of removing items from shelves, need for patient disclosure, etc. 3. Identified the need to add a position to support Parkland's Recall Process. This position will report to the Quality & Safety Operations department.	Quality & Safety Operations, Safety & Clinical Risk Management and Supply Chain need to centralize the recall process and finalize the recall policy.	Potential patient safety if the identification of recall products are not identified and communicated to the affected providers and patients. Potential for inconsistent oversight, management, documentation of issues and corrective response. Potential negative publicity associated with non-compliance with patient safety recall communication and processes.
22-03 Procurement and Contracting ↑	22-03 Procurement and Contracting	Action: 22-03 Requisition Approvals Action Owner: James Floyd Executive: Pamela Bryant Action Due Date: 6/30/2023 % Complete: 50	Contract Management is working with Supply Chain Informatics in developing an Exception Report.	Supply Chain needs to ensure that administrative and system boundaries are reviewed and established between a requester and someone approving a requisition or a purchase order or implement additional controls to monitor the individual's activity.	Without adequate separation of duties, unauthorized purchases could occur
	22-03 Evaluation Forms were Incomplete	Action: 22-03 Evaluation Forms were Incomplete Action Owner: Vic Summers Executive: Richard Humphrey Action Due Date: 8/31/2023 % Complete: 90	IAS is currently retesting.	Supply Chain needs to establish a process to revisit evaluation forms for accuracy of calculations and completion of evaluation forms as a precursor to award of contract.	Incomplete documentation may limit Parkland's ability to defend a legal challenge with an unselected vendor.
22-06 Talent Acquisition →	22-06 Inefficient Execution and Monitoring of Sign-On Agreement Process	22-06 Agreement Review, Execution and Monitoring Action Owner: Stacy Dorsey Executive: Felicia Miller Action Due Date: 7/31/2023 New Action Due Date: 8/31/2023 % Complete: 85	The Talent Acquisition (TA) team implemented Adobe Acrobat Sign - automates and tracks the process for executing the agreement. Updated Policy (Hiring Incentive - Sign On 5000-2100) in policy manager (has not been published in Policy Manager), conducted training on Adobe Acrobat Sign with recruiters, created process document and pilot/testing of process occurring. Controls added include: Executed agreements are sent by TAP to TAC- Preboarding email box. Added to a Sign-On Incentive tracker in OTM/TA Shared Drive. TAC is notified when an agreement is initiated and finalized.	The Office of Talent Management (OTM) needs to: Develop a process to ensure that agreements are adequately reviewed, timely executed, and monitored post execution; and The process should clearly define the responsible parties throughout the lifecycle and include training.	Inability to recover funds paid to attract and retain new hires who failed to meet the agreement.
		22-06 Implement processes and controls related to recovering funds from sign-on bonus breaches Action Owner: Stacy Dorsey Executive: Felicia Miller Action Due Date: 7/31/2023 % Complete: 50	After entering a sign on incentive into Peoplesoft and before payroll closes, the onboarding team will pull an audit report and audit our data entry to ensure we identify any errors prior to payroll processing. If an error is identified, the onboarding team will notify the appropriate approver in the process and the request for payment will be declined and resubmitted.	The Office of Talent Management (OTM) needs to continue to work with Accounting and Legal Affairs to improve the processes and controls related to recovering funds from sign-on bonus breaches, possibly via automation. All processes should be reviewed and approved by the Legal Department prior to implementation.	

