



Audit Department

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Jeremiah P. Carroll II, CPA, Director • Angela Darragh, CPA, HIPAA PMO Manager



June 5, 2007

Kathy Silver, Interim CEO
University Medical Center of Southern Nevada
1800 West Charleston Blvd
Las Vegas, NV 89102

Dear Ms. Silver:

In accordance with our annual audit plan, we conducted a review of HIPAA Compliance at University Medical Center.

OBJECTIVES, SCOPE, AND METHODOLOGY

The objectives of this audit were to ensure all members of the workforce use appropriate safeguards in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and UMC Administrative Policies. Our criteria were based on twenty types of observations in three main HIPAA areas:

- Notice of Privacy Practices (NPP) and Patient's Rights
- Privacy and Security Policies and Procedures, and
- Safeguard Practices

For example, a few of these types of observations included observing whether NPP are being posted, whether charts are turned to the wall outside of exam rooms, and whether Protected Health Information (PHI) is discussed in public areas. To accomplish our objectives, we interviewed appropriate personnel, reviewed policies and procedures, and conducted observation rounds in 85 units of UMC. To determine a compliance rating, we used only those criteria where we had at least ten observations recorded.

Our audit covered the period from August 25, 2006, through November 17, 2006. The last day of fieldwork was November 17, 2006. Our audit was conducted in accordance with generally accepted governmental auditing standards.

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RESULTS IN BRIEF

Except for the detailed explanation of our findings in the Cast Clinic, we summarized our observations of the 85 units. The overall compliance rating was 94%. When incidences of non-compliance were observed, we issued memos to unit managers and included recommendations for corrective action. Of the 18 memos issued, 14 responses were received indicating action had been taken. (78% response rate)

The findings for criteria measuring less than 95%, where at least 10 observations were made, are discussed in detail below.

The lowest compliance score (73%) was found in turning charts towards a wall or using cover sheets to shield patient information from passersby. We noted that the chart labels applied by the Ambulatory Care primary care clinics contain the patient names on both sides, making the names visible to passersby. Confidential cover sheets should be placed in the wall pockets to shield the labels.

There was an 81% compliance found in the proper disposal of papers containing protected health information using the recycle bins or shredders. We found patient paperwork in trashcans in 15 of 79 units. We also noted failure to use the de-identifier label cover on a medication bag in one unit. This was immediately corrected by the manager, who determined that a new per diem nurse had not been oriented to the procedure. Two units had unlocked recycle bins in publicly accessible locations; all managers may receive a key from the Environmental Services Department. We did not find recycle bins or designated recycle trashcans in every Adult ED pod.

PHI or records were left on counters and carts, or found in empty rooms in 9 of 73 units (12% non-compliance rate).

PHI was seen posted in public areas in four of 67 units (6% non-compliance rate). The Transplant Services clinic had not implemented the removal labels for the sign-in sheet. After our review, the unit obtained the de-identifier label ordering information so they could change the process.

DETAIL OF FINDINGS

Cast Clinic

We found significant deficiencies in the Cast Clinic. The Cast Clinic had no Notice of Privacy Practices available to issue to new patients, and the HIPAA Compliance Questionnaire Screen was not being appropriately completed as part of the registration process. The Patient Access Services manager immediately delivered a supply of Notices of Privacy Practices to the Cast

Clinic when she was notified of the issue. The Privacy Officer provided education at that time to the employee in the proper use of the HIPAA Compliance Questionnaire screen, and included an explanation of the requirement for ensuring all new patients have received and acknowledged a copy of the Notice of Privacy Practices. The employee demonstrated understanding by performing a registration. Additionally, a meeting was held with the Patient Access Services designated training personnel who agreed to provide additional emphasis on the Notice of Privacy Practices procedures and the correct completion of the HIPAA Compliance Questionnaire screen. We recommended that the Patient Access Services manager reinforce the procedures with the department's managers and all employees.

Additionally, Cast Clinic personnel were not following Administrative Policy and Procedures for responding to patient requests for access and copies of clinic medical records. The Cast Clinic was only providing copies to patients directly; no third party requests were processed. Staff was not familiar with the Administrative Policies and Procedures or the location of the forms to be used to respond to patient requests.

The Privacy Officer immediately provided education to the employees that included explaining the Privacy Rule standards regarding the patient's right to request access, and the need to demonstrate timely responses. The training also included a discussion of the identity verification procedures, and employees were shown where the HIPAA policies, procedures and forms can be found on the UMC intranet. Both employees involved expressed an understanding and intend to begin having the requests documented and retained in the records. We also recommended that Cast Clinic personnel contact the Health Information Management Department should any questions arise in future.

We will continue to conduct observation rounds to ensure that departments continue to demonstrate compliance with HIPAA and apply appropriate safeguards to protected health information.

Sincerely,

/s/ Jeremiah P. Carroll

Jeremiah P. Carroll II, CPA
Director of Clark County Audit