

UT Southwestern
Medical Center

**University Hospitals –
Patient Discharge Process Audit**

Internal Audit Report 19:06

June 10, 2019

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Executive Summary

Background

UT Southwestern Medical Center (UT Southwestern) owns two University Hospitals: William P. Clements Jr. University Hospital (CUH) and Zale Lipshy University Hospital (Zale). As a specialty hospital, CUH offers expertise in the areas of cancer, heart, maternity and newborn care, neurology, surgical care, transplant services, and physical and speech therapy. For general health needs, Clements has a team of hospitalists who are internal medicine experts and specialize in inpatient services. Zale is a neurological diagnostic and treatment center, and houses a treatment center for hematologic malignancies, ophthalmology, oral surgery, psychiatry, rehabilitation, and other services. In calendar year 2018 through March 2019, CUH discharged approximately 31,407 patients and Zale discharged about 8,953 patients.

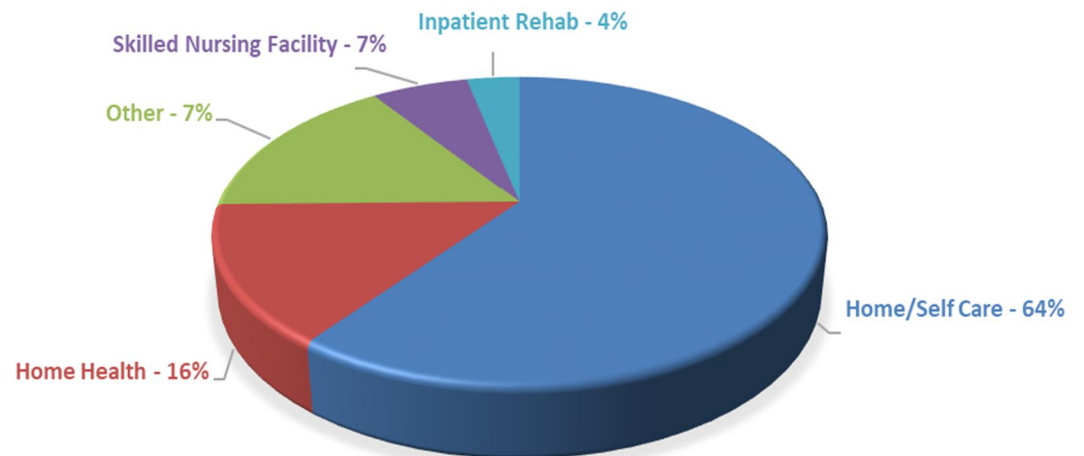
During a hospital visit at UT Southwestern, a patient’s care team may include multiple, highly trained medical professionals that can include, but not limited to, Attending Physicians, Residents, Fellows, Physician Assistants, Registered Nurses, Nurse Practitioners, Care Coordinators, and Social Service Resources.

During the patient admissions process, the patient discharge planning begins with an evaluation of the patients need for post-hospital services. Once the needs are determined as to whether the patient will need additional health care then the care providers will determine the likelihood of a patient’s capacity for self-care, in-home services, placement at a skilled nursing facility or inpatient rehabilitation or receive services outside of the home such as physical therapy. Disposition discharge planning includes coordinating with facilities, providers and other community resources necessary to meet the patient’s post-acute care healthcare needs.

At discharge, the patient’s care team provides the patient with specific instructions for on-going care, prescription details, and follow-up appointment information.

The pie chart to the right provides the disposition types for patients discharged from the hospital during the period under review.

**PATIENT DISCHARGE BY DISPOSITION TYPE
JANUARY 2018-MARCH 2019**



Executive Summary

The Associate Vice President and Chief Nursing Executive oversees the care teams who coordinate with the care providers to ensure necessary final actions (prescriptions filled, patient educations, etc.) before discharge are completed before discharge. The Associate Vice President and Chief Operations Officer oversees hospital operations (i.e. transport services). The care teams in coordination with operations facilitate the patient discharges.

Scope and Objectives

This audit was a part of the Fiscal Year (FY) 2019 Institutional Internal Audit Plan and included a review of patient discharge process documentation and timeliness. The audit scope was limited and only included inpatients stays during calendar year 2018 through March 2019. The review excluded observation and emergency room patient discharge processes.

The overall audit objectives were to assess the operational effectiveness and efficiency as well as the internal controls that ensure achievement of objectives, compliance with key regulations and institutional policies and procedures, safeguarding of assets and accuracy of reporting. Specifically, to confirm:

- Discharge documentation is complete and retained in Epic.
- Discharge documentation complies with federal regulation requirement on Freedom of Choice.
- Discharge process is completed timely based on discharge orders.

