



DEPARTMENT OF HEALTH
Office of the Inspector General

ANNUAL REPORT
For The Year Ended
June 30, 1997

Lawton Chiles, Governor
James T. Howell, M.D., M.P.H., Secretary
Lesley Mendelson, Inspector General

September 30, 1997



Lawton Chiles
Governor

James T. Howell, M.D., M.P.H.
Secretary

September 30, 1997

James T. Howell, M.D., M.P.H.
Secretary, Department of Health
1317 Winewood Boulevard
Tallahassee, Florida 32399

Dear Dr. Howell:

This report, which is required by Chapter 20.055, *Florida Statutes (1995)*, summarizes the activities and accomplishments of the Office of the Inspector General, for fiscal year 1996-97. Because the Department of Health became an independent department as of January 1, this report covers only the six month period ending June 30, 1997.

I have included in this report all the necessary information required by statute, as well as an Executive Summary highlighting the major activities of the relevant period. This report also includes our Five Year Audit Plan.

Thank you for your continued support. We look forward to the coming year.

Sincerely,

Lesley Mendelson
Inspector General

LM/kms

**Department of Health
Office of the Inspector General**

**Annual Report
January 1, 1997 through June 30, 1997**

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Executive Summary

This report, which is required by Chapter 20.055, *Florida Statutes (1995)*, summarizes the activities and accomplishments of the Office of the Inspector General at the Department of Health, January 1, 1997 through June 30, 1997.

The new Department of Health was inaugurated on January 1, 1997. Prior to the effective date of the department, the state's public health functions were administered through the Department of Health and Rehabilitative Services (HRS).

During the relevant period, the Office of Inspector General consisted of the Inspector General, an administrative assistant and for the final three months, an audit director. The major administrative tasks undertaken by the office during this period included the following: an assessment of the legal duties of the office, a functional analysis of those duties, an analysis of the knowledge and skills necessary to execute the functions of the office, a workload projection, development of an organizational chart and position descriptions, and the creation of a legislative request for staffing and other budgetary needs.

Other major activities included those relating to performance measures, the conduction of investigations, and follow-up reviews for corrective action on several audits exposing major deficiencies in departmental programs and field offices.

The office has worked closely with other departmental personnel to build a comprehensive system of accountability within the Department of Health. These activities included strategic planning, departmental re-organization, internal control assessment, the formulation of an information security program, the conduction of a departmental risk assessment, the initiation of a workgroup to develop a risk management system, and statewide presentations on the role of the Inspector General and common internal control deficiencies.

In the coming year, we intend to hire the staff appropriated for the office by the Legislature, and move forward to accomplish our goal of providing a central point for coordination of and responsibility for activities that promote accountability, integrity and efficacy in government.

Florida Department of Health

Background

Chapter 96-403, *Laws of Florida*, established the Florida Department of Health as an independent agency, effective January 1, 1997. Beginning July 1, 1996, the Legislature appropriated \$1,311,497 and thirteen positions for use during the start up phase. Prior to the effective date of the Department of Health, the state's public health functions were administered through the Department of Health and Rehabilitative Services (HRS).

Statutory Purpose

The purpose of the Department of Health is to promote and protect the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties, §20.43 (1), *Florida Statutes (Supp. 1996)*.

Mission Statement

The mission of the Department of Health is to promote and protect the health and safety of all residents and visitors in this state through the establishment and maintenance of high quality standards for the public health environment and the delivery of public health services.