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Follow-Up Report

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September 6, 2023

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Audit	Issue	Action Detail	Status	Action Needed	Risk to Parkland if Corrective Actions are Not Implemented
	22-06 Inconsistent Reporting and Monitoring of Talent Acquisition Service Level Agreements	22-06 Inconsistent Reporting and Monitoring of Talent Acquisition Service Level Agreements Action Owner: Stacy Dorsey Executive: Felicia Miller Action Due Date: 10/31/2023 % Complete: 10	TA leadership team is redesigning the SLAs and will complete this work by the end of FY23 to be rolled out in FY24.	OTM needs to: Evaluate the Service Level Agreements (SLA) to ensure they are measurable and develop a process to attain and retain appropriate documentation; and Ensure that the SLA and OTM Reporting definitions align.	Untimely hiring process, and poor working relationships with hiring leaders.
	22-06 Inefficient Identification of Internal Candidates	22-06 Inefficient Identification of Internal Candidates Action Owner: Stacy Dorsey Executive: Felicia Miller Action Due Date:10/31/2023 % Complete: 85	Talent Acquisition (TA) leadership has re-educated the recruiters during the monthly meeting. A template was created and rolled out to all recruiters for documentation in the ATS system. Controls: Every other month the TA leadership team audits the recruiters file for intake notes including documentation of the internal candidate discussion with the hiring leader.	OTM needs to: Ensure that the identification of internal candidates is addressed and documented during the intake meeting; Review the Interview process and develop documentation guidelines and responsibilities to share with hiring leaders; and Ensure that complete and proper documentation is maintained when moving candidates from one requisition to another.	Decreased employee retention leading to increased costs associated with external recruitment, and lack of employee engagement.
	22-06 Deficiencies in the use and retention of documentation used in the Offer Process	22-06 Offer Process Documentation Retention Action Owner: Stacy Dorsey Executive: Felicia Miller Action Due Date: 7/31/2023 **New Action Due Date: 9/30/2023** % Complete: 75	TA identified a new way to document the Salary Offer Tool (SOT) to include all tabs and documentation provided so each salary offer can be recreated for audit purposes. Recruiters will be trained and process documented. Controls added include: The compensation department will be auditing a subset of the SOTs on a monthly basis to confirm each SOT is saved and is accurate. Findings will be returned to the appropriate TA leader for coaching and performance discussion purposes.	Compensation needs to improve the Salary Offer Tool and collaborate with Talent Acquisition leadership to implement a QA process to ensure the proper use of the tool, compensation review process and documentation of all necessary support involved process. Talent Acquisition should collaborate with Records Information Management in Legal Affairs to ensure Parkland's record retention is compliant with regulatory requirements.	Non-compliance with document retention requirements established by the Equal Employment Opportunity Commission, and internal policies and procedures.
	22-06 Inadequate retention and preservation of Signed Application Disclosure and Authorization Forms for Background Checks	22-06 Retention and Preservation of Signed Authorization Forms Action Owner: Stacy Dorsey Executive: Felicia Miller Action Due Date: 10/31/2023 % Complete: 10	OTM and Legal Affairs met on 7/25/2023. Legal Affairs committed to research regulation to provide a recommendation for approach.	OTM needs to address the storage and retention of data developed during the Group One contract post the agreed retention period.	Inability to produce required hiring process documentation to support hiring decisions and compliance with Equal Employment and Opportunity Commission and Department of Labor regulations.
	22-06 Consent and Release of Liability Forms for Health and Drug Screening are not adequately reviewed and maintained	22-06 Review and Maintenance of Consent and Release of Liability Forms Action Owner: Stacy Dorsey Executive: Felicia Miller Action Due Date: 7/31/2023 % Complete: 80	Procedure 6000-400 policy has been published with revisions to remove verbiage “According to this same procedure, the form requires the employee/applicant to disclose all over-the-counter medicines recently taken or being taken at the time of the drug test.” from the policy to align with current urine drug screening process within the Occupational Health Department. Develop a process to ensure adequate review and maintenance of all signed form. Staff was trained. Controls added includes: OHS manager will audit 10 charts a month.	Occupational Health needs to: Review and modify the existing Consent and Release of Liability Form and Parkland’s Office of Talent Management Drug Free Workplace Policy & Procedure to ensure they align with one another; Develop a process to ensure adequate review and maintenance of all signed form; and Consult Legal Affairs for direction on retention requirements.	Increased risk for unfavorable position in an unemployment case or lawsuit arising from a drug test.

Internal Audit Services
Follow-Up Report

AUDIT COMMITTEE OPEN SESSION
September 6, 2023

Progress Trend Legend

↑ ***Ascend*** – significant progress, closure likely and approaching

→ ***Forward*** – moderate progress in the right direction

⇆ ***Divergent*** – progress limited, at risk of descending

↓ ***Descend*** – no development, closure unlikely and risk may be accepted

Audit	Issue	Action Detail	Status	Action Needed	Risk to Parkland if Corrective Actions are Not Implemented
23-06 Out of County Process ⇆	23-06 County Notification Process is Inconsistent	23-06 County Notification Process is Inconsistent Action Owner: Gerry Baker Executive: Richard Humphrey Action Due Date: 7/31/2023 % Complete: 10	IAS and Management are working to develop an action plan.	Revenue Cycle needs to ensure notification and billing criteria align with management expectations and the Indigent Health Care and Treatment Act (Act). Review the notification process with PFS staff to ensure notifications are sent to the counties on a timely basis; and Review the Act to ensure all requirements are being met. Implement a quality assurance process.	The lack of proper notification may prevent reimbursements from counties.
	23-06 Lack of Payments Received	23-06 Lack of Payments Received Action Owner: Gerry Baker Executive: Richard Humphrey Action Due Date: 7/31/2023 % Complete: 10	IAS and Management are working to develop an action plan.	Revenue Cycle needs to ensure Parkland receives maximum reimbursement from counties and monitor outstanding balances to ensure timely collection of payments.	Parkland is missing out on potential reimbursement due to not following state regulations with notifications not being sent timely to counties

Audit Title	Objective	Significance	Results/Conclusion	Follow-up
Importance Rating – High				
23-21 Patient Property	The objective of the audit was to determine whether patient property was accurately recorded, effectively managed, and adequately secured.	This audit received a high rating for importance because Parkland has a high volume of patients, and effectively tracking, managing and safeguarding their property is necessary for patient satisfaction.	Overall, improvements are needed to ensure that patient property is accurately recorded and effectively managed. Opportunities for improvement exist in ensuring that patient property is labeled and returned, accurately documenting property locations and the disposition of deceased patients' valuables, remitting the correct amounts of unclaimed cash to the Comptroller, ensuring that belongings flowsheet entries are complete and timely, verifying the identity of individuals who withdraw patient valuables from the Cashier's Office, and documenting PFS supervisors' verification of patient valuable envelopes' contents. **Performance Rating: High**	**Committee** None **IAS** Routine Follow-up process
23-11 EPIC Intelligent Documentation Methods	The objective of the audit was to assess the adequacy, completeness, and effectiveness of internal controls over the use of the predictive text feature, smart text/phrases and copy & paste.	This area received a high-risk rating for importance due to Parkland's obligation to keep detailed, quality patient care records while adhering to the Centers for Medicare and Medicare Services guidelines and Parkland Health Policies.	Overall, the current practice of having each medical provider review their record as written for adherence to processes and procedures needs improvement. Although EPIC identifies the Copied/Pasted portions of the records with the source information, including the source document type, date, and author, the carried forward information in	**Committee** None **IAS** Routine Follow-up process