We conducted our audit according to guidelines set forth by the Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing.

Conclusion

Overall, hospital policies are in place and followed for discharge activities. Due to the multiple clinical specialists and trainees involved with patient care it is essential there is timely coordination and communication among the medical professionals that would have a direct impact on the timeliness of the discharge process and the patient's experience. Enhancing system tools, including visualization and communication for planning and tracking of planned discharges, will assist in improving the flow of discharge activities. See Appendix B for discharge time trends.

An opportunity also exists to improve demonstration of compliance with the Basic Freedom of Choice requirements, specifically documenting patient selection of post hospitalization services.

Hospital leaders have developed action plans to address the opportunities, ensure compliance with regulations and improve patient discharge time. These leaders are also working on developing a model for projecting discharges based on key factors such as current census data by specialty.

Executive Summary

Included in the table below are the observations noted, along with the respective disposition of the observations within the Medical Center internal audit risk definition and classification process. See Appendix A for Risk Rating Classifications and Definitions.

Priority (0)	High (0)	Medium (2)	Low (0)	Total (2)
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There were no priority issues identified in the audit. Key improvement opportunities are summarized below.

- n 1. **Establish Documentation Consistency with the Basic Freedom of Choice Requirements** –Evidence of post discharge offers of facility options and selection of service providers is not consistently documented in the patient medical records to demonstrate compliance with Federal regulations. Lack of evidence to demonstrate options offered and patient selection in Epic increases the risk of noncompliance with federal regulations.
- n 2. **Utilize System Tools to Strengthen Communication During Discharge Planning** – Discharge order coordination impacted the timeliness of patient discharges. Existing system tools do not facilitate timely patient discharge planning and communications. Delayed discharges impact patient bed availability and can potentially contribute to delays in moving patients from post operation surgery rooms, emergency room or direct admits to the beds occupied by discharged patients.

Additional details for key improvement opportunities and action plans can be found in the Detailed Observations and Action Plans Matrix (Matrix) section of this report.

We would like to thank Hospital Administration and Health System Affairs for the courtesies extended to us and for their cooperation during our audit.

Sincerely,

Valla F. Wilson, Vice President for Internal Audit, Chief Audit Executive, Interim Chief Compliance & HIPAA Privacy Officer

Executive Summary

Internal Audit Team:

Melinda Lokey, Director
Robin Irvin, Manager
Angeliki Marko, Supervisor

cc: Arnim E. Dontes, Executive Vice President, Business Affairs
Kathryn Flores, Assistant Vice President & Chief Information Officer, University Hospitals
Trissi Gray, Director, Health System Compliance, Office of Compliance
Susan Hernandez, Associate Vice President and Chief Nursing Executive, University Hospitals
Deena Koshy, Director, Accreditation & Patient Safety, University Hospitals
Becky McCulley, Associate Vice President & Chief Operations Officer, University Hospitals
Mark Meyer, Chief Financial Officer, University Hospitals
Marc E. Milstein, Vice President & Chief Information Officer, Information Resources
Terry Neal, Director, Decision Support, University Hospitals
Ron Norris, Director, Hospital Operations, University Hospitals
Thomas Spencer, Ph.D., Assistant Vice President, IR Operations and Compliance, Academic and Administrative Information Resources
John Warner, M.D., MBA, Executive Vice President Health System Affairs & Chief Executive Officer, University Hospitals
Debra Warrington, Director, Care Coordination, University Hospitals
Duwayne Willet, M.D. Chief Medical Informatics Officer, Health System