Organization

The Department of Health is divided into the following seven divisions:

- Administration
 - Environmental Health
 - Disease Control
 - Family Health
 - Children's Medical Services
 - Medical Quality Assurance (effective July 1, 1997)
 - Local Health Planning, Education and Workforce Development (effective July 1, 1997)
-

Duties and Responsibilities

Pursuant to §20.43 (1), *Florida Statutes (Supp. 1996)*, the Department of Health is directed to carry out the following duties:

- Prevent, to the fullest extent possible, the occurrence and progression of communicable and non-communicable diseases and disabilities.
- Maintain a constant surveillance of disease occurrence and accumulate health statistics necessary to establish disease trends and to design health programs.
- Conduct special studies of the causes of diseases and formulate preventive strategies.
- Promote the maintenance and improvement of the environment as it affects public health.
- Promote the maintenance and improvement of health in the residents of the state.
- Provide leadership, in cooperation with the public and private sectors, in establishing statewide and community public health delivery systems.
- Provide health care and early intervention services to infants, toddlers, children, adolescents, and high-risk perinatal patients who are at risk for disabling conditions or have chronic illnesses.
- Develop working associations with all agencies and organizations involved and interested in health and health care delivery.
- Analyze trends in the evolution of health systems, and identify and promote the use of innovative, cost-effective health delivery systems.
- Serve as the statewide repository of all aggregate data accumulated by state agencies related to health care; analyze that data and issue periodic reports and policy statements, as appropriate; require that all aggregated data be kept in a manner that promotes easy utilization by the public, state agencies, and all other interested parties; provide technical assistance as required; and work

cooperatively with the state's higher education programs to promote further study and analysis of health care systems and health care outcomes.

- Biennially publish, and annually update, a state health plan that assesses current health programs, systems, and costs; makes projections of future problems and opportunities; and recommends changes needed in the health care system to improve the public health.
- Regulate health practitioners, to the extent authorized by the Legislature, as necessary for the preservation of the health, safety, and welfare of the public.

Major Programs

The department carries out these duties and responsibilities through three major programs.

- Public Health Services Program
- Children's Medical Services Program
- Medical Quality Assurance Program

Public Health Services Program

The Public Health Services Program protects Floridians from the spread of infectious diseases, assures them availability to health care services, and protects them and visitors from environmental hazards in food, water, workplaces and living facilities. The Department of Health administers the Public Health Services Program through sixty-seven county health departments through the following three broad levels of service:

- Disease Control Services
- Family Health Services
- Environmental Health Services

Children's Medical Services Program

The Children's Medical Services Program (CMS) is a managed care program aimed at helping children with special health care needs serious enough that they require extensive medical care to reach their full potential. Services are provided by a statewide network of twenty-two local CMS clinics, as well as private physicians' offices, regional medical centers, and medical specialty care centers.

Medical Quality Assurance Program

The Medical Quality Assurance Program (MQA) carries out the department's responsibilities related to the regulation of medical and allied health professionals as necessary to preserve the health, safety, and welfare of the public.

Currently, MQA supports licensure and disciplinary activities for a total of thirty-seven health care boards, councils, professions and facilities, which perform the following licensure functions:

- Setting licensing requirements for the profession.
- Establishing standards of professional practice.
- Preparing and administering licensing examinations.
- Issuing and renewing members' licenses.
- Curtailing unlicensed activity.

In addition, the boards and councils also hear cases against individual practitioners who have allegedly violated state laws and rules governing professional practice. Each board is authorized to take disciplinary action if it finds that an allegation is justified.