Audit Title	Objective	Significance	Results/Conclusion	Follow-up
			the patient record has not been consistently updated to reflect changes in the patient's condition or care from the previous visit or note. **Performance Rating:** Medium	
Importance Rating – Medium				
Importance Rating – Low				

Prepared By
Vic Summers

Prepared For
Audit Committee Meeting
September 2023

Audit Title	23-21 Patient Property
Performance Rating - Importance Rating	High - High
Audit Group	Internal Audit
Audit Start Date	01/10/2023
Audit End Date	09/06/2023
Auditors	Denise White, Senior Internal Auditor
Audit Type	Annual Audit Plan

Distribution List

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Kyle Cross	Senior Director, Revenue Cycle

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Background

As a Level 1 Trauma Center and public hospital, Parkland Health serves a large patient population with varying levels of acuity. When possible, Parkland encourages patients to send property home with family members/responsible parties. As noted on Parkland's Consent to Medical Treatment form, Parkland does not assume responsibility for the safekeeping of personal property that patients choose to keep with them. Patient property includes valuables and belongings:

- Valuables: May consist of (but not limited to) cash, medications, currency, jewelry, credit cards, wallets, glasses, identification cards, food stamps, electronic devices (such as cell phones, tablets, laptops and readers), checks, keys, dentures, and hearing aids.

- Belongings: Items/clothing not defined as valuables.

Several Parkland departments play a part in the patient property workflow (collection, storage, retrieval and return). These include Patient Financial Services (PFS), the Main Emergency Department, the Trauma Department, the Psychiatric Emergency Department (PED), the Psychiatric Extended Observation Unit (PEOU), Perioperative Services, Radiology, the inpatient nursing units, and the Police Department.

Upon identification of patients with valuables that need to be secured in the Cashier's Office, clinical staff notify PFS. Emergency Department staff always secure valuables for patients in the following categories:

- Going to the Operating Room
- Unconscious or altered mental status
- Unable to manage valuables without assistance

Patients treated in the PED, PEOU or Inpatient Psychiatry unit are not allowed to keep any property with them. Any valuables over $250 are sent to the Cashier's Office. Valuables under $250 and patient belongings are stored in one of the following locations:

- PED Storage Room
- PEOU Storage Room
- Inpatient Psychiatry Storage Rooms

Patients under an involuntary psychiatric hold are also not permitted to keep property with them. If these patients present to the Emergency Department, clinical staff store their belongings in the Emergency Department Storage Room. Inpatient units send these patients' belongings to the Patient Belongings Storage Room on Parkland's lower level. The Medicine Secure Unit is another area that does not allow patients to keep belongings at the bedside. Large items are sent to the Patient Belongings Storage Room, and labeled property bags are stored in a locking cage in the Medicine Secure Unit's Dirty Utility Room.

If clinical staff discover that a patient has a weapon, they notify the Police Department. Clinical staff also notify the Police Department if patient property is missing. In these instances, the police take a report and conduct an investigation. The Police Department is also tasked with disposing of unclaimed patient property in the Patient Belongings Storage Room. To improve the management of patient property in this location, the Police Department wants to hire property and evidence technicians who will oversee the intake and retrieval processes. These technicians will be stationed in the storage room. A proposal has been drafted and will be submitted to the Position Review Committee.

To assist departments in managing patient property, in August 2022 Parkland began using the "Patient Belongings" functionality in Epic. The options available for selection are "No Belongings," "Kept by Patient," "Sent Home with Relative/Friend," and "Items Taken or Stored." Selecting "Kept by Patient"

allows nurses to list the items kept at the patient's bedside. If "Sent Home with Relative/Friend" is selected, nurses list the items that are sent home, as well as the name and relationship of the person who takes the property. The "Items Taken or Stored" option allows nurses to select a location and list the items that are stored in that location.

Audit Purpose/Rationale

Internal Audit Services (IAS) conducted an audit to determine whether patient property is accurately recorded, effectively managed, and adequately secured. The period covered by the review was January 2023 through July 2023. Steps performed during the audit included the following:

- Determined whether Parkland notified patients of its policy regarding personal property.
- Reviewed patient valuable envelopes for evidence that PFS supervisors validated the contents prior to sealing the envelopes.
- Determined whether patient valuables were stored in a secure location.
- Reviewed process for releasing valuables to patients/authorized representatives.
- Evaluated the completeness, timeliness, and accuracy of belongings flowsheet entries.
- Compared property documented in Epic to what was located in storage rooms.
- Determined whether property in storage rooms was labeled with patients' information.
- Determined whether property in storage rooms belonged to currently admitted patients.
- Reviewed Epic for evidence that property turned over to Parkland for safekeeping was returned to patients/authorized representatives at discharge.
- Reviewed Epic for evidence that property belonging to deceased patients was either given to the next of kin, secured in the Cashier's Office (valuables), or sent to the morgue with the body (belongings).
- Determined whether patient valuables (cash and coins) that were not retrieved within three years were turned over to the Comptroller as unclaimed property.
- Assessed Parkland's compliance with the Comptroller's requirements for notifying patients with unclaimed property.