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>Risk Rating: Medium n</p> <p>1. Establish Documentation Consistency with the Basic Freedom of Choice Requirements</p> <p>Documentation in patient medical records for post discharge offers of facility options and selection of service providers as evidence of compliance with Federal regulations is not consistently or clearly documented.</p> <p>A review of 25 inpatient accounts, the notes within the medical record indicate that all patients were offered a listing of different service provider choices; however, according to the documentation, 23% of the patients opted not to elect a preference and a selection was made on the patient's behalf. This increases the risk of patient dissatisfaction of choice made and does not comply with Basic Freedom of Choice requirements for Medicare patients.</p> <p>The Federal Basic Freedom of Choice regulation requires that any individual entitled to insurance benefits may obtain health services from any institution, agency, or person qualified to participate if such institution, agency, or person undertakes to provide him or her such services. As a condition of participation in the Medicare program, hospitals are required to provide patients with resources available in the area to provide their post discharge care without preference to selected providers.</p>	<ol style="list-style-type: none"> 1. Update procedures to define the required documentation for post discharge service selection to ensure compliance with the Basic Freedom of Choice regulation. 2. As part of updating the procedures, develop a small workgroup to discuss and identify a method that is cost beneficial for the team (i.e., determine if obtaining a signed letter from the patient would address the requirement). 3. Upon revising procedures, communicate and reinforce the importance for following the updated procedures. 4. Implement monitoring controls to ensure compliance with guideline and expected actions are occurring as intended. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> 1. Procedure updates will be made to clarify documentation standards that demonstrate compliance with the Basic Freedom of Choice for Medicare patients. 2. Work group will identify a cost beneficial method that addresses documenting Medicare patient choices. 3. Once procedures are revised, we will communicate and reinforce during staff meetings, daily huddles, etc. 4. We will implement monitoring to periodically review Medicare patients accounts in Epic to verify adherence with the procedures. <p><u>Action Plan Owners:</u></p> <p>Director, Care Coordination, University Hospitals</p> <p><u>Target Completion Dates:</u></p> <ol style="list-style-type: none"> 1. August 31, 2019 2. August 31, 2019 3. August 31, 2019 4. September 30, 2019

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>Risk Rating: Medium n</p> <p>2. Utilize System Tools to Strengthen Communication During Discharge Planning</p> <p>Discharge orders impact the related discharge activities coordination among the providers and care team and the timeliness of patient discharges. Discharge orders and related activities must be performed timely in order for patients to be discharged during planned times. Existing system tools are not effective for facilitating timely patient discharge planning and communications. Delayed discharges impact bed availability and can potentially contribute to delays in moving patients from post operation surgery rooms, emergency room or direct admits to the beds occupied by discharged patients.</p> <p>The standard goal is to discharge a patient within two hours of a completed discharge order.</p> <p>Based on discussions and data analyzed from January 2018 to March 2019, discharge orders and new orders placed after completed discharge orders indicated patients discharged are typically two to seven hours later after placing discharge orders. Discharge orders were placed between 10am to 1pm with the majority of patients discharged between 12pm and 5pm.</p>	<ol style="list-style-type: none"> 1. Enhance system tool(s) to improve visualization and cross communication to facilitate coordination with the various specialties to ensure awareness and monitoring of the procedures. 2. Communicate and train staff on the revised processes and procedures. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> 1. The Epic Storyboard module is in development as a tool to enhance communication among the different specialty medical providers and care coordination team. 2. A communication plan will be developed to update the staff on the new procedures and provide training. <p><u>Action Plan Owners:</u></p> <p>Associate Vice President and Chief Nursing Executive, University Hospitals</p> <p><u>Target Completion Dates:</u></p> <p>November 30, 2019, based on planned project implementation. The communication plan will be rolled out in conjunction with project implementation.</p>

Appendix A – Risk Classifications and Definitions

As you review each observation within the Detailed Observations and Action Plans Matrix of this report, please note that we have included a color-coded depiction as to the perceived degree of risk represented by each of the observations identified during our review. The following chart is intended to provide information with respect to the applicable definitions and terms utilized as part of our risk ranking process:

Risk Definition- The degree of risk that exists based upon the identified deficiency combined with the subsequent priority of action to be undertaken by management.	Degree of Risk and Priority of Action	
	Priority	An issue identified by Internal Audit that, if not addressed immediately, has a high probability to directly impact achievement of a strategic or important operational objective of a UT institution or the UT System as a whole.
	High	A finding identified by Internal Audit that is considered to have a high probability of adverse effects to the UT institution either as a whole or to a significant college/school/unit level. As such, immediate action is required by management in order to address the noted concern and reduce risks to the organization.
	Medium	A finding identified by Internal Audit that is considered to have a medium probability of adverse effects to the UT institution either as a whole or to a college/school/unit level. As such, action is needed by management in order to address the noted concern and reduce the risk to a more desirable level.
	Low	A finding identified by Internal Audit that is considered to have minimal probability of adverse effects to the UT institution either as a whole or to a college/school/unit level. As such, action should be taken by management to address the noted concern and reduce risks to the organization.

It is important to note that considerable professional judgment is required in determining the overall ratings presented on the subsequent pages of this report. Accordingly, others could evaluate the results differently and draw different conclusions. It is also important to note that this report provides management with information about the condition of risks and internal controls at one point in time. Future changes in environmental factors and actions by personnel may significantly and adversely impact these risks and controls in ways that this report did not and cannot anticipate.