Funding

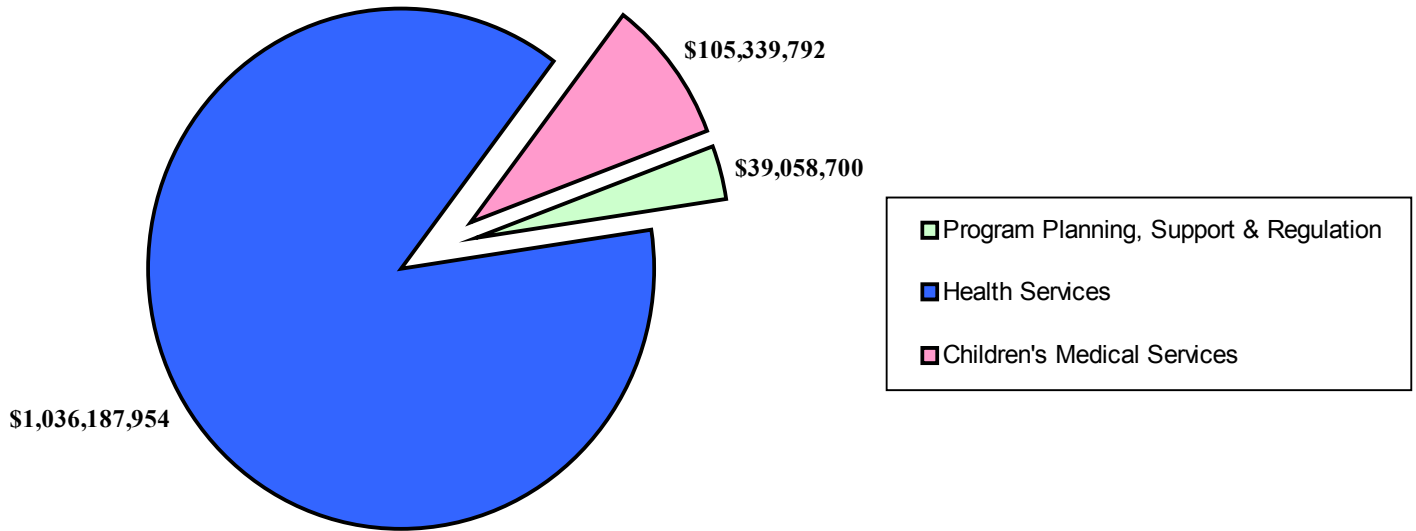
The department receives most of its funding from general revenue, federal grants, donations and health program funding sources. The charts on the following page represent fiscal year 1996-97 expenditures by budget entity and fund type. Total expenditures were \$1,180,586,446.

Note:

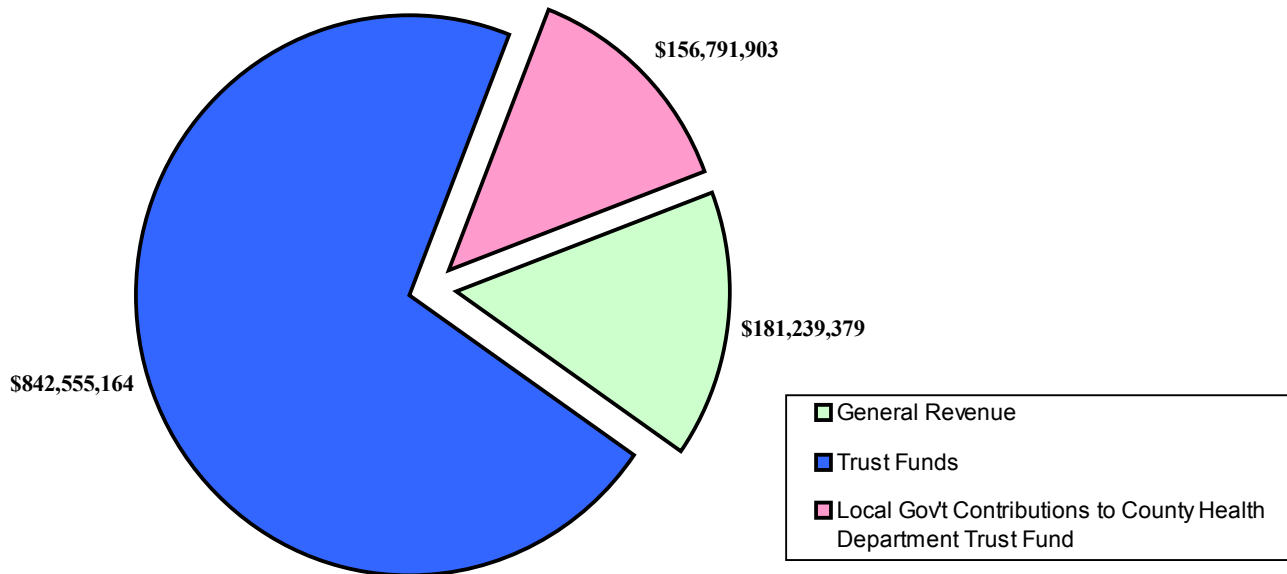
County health department contributions are composed of funding received from other general revenue fund sources indicated on this chart and from local revenues. The "Local Gov't Contributions to County Health Department Trust Funds" figure represent pass-through funding to the county health departments via the aid to local government budget categories.