Performance Risk Rating: **High**

This audit received a high rating for performance because current processes do not provide adequate assurance that patient property is accurately recorded and effectively managed.

Importance Risk Rating: **High**

This area received a high rating for importance because Parkland has a high volume of patients, and effectively tracking, managing, and safeguarding their property is necessary for patient satisfaction.

Risk Rating Legend

Top Performance	• Controls are functioning as intended • Corrective action plan, if any, is simple	99-100
Low Risk	• Zero or minor weaknesses identified • Controls are functioning with minor errors or gaps identified • Corrective action plan, if any, is straightforward	95-98
Medium Risk	• Controls are present, but not yet effective or sufficient and major issues noted that could jeopardize the accomplishment of business objectives • May include a pattern of multiple minor weaknesses or newly identified findings • Corrective action plan to remediate will be moderately complex	90-94
High Risk	• Controls not yet identified, not yet implemented, ineffective or insufficient; not functioning as intended and is a contributing factor to non-achievement of business objectives • May include a pattern of moderate or significant weakness such as “second generation” findings • Corrective action plan to remediate will be complex	Below 90

Audit Conclusion

Overall, improvements are needed to ensure that patient property is accurately recorded and effectively managed. Because this process involves multiple areas in the organization, a coordinated action plan would be more appropriate than individual department responses. Areas where controls function as intended include the following:

Top Performance

- Parkland’s Consent to Medical Treatment notifies patients of its policy regarding personal property
- Patient valuables sent to the Cashier’s Office are stored in locked drawers.
- When addresses are on file for patients with unclaimed valuables, Parkland notifies them that it is holding their property and may be required to deliver it to the Comptroller.

Opportunities for improvement exist in ensuring that patient property is labeled and returned, accurately documenting property locations and the disposition of deceased patients’ valuables, remitting the correct amounts of unclaimed cash to the Comptroller, ensuring that belongings flowsheet entries are complete and timely, verifying the identify of individuals who withdraw patient valuables from the Cashier’s Office, and documenting PFS supervisors’ verification of patient valuable envelopes’ contents.

Issues/Findings

Issue 1: Ineffective Property Management
Risk Rating: High
Risk: Ineffective management of property could result in patient dissatisfaction.

Current processes for managing patient property turned over to Parkland for safekeeping do not ensure that all property is labeled and returned to patients.

- During visits to storage rooms, IAS observed unlabeled property in the following locations:
    - Emergency Department Storage Room
    - PEOU Storage Room
    - Patient Belongings Storage Room
- For 1 of 26 items tested (4%), patient property was not labeled with the patient's information.
- For 22 of 32 items tested (69%), patients were not currently admitted on the dates that IAS observed their property in storage.
    - One patient's property was in the Emergency Department Storage Room. This patient left without being seen.
    - Four patients had property in the PED Storage Room. In one case, a nurse noted that the patient's property was returned at discharge.
    - Two patients had property in Inpatient Psychiatry's storage rooms. In both cases, nurses noted that the patients' belongings were returned at discharge.
    - Fifteen patients had property in the Patient Belongings Storage Room.

Issue 2: Inaccurate Property Documentation
Risk Rating: High
Risk: Inaccurate property documentation could lead to delays in retrieving property, incomplete chain of custody records, and patient dissatisfaction.

In several instances, inaccurate documentation was recorded in Epic. Patient property locations were incorrect, and notes regarding the disposition of deceased patients' valuables were misleading.

- For 4 of 30 items tested (13%), property was not stored in locations documented in Epic. The locations documented on the belongings flowsheet were the PEOU and 17 Psychiatry.
- For 6 of 15 items tested (40%), property locations were not accurately recorded on the belongings flowsheet.
    - Three items were observed in the PED Storage Room, but the location on the belongings flowsheet was the Emergency Department Storage Room. This occurred because the PED Storage Room was not listed as an option on the belongings flowsheet.
    - One item was observed in Locker 26 in Inpatient Psychiatry's Storage Room. The locker number was not recorded on the belongings flowsheet.

- One item was observed in Locker 17 in Inpatient Psychiatry's Storage Room. Per the belongings flowsheet, the item was in Locker 13.

- One item was observed in Locker 7 in Inpatient Psychiatry's Storage Room. Per the belongings flowsheet, the item was in Locker 5.

- For 2 of 4 items tested (50%), Epic did not contain evidence that valuables present at the time of death were either given to the legal next-of-kin or secured in the Cashier's Office.

    - For one patient, the "Preparation for Morgue" flowsheet indicated that a nurse called the Police Department to pick up the pink and yellow valuables forms. However, the Police Department informed IAS that it never received the valuables forms, and the Cashier's Office did not have any property for this patient. Nursing management subsequently informed IAS that the patient's valuables were on her body when she passed away, and they were left at the charge nurse's desk for the family to retrieve.

    - For another patient, the "Preparation for Morgue" flowsheet showed that the patient's wallet, cell phone and flashlight were given to a chaplain. According to the "When Notified Body is in Morgue" flowsheet, a chaplain recorded the valuables receipt number in the death log. However, IAS found no record of a patient valuable envelope being checked out for the patient. Spiritual Care researched this issue and determined that the valuables were never placed in an envelope. Instead, they were sent to the Dallas County Medical Examiner's Office with the patient's body.

Issue 3: Exclusion of Soiled Cash from Unclaimed Property Payment to Comptroller
Risk Rating: High
Risk: Remitting incorrect amounts to the Comptroller could result in non-compliance with the Texas Property Code.

There was a $1,819.16 difference between the amount of unclaimed patient valuables (cash and coins) remitted to the Comptroller in 2022 and the amount documented on patient valuable envelopes:

- Amount Remitted: $9,645.59

- Amount Documented on Envelopes: $11,464.75

The difference was due to soiled cash being excluded from 2022's unclaimed property payment. In August 2023, PFS provided IAS with evidence that $1,225.31 of the $1,819.26 was added to 2023's unclaimed property payment.

Issue 4: Incomplete Property Documentation
Risk Rating: Medium
Risk: Incomplete documentation could result in property being left behind when patients transfer to different units or leave Parkland.

In several instances, property documentation in Epic was incomplete. Either patient property was not documented on the belongings flowsheet, items kept at the patient's bedside were not identified, or the return of property to patients/authorized representatives was not documented.

- For 29 of 41 instances (71%) where patients were admitted to inpatient or observation units, nurses did not identify items kept at the patient's bedside.

- For 21 of 24 instances (87%) where patients were transferred to new units, IAS could not validate that property stored on prior units was transferred with them. Several inpatient units did not make any entries on the belongings flowsheet. Other units noted that patients kept belongings at the bedside, but they did not identify the specific items.

- For 8 of 23 property items (35%) observed in storage rooms, the property was not documented on the belongings flowsheet.

    - One item was in the PED Storage Room.

    - Seven items were in the Patient Belongings Storage Room.

- For 3 of 30 discharged patients (10%), Epic did not contain evidence that property was returned to patients/authorized representatives.

    - Two patients were discharged from the Emergency Department.

    - One patient was discharged from the PED.

Issue 5: Untimely Inventory of Patient Belongings
Risk Rating: Medium
Risk: Untimely inventories could result in patient belongings not being identified and inaccurate records.

For 13 of 41 items tested (32%), nurses did not enter information into the belongings flowsheet within 24 hours of the patient's arrival on the inpatient or observation units.

- In one instance, a nurse entered information into the belongings flowsheet 36 hours after the patient arrived.

- In one instance, the patient arrived on 5/4/2023. The unit did not document anything on the belongings flowsheet until 5/7/2023, shortly before the patient was discharged.

- In 11 instances, nurses didn't document anything on the belongings flowsheet while patients were on the units.

Issue 6: No ID Provided When Picking Up Patient Valuables
Risk Rating: Medium
Risk: Releasing valuables without verifying the requestor's identity could result in unauthorized individuals obtaining patient property.

For 2 of 24 items tested (8%), the Cashier's Office did not obtain evidence of the authorized representative's identity. In both cases, PFS asked for the ID, but the representative didn't have it. The PFS supervisor's explanation was on file.

Issue 7: Illegible Signature on Patient Valuable Envelope
Risk Rating: Low
Risk: Not validating the contents of patient valuable envelopes could result in patients holding Parkland responsible for valuables that were not brought into the hospital.

For 1 of 30 items tested (3%), IAS could not determine whether a PFS supervisor verified the patient valuable envelope's contents. The signature in the space typically used by PFS was illegible.

Overall Recommendation

With assistance from the Enterprise Project Management Office, departments involved in the patient property workflow should work together to establish best practices for the collection, storage, retrieval and return of patient property. Procedures should be updated to incorporate these practices, employees should be educated on the updated procedures, and monitoring should be performed to ensure that the procedures are implemented.

Action plans should ensure that the following areas are addressed:

- Patient property is labeled.
- Patient property is returned to patients/authorized representatives at discharge, and the return is documented.
- Property locations are accurately documented.
- The disposition of deceased patients' valuables is accurately documented.
- Belongings flowsheet entries are complete and timely.
- Correct amounts of unclaimed cash are remitted to the Comptroller.
- Identities of individuals who withdraw valuables from the Cashier's Office are verified.
- PFS supervisors' review of patient valuable envelopes' contents is documented.

Management Response

Administrative Response: A workgroup will be formed to develop a process for the handling of patient property across the organization. This process involves the coordination with multiple departments including Nursing Services (all), the Police Department, and Patient Financial Services. An executive sponsor for the project will be determined at a later date.