DEPARTMENT OF HEALTH

FY 1996-97 Expenditures by Budget Entity



FY 1996-97 Expenditures by Fund Type



**Office of the
Inspector General**

Background

The Inspector General and one support staff were two of the original thirteen positions identified to inaugurate the new Department of Health. The Inspector General assumed her position on October 23, 1996. An administrative assistant III was added to the staff in December 1996 and a director of audit was added in March 1997. During this period, in addition to the major activities set forth in this report, the focus of the office was to assess the duties, responsibilities, projected workload and staffing needs of the office. To accomplish this, the following activities were undertaken:

- A survey of Florida laws to determine all statutorily required duties.
 - A literature review of all programs incorporated within the new department and an orientation by staff of each program.
 - A survey of the previous three years of all Inspector General investigations and audits conducted on the programs assumed by the Department of Health to determine the types and severity of problems encountered.
 - A list of necessary personnel, by subject matter expertise, and number, was developed.
 - An organizational chart was developed, setting forth the three major functions of the office – investigative, audit, and other accountability activities.
 - A legislative budget request for staffing for the first full year of operation was prepared.
 - Position descriptions and standards were developed.
 - A risk assessment of auditable units was undertaken.
 - Necessary systems, policies and procedures for management of the office were identified.
-

Duties and Responsibilities

The Office of the Inspector General is statutorily mandated to provide a central point for coordination of and responsibility for activities that promote accountability, integrity, and efficiency in government through the following specific duties and responsibilities, §20.055(2), *Florida Statutes (1995)*.

- Advise in the development of performance measures, standards, and procedures for the evaluation department programs.
- Assess the reliability and validity of the information provided by the department on performance measures and standards, and make recommendations for improvement, if necessary.
- Review the actions taken by the department to improve program performance and meet program standards and make recommendations for improvement, if necessary.
- Provide direction for, supervise, and coordinate audits, investigations, and management reviews relating to the programs and operations of the department.
- Conduct, supervise, or coordinate other activities carried out or financed by the department for the purpose of promoting economy and efficiency in the administration of, or preventing and detecting fraud and abuse in, its program and operations.
- Keep the Secretary informed concerning fraud, abuses, and deficiencies relating to programs and operations administered or financed by the department, recommend corrective action concerning fraud, abuses, and deficiencies, and report on the progress made in implementing corrective action.
- Ensure effective coordination and cooperation between the Auditor General, federal auditors, and other governmental bodies with a view toward avoiding duplication.

- Review, as appropriate, rules relating to the programs and operations of the department and make recommendations concerning their impact.
- Ensure that an appropriate balance is maintained between audit, investigative, and other accountability activities.

Organization

To accomplish its goals, the Office of the Inspector General is divided into three main functions.

- Audit Functions
- Investigation Functions
- Other Accountability Functions

Audit Functions

The audit duties and responsibilities include:

- Review and evaluation of internal controls necessary to ensure the fiscal accountability of the Department of Health.
- Performance of financial, compliance, electronic data processing, and performance audits and preparation of audit reports of the findings, §20.055(5), *Florida Statute (1995)*.
- Performance of audits of the security program for data and information technology resources, Chapter 282.318, *Florida Statutes (1995)*.