Prepared By
Vic Summers

Prepared For
Audit Committee Meeting
September 2023

Audit Title	23-11 EPIC - Intelligent Documentation Methods
Performance Rating - Importance Rating	Medium - High
Audit Group	Internal Audit
Audit Start Date	02/01/2023
Audit End Date	09/06/2023
Auditors	Sue Hinerman Gile, Senior Compliance Auditor
Audit Type	Annual Audit Plan

Distribution List

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Tsedey Melaku	Vice President, Clinical Informatics
Mandy Transou	Director, Health Information Management Quality Review

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Background

EPIC is a widely used electronic health record (EHR) system designed to digitize and streamline medical records and workflows within a healthcare setting. By providing a centralized platform for healthcare professionals to document patient information, track medical history, order tests, prescribe medications, and manage overall patient care.

Epic and other EHR systems offer numerous benefits, but there are also certain dangers associated with the improper use of certain functionalities within the medical record. These functionalities include the predictive text feature and copy & paste.

Concerns associated with the use of predictive text in medical software include:

- **Inaccuracy**: predictive text relies on algorithms and patterns to generate suggestions based on previous input. It may not always accurately predict the intended clinical term or description, leading to the inclusion of inaccurate or inappropriate information in the medical documentation, potentially compromising patient care and safety.

- **Medical jargon and terminology**: Healthcare professionals often use specific language and abbreviations in their documentation. The predictive text may not always recognize or generate the appropriate medical terminology, resulting in errors or confusion in the record.

- **Lack of context**: Predictive text systems use advanced language models and algorithms to anticipate what words or phrases a user is likely to type next, based on their previous input and the patterns they've learned from analyzing vast amounts of text data. To suggest the appropriate word or phrase, the predictive text system will need to fully understand the context of a particular patient encounter or the specific needs of individual patients. The suggested text needs to accurately reflect the unique medical clinical circumstances to adequately capture the nuances of the patient's condition.

- **Legal and compliance risks**: Inaccurate or inappropriate suggestions generated by predictive text can pose legal and compliance risks. If documentation contains incorrect or misleading information due to predictive text, it can impact patient safety, claims reimbursement, legal proceedings, and compliance with regulatory requirements.

- **Standardization and loss of individualization**: Reliance on predictive text may lead to standardization and generic documentation, potentially overlooking the individualization required for each patient. Patient care requires tailoring to the specific circumstances and characteristics of the individual, and the excessive use of predictive text may hinder the personalized approach.

- **Patient privacy and data security**: Predictive text functions by analyzing a significant volume of patient data, including medical history, diagnoses, treatments, and more. This extensive data processing creates a larger attack surface for potential hackers to exploit. If the software's security measures are not robust, unauthorized individuals might gain access to sensitive patient information, leading to data breaches and exposure of confidential medical records. The continuous use of predictive text could lead to the accumulation of residual data, including cached suggestions and corrections. If not properly managed, this residual data might persist even after a patient's record is updated or deleted, posing a risk if unauthorized users gain access to a device or system.

To address these concerns, it's imperative that the healthcare professional exercise caution and review all suggestive text carefully to ensure accuracy, appropriateness, and context before finalizing their notes. Ongoing training, education, and monitoring are essential to mitigate the potential risks of predictive text in the medical record.

The Centers for Medicare and Medicaid Services (CMS) has issued guidelines regarding copy and paste functionality and the appropriateness of its use for medical records in patient care. These guidelines aim to ensure the integrity, accuracy, and clinical relevance of medical documentation. Below are some key points related to copy and paste, the appropriateness of medical records and the rational for the audit:

- **Avoid inappropriate use**: CMS advises against the inappropriate use of the copy and paste function, particularly when it leads to inaccurate or outdated information being included in the medical record.

- **Review and Update**: Healthcare providers should review, and update copied information to ensure its accuracy and relevance to the specific encounter or patient visit. Information from previous encounters should be appropriately edited and tailored to the current encounter.

- **Identification of Copy and Pasted Content**: Copied and pasted content should be clearly identified to distinguish it from original content. This helps ensure transparency and enables healthcare providers to understand the origin of the information.

- **Clinical Assessment and Decision-Making**: The medical record should reflect the clinical assessment and decision-making process of the healthcare provider. It should demonstrate the rationale behind the diagnosis, treatment plan, and other clinical decisions.

When using the copy and paste function it is important to keep the CMS guidelines in mind. Per CMS, medical notes documentation is considered cloned when each entry in the medical record for a beneficiary is worded exactly like or similar to the previous entries. Cloning also occurs when medical documentation is exactly the same from beneficiary to beneficiary. It would not be expected that every patient had the exact same problem, symptoms, and required the exact same treatment. Cloned documentation does not meet medical necessity requirements for coverage of services rendered due to the lack of specific, individual information. All documentation in the medical record must be specific to the patient and her/his situation at the time of the encounter. Cloning of documentation is considered a misrepresentation of the medical necessity requirement for coverage of services. Identification of this type of documentation will lead to denial of services for lack of medical necessity and recoupment of all overpayments made.

The medical records guidelines for the State of Texas can be found in the Texas Administrative Code. TEXAS MEDICAL BOARD. CHAPTER 165, MEDICAL RECORDS. Rules. §165.1, Medical Record. This section states, “licensed physician of the board shall maintain an adequate medical record for each patient that is complete, contemporaneous and legible.” For the purpose of the medical record, contemporaneous medical records means a record reflecting medical care, including, but not limited to, diagnosis, treatment, or examination of a Product User that was created at, or about, the time the medical care was given.

Audit Purpose/Rationale

In accordance with the Annual Audit Plan, Internal Audit Service (IAS) conducted a review of the Epic auto complete/predictive text functionality within the EHR. The objective of the audit was to assess the adequacy, completeness, and effectiveness of internal controls over the use of the predictive text feature, smart text/phrases and copy & paste.

Objectives of the audit included the following:

- Review of internal controls around the use of predictive text.
- Assess the accuracy/contextual appropriateness of the predictive text suggestions in capturing clinical information.

- Determine the effectiveness of predictive suggestions in promoting adherence to clinical guidelines and best practices by reviewing the contextually appropriateness of the suggested terms.
- Identify any privacy or security concerns associated with the using of predictive text within EPIC software.
- Assess the timeliness and relevancy of the information carried forward through copy and paste.
- Review for compliance with the standards set forth by Centers for Medical and Medicaid services and the Parkland Health Policy regarding medical documentation, use of Smart tools/text/phrases, use of fluency and the copy/paste function.

Steps performed during the audit included the following:

- Performed a review of the controls, policies, training materials and procedures for the use of Epic documentation tools.

- Performed a review of patient medical records for redundancy and updated information by a review of the original note and the new note containing the copied information. Elements reviewed include:

    - History and Physical update
    - Physical exam updates
    - Medical decision-making updates
    - Is original author, date and source document identified
    - Contradictory information

- The predictive text functionality was not reviewed or tested since these are active text documentation features.

Performance Risk Rating: **Medium**

This audit received a rating of medium risk due to the number of copied and pasted notes inconsistent edits raising concerns regarding the accuracy and individualization of patient records, and the limited controls over the process.

Importance Risk Rating: **High**

This area received a high-risk rating for importance due to Parkland's obligation to keep detailed, quality patient care records while adhering to the Centers for Medicare and Medicare Services guidelines and Parkland Health Policies.

Risk Rating Legend

Top Performance	• Controls are functioning as intended • Corrective action plan, if any, is simple	99-100
Low Risk	• Zero or minor weaknesses identified • Controls are functioning with minor errors or gaps identified • Corrective action plan, if any, is straightforward	95-98
Medium Risk	• Controls are present, but not yet effective or sufficient and major issues noted that could jeopardize the accomplishment of business objectives • May include a pattern of multiple minor weaknesses or newly identified findings • Corrective action plan to remediate will be moderately complex	90-94
High Risk	• Controls not yet identified, not yet implemented, ineffective or insufficient; not functioning as intended and is a contributing factor to non-achievement of business objectives • May include a pattern of moderate or significant weakness such as “second generation” findings • Corrective action plan to remediate will be complex	Below 90

Audit Conclusion

Currently, monitoring of this functionality resides solely with each medical provider responsible for reviewing their record as written for adherence to processes and procedures. Internal controls should be added to strengthen the process. Although EPIC identifies the copied/pasted portions of the records with the source information, including the source document type, date, and author, the carried forward information in the patient record has not been consistently updated to reflect changes in the patient’s condition or care from the previous visit or note.

Parkland’s policy allows for cutting and pasting within the EHR. This practice had previously been monitored for opportunities for education and to create tools to assist providers but ended in April 2022. The August 9, 2023 Health Record Governance meeting included proposed updates to the Copy/Paste policy (SYS.RC.002) to restrict copying/pasting from one patient record to an unrelated patient record and to prohibit all cloning of documentation.

It is important to note that the prevalence of copy/paste usage is not isolated to Parkland Health. This practice spans across all healthcare settings. These tools are designed to strike a balance between enhancing physician well-being and maintaining the efficiency of the documentation process ensuring that patient information is accurately represented.

Predictive text suggestions typically integrate seamlessly into the writing process. Therefore, the accuracy and appropriateness of completed documentation is evaluated during the quality, coding, and billing cycles.

Our observation details are noted below.

Issues/Findings

Issue 1: **Monitoring controls are lacking ensuring note integrity.**
Risk Rating: **Medium**
Risk: **Potential complacency could lead to default documentation, impacting coding accuracy, diagnosis representation, and overall patient care quality.**

The current approach to controlling note composition places the responsibility on individual providers to oversee their notes, identify sources and address redundancy. IAS observed the use of copy and paste functionality in assessing the adequacy of this control.

IAS reviewed patient records for appropriateness of the copied information and to ensure updates were made to reflect the patient's current condition. The copy and paste usage indicated portions or elements of a note were copied and pasted forward from both inside and outside the EHR with little to no edits. Although the copy/paste practice is permissible, there exists no means to ascertain the frequency of external copy/paste information duplication across the EHR system, or the source of the information.