Investigation Functions

The investigation duties and responsibilities include:

- The initiation, performance, supervision, and coordination of investigations to detect, deter, prevent and eradicate fraud, waste, mismanagement, misconduct, and other abuses in state government, §20.055(6), *Florida Statutes (1995)*.
 - The receipt and coordination of all activities required by the Whistle-blower's Act, Chapter 112.3187-112.31895, *Florida Statutes, (1995)*.
-

Other Accountability
Functions

Other accountability functions include those accountability activities that fall outside the audit or investigation functions. These activities include performing management reviews, management advisory and consulting services, quality assurance and monitoring plan development, administrative rule reviews, special studies, as well as advising in the development of, and devising a plan to monitor, performance measures.

Staffing

From January 1, 1997 through June 30, 1997, the Office of the Inspector General functioned with only three positions: the Inspector General, the director of audits and an administrative assistant III.

Inspector General - Lesley Mendelson, J.D.

Lesley Mendelson has been engaged in the practice of law for the past twenty years both in the public and private sector. She is admitted to practice in the states of Florida and Minnesota. For the past twelve years, the focus of her practice has been health care law.

Director of Audits - Lynn Riley, C.P.A.

Lynn Riley became a certified public accountant in 1990. For the past nine years the focus of her work has been health care accounting and auditing.

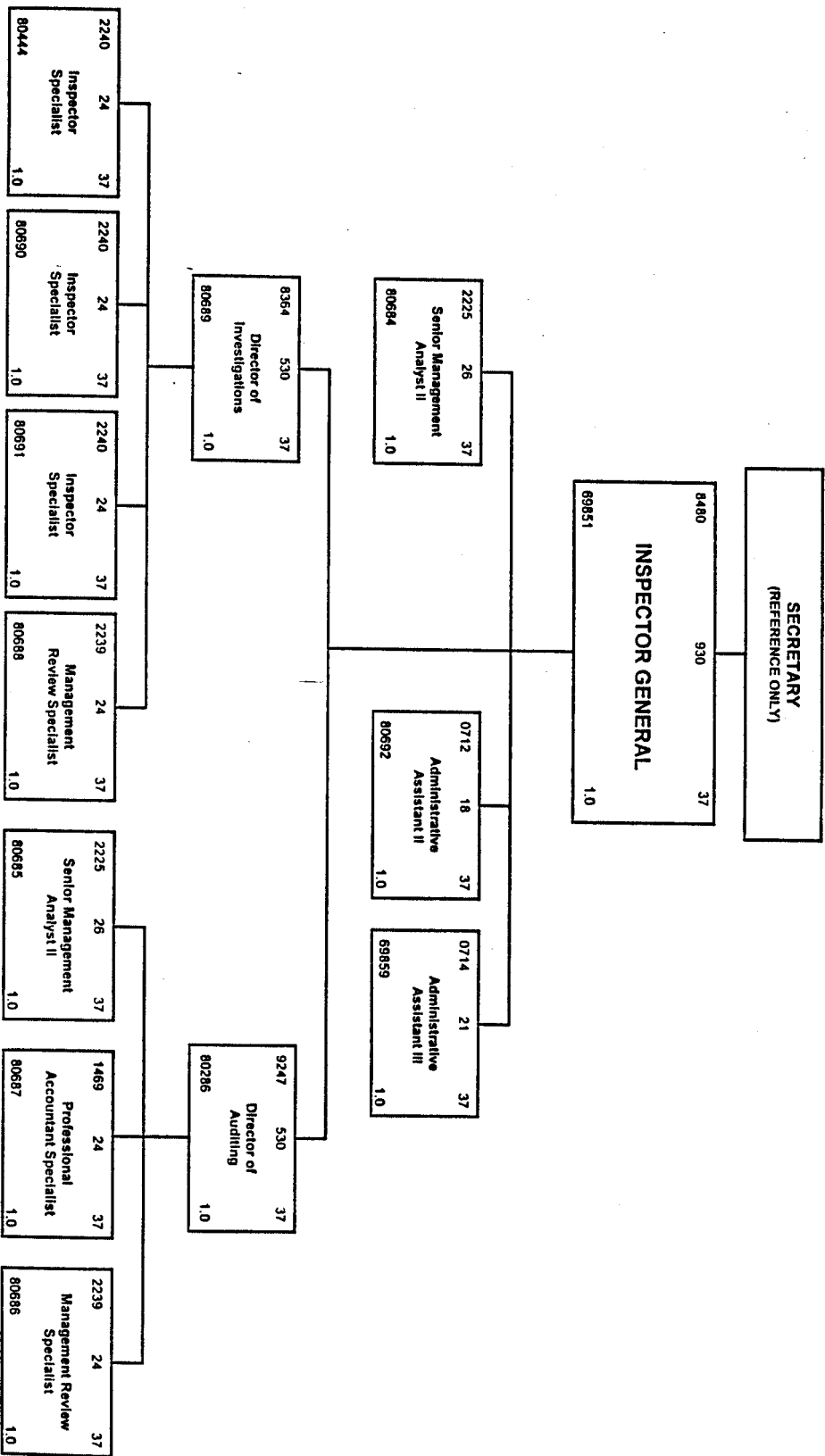
Administrative Assistant III - Sonya Burgess

Sonya Burgess has been employed with county and state government for the past thirty years, in the capacity of an administrative assistant to the superintendents of a major institution and as a legal secretary.

Organizational Chart

The organizational chart, which follows, reflects the thirteen positions authorized by the 1997 Legislature. As of the report date, eleven positions have been filled.

OFFICE OF INSPECTOR GENERAL



**Summary of
Major Activities**

Major activities that the Office of the Inspector General has been involved in during fiscal year 1996-97 fall into the following categories.

- Activities Relating to Performance Measures
 - Activities Revealing Significant Program Abuses and Deficiencies
 - Other Accountability Activities
-

**Activities Relating to
Performance Measures**

The Department of Health is scheduled to begin operating under performance based program budgeting in 2001 and will submit a performance based legislative budget request by September 1, 1999 for fiscal year 2000-01, 1997 Fla. Sess. Law Serv. 237 (West).

The development of a performance measurement system is integral to the implementation of performance based program budgeting; therefore, although health programs have been measuring their performance by tracking health status outcomes as an ongoing component of the department's quality assurance and improvement process for many years, the department began putting together a comprehensive performance measurement system on June 1, 1997. To date, the department's initial measures are complete and piloting the performance measurement system indicators will begin in the autumn of 1997.

The Office of the Inspector General will continue to advise in the development of performance measures and develop a plan for monitoring and reviewing the department's major programs to ensure that performance data are maintained and supported by department records.

**Activities Revealing
Significant Program Abuses
and Deficiencies**

The following activities revealed significant abuses and/or deficiencies at the Department of Health in the Health Services Program and the Children's Medical Services Programs.

Health Services

AIDS Surveillance
Audit Follow-up

In early fall of 1996, a serious breach in security occurred with the release of confidential AIDS data maintained by the then Department of Health and Rehabilitative Services in the Pinellas County Health Department.

At the request of Ed Feaver, Secretary of the Department of Health and Rehabilitative Services (HRS), and Dr. James T. Howell, State Health Officer, the HRS Office of the Inspector General performed a security assessment review of designated AIDS surveillance sites, which revealed significant inadequacies. Corrective action was quickly initiated.

To evaluate the effectiveness of the controls implemented in response to the AIDS Surveillance Audit, a follow-up review was conducted under the Department of Health in the spring of 1997 and a report of findings was issued. Significant progress was evident; however, the following shortcomings were noted in the follow-up report.

- Required reference checks were unavailable at approximately half the sites reviewed.
- Computer "password" sharing was evident among employees.
- Computers remained turned on when not in use.
- Lack of reconciliation in audit trail, attendance reports, and travel logs.