Other methods of note composition that allow for more individualized records include:

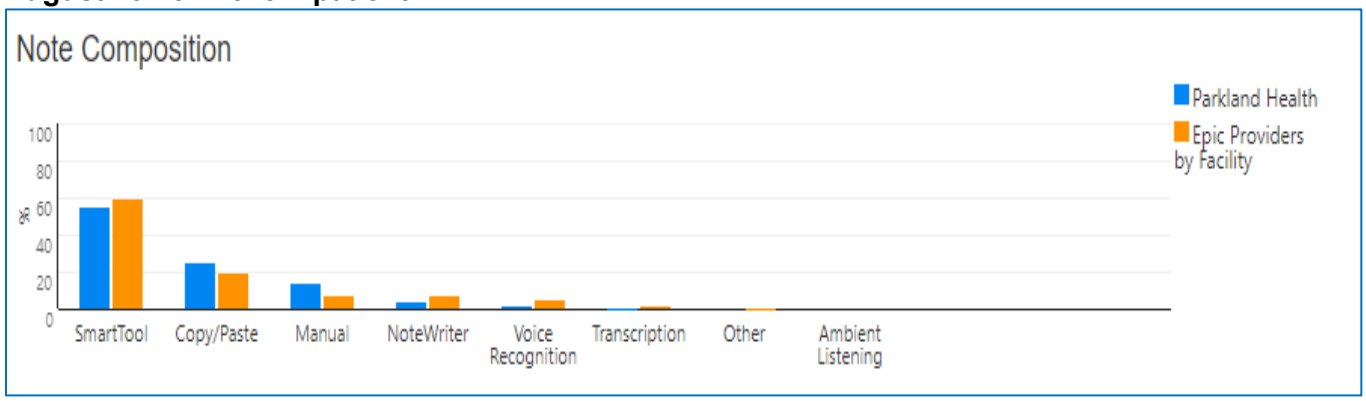
- Use of voice recognition software (M*Modal Fluency). Fluency voice recognition software is currently being used to compose 1% of the inpatient notes and 0.5% for ambulatory providers' notes.

- Manual note composition is utilized 14% of the time for inpatient notes and 11% of the time for outpatient records.

Epic's Signal efficiency portal provides reporting tools to measure provider EHR efficiency and note composition tool usage. Table 1 illustrates tool usage for note composition for the week of 08/13-08/19/2023. The comparison data reflects all EPIC's facilities**.**

Table 1 – Note Composition

August 13-19th 2023 Inpatient



August 13-19th Outpatient

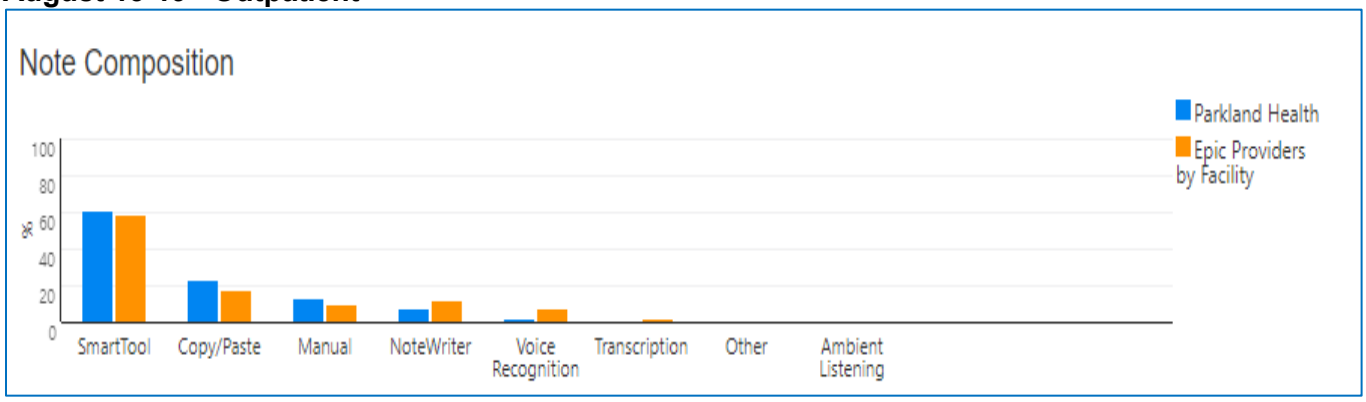


Table 2 – Note Content Metrics

Note Content Metrics

	Q3 '22	Q4 '22	Q1 '23	Q2 '23	YTD	QTD	MTD	Epic Mean	Epic Top 25th	Epic Bottom 25th
Percentage of Content Pasted into Notes	18 %	18 %	18 %	18 %	18 %	17 %	17 %	17 %	19 %	14 %
Percentage of Content Attributed to Note Author	95 %	95 %	95 %	95 %	95 %	96 %	96 %	90 %	95 %	88 %
Average Character Count in Notes	1,976	2,024	2,021	2,022	2,022	2,023	2,022	2,259	2,568	1,955
Percentage of Notes Containing Copied Content	31 %	31 %	31 %	31 %	31 %	30 %	31 %	26 %	29 %	22 %

Recommendation

Leadership has agreed that the Health Record Governance (HRG) committee, which includes clinicians, will reinstate monitoring as of September 1, 2023. The HIM department will monitor for 100% cloning of H&P's, progress notes, and monthly data for individuals consistently above 99% copied, with any concerns escalated to the author's Chief of Service. The data/findings will also be reported to the HRG committee, Executive Compliance Committee, and Medical Executive Committee.

Encourage use of alternative documentation tools such as M*Modal Fluency, Smart tools and Note Writer to avoid overreliance on copy and paste and create more individualized documentation.