Pursuant to the above findings, the Inspector General made the following recommendations:

- Pre-employment reference checks should be reviewed and placed in the employee personnel files.
 - All personnel should be reminded not to share passwords and to turn off computers when not in use.
 - The audit trail, attendance reports, and travel logs should be reviewed again in six months.
 - A statewide AIDS security officer should be assigned to coordinate and control the granting and revoking of passwords and to evaluate and test security controls.
-

Escambia County
Health Department
Follow-up Audit

External financial audits of Escambia and Duval County Health Departments were performed by an independent public accounting firm in December 1995 and 1996, respectively. Lack of proper internal control procedures and inadequacies in accounting records prevented the auditors from forming opinions regarding the accuracy of reported transactions, appropriate billing of services, and completeness of account balances, which resulted in disclaimed opinions in both audit engagements.

In June, the Office of the Inspector General participated in the follow-up "Agreed Upon Procedures" audit of the Escambia County Health Department. Deficiencies continued in the following areas:

- Internal controls over cash.
- Purchasing under county contract.
- Accounts receivable write-offs.
- Recording inventory on the county's property roles.
- Reviews for unauthorized software.

Palm Beach County
Health Department
Procurement and
Leasing Investigation

An investigation of the Palm Beach County Health Department revealed that personnel of the health department had broken up renovation contracts to avoid competitive bidding. For example, more than one million dollars was awarded to a single individual based on multiple purchase orders under \$10,000. In addition, a lease had been entered into for space which was never occupied.

The investigative team made sixteen recommendations regarding purchasing and leasing procedures in the sixty-seven county health departments, which included the following recommendations:

- Uniform clear direction from headquarters concerning application of state purchasing and leasing regulations.
 - Improved internal controls.
 - Improved communication between headquarters and the health departments, the Office of Banking and Finance and the Department of Management Services.
-

Office of the Auditor
General's Federal
Financial Assistance
Audit

The Office of the Inspector General coordinated with the Office of the Auditor General for the Department of Health's first Federal Financial Assistance Programs Audit for fiscal year ended June 30, 1996. Pertinent recommendations in this report (No. 12983) include the following items:

- Title 7, §246.6(a), *Code of Federal Regulations*, requires the state to enter into signed written agreements with each local agency setting forth the local agency's responsibilities for program operations. To assure compliance with controlling federal regulations, it was recommended that valid agreements be executed with all local agencies prior to the provision of services.
- Pursuant to various federal guidelines, including grant application instructions, Childhood Immunization Program funds may be used to supplement, but not supplant, existing immunization services and operations provided by the state. In order to document this requirement, it was recommended that procedures be implemented to adequately identify and document all applicable non-federal expenditures.

Children's Medical Services

Conflict of Interest

In January 1997, an allegation of conflict of interest in contract management was lodged against the Children's Medical Services Program. An inquiry revealed that contract managers previously reporting to the HRS district office were now proposed to report directly to the CMS clinic directors. In some cases, these directors were employees of entities with which the clinics contracted. This practice is in direct conflict with HRSM 75-2A 11.1, which provides that only department staff may be designed as contract managers and that this responsibility shall not be assigned to department staff when they are supervised by independent contractors. As a result, all contracting responsibilities were transferred from the CMS clinics to Department of Health headquarters.

Individuals with
Disabilities Act –
Part H Evaluation

In September 1995, the Department of Health (formerly the Department of Health and Rehabilitative Services) engaged the services of Florida TaxWatch to evaluate the state's system of early intervention services funded under Part H of the Individuals with Disabilities Act. These services are provided to children with established conditions and developmental delays, and to their families.

Key findings from this report are as follows:

- Medicaid revenue had not been maximized.
- Critical and essential services, fiscal and demographic data were found to be unreported, incorrectly reported, or reported in a manner that led to inconsistencies and variations that were simply inexplicable.
- The information systems that are attendant to the service delivery system simply did not demonstrate an adequate level of integrity that could be relied upon for the data analysis techniques and confidence levels necessary for a comprehensive evaluation of the Part H delivery system.
- The department does not currently have the capability to report expenditures applicable solely to the Part H component of the Children's Medical Services Early Intervention Program.

Pursuant to the above findings, TaxWatch made the following recommendations:

- The department's management information systems should be re-designed to eliminate the collection of non-essential data elements and to improve capabilities and performance.
 - Consideration should be given to the establishment of more effective and efficient methods for data entry activities.
 - The Family Support Plan should serve as the foundation for fiscal audits and should clearly specify the types, quantity, payers of services, and the basic funding amount.
-

Other Accountability Issues

In its first six months of operation, the Office of the Inspector General has worked together with the management team to build a system of accountability. Highlights of these activities are summarized below.

Security Information
Procedure Manual

The department established a workgroup to develop and disseminate a comprehensive policies and procedures manual to assure the integrity of its confidential information. The more than thirty participants represented many professions throughout the department and included each program area, administrative services, and the Offices of the Inspector General and General Counsel.

The workgroup reached consensus on policies and procedures, which govern the department. The manual has been approved by the department's executive management team. Security coordinators have been appointed from each field office, as well as each headquarters unit and subgroups have been formed to implement the following objectives:

- Develop information resource management protocols and procedures.
- Pilot risk assessment and information security policies, protocols and procedure tools.
- Design quality improvement tool for information security.
- Develop training materials.

A multi-dimensional monitoring plan for implementation of and continued compliance with the department's information security policies, protocols and procedures is complete.

Strategic Planning
and Rebasing

During its first year, the department's executive management team has focused on defining its values, goals and vision. This activity has impacted the department's strategic plan, as well as its organization.

Rebasing, the process of drafting the mission statement, setting goals and devising strategies, as well as measures to evaluate success, has led to an evaluation of programs to determine their relevance, effectiveness in carrying out departmental goals, and operating efficiency. As a result, recommendations have been made to the Governor's Office regarding reorganization to improve efficiency and effectiveness.

Florida Government
Accountability Report

Written and coordinated with the Office of Program Policy Analysis and Government Accountability, the Florida Government Accountability Report (F-GAR) is in the process of being created. This report will provide performance information on over 400 Florida government programs, including the three major programs of the Department of Health. Beginning October 1997, the F-GAR will be offered on the World Wide Web.

County Health
Department Internal
Control Structure
Self-Assessment

To allow the Department of Health to gain an understanding of the sixty-seven county health departments' internal control environments and their policies and procedures, self-assessment internal control structure surveys were completed by all county health departments and evaluated by the Office of the Inspector General.

Education

The Inspector General has made several statewide presentations concerning the duties and role of the Inspector General and the Whistle-blower's Act. These presentations were made to increase awareness of the functions of the Inspector General, of the statutory protections for those who expose fraud and abuse, and in the importance of every employee in furthering the mission of the Department of Health.

Several statewide presentations regarding the common deficiencies exposed by audits and the recommendations for improvements in the internal control structures of the county health departments were made. In addition, a teleconference was filmed in June, telephone calls were received from around the state directing questions to a panel of experts, which included the Deputy Secretary for Health, the Director of Administrative Services, the Inspector General's Audit Director and a guest speaker.

Library

The process of establishing a central repository for Department of Health policies and procedures manuals in the Office of the Inspector General has begun. Manuals have been collected and an indexing system devised. A presentation regarding the library has been made to the management team.

Risk Management

A workgroup was convened to devise a comprehensive risk management system for the department. The group has examined risk management systems currently in use in the department and is investigating commercial software applications for a comprehensive approach.

Risk Assessment and
Audit Plan for the
Department of Health

To assist in the accomplishment of the Office of the Inspector General's statutory responsibilities, a planning system was established to reasonably assure that the limited resources of the internal audit function will be efficiently and effectively employed. During the first six months as the Department of Health, the Inspector General's audit staff prepared 1997-98 risk assessment worksheets based on a review of HRS historical risk assessment forms completed for the programs that were transferred to the Department of Health. These worksheets were distributed to Department of Health division directors who rated their programs considering the following factors:

- Management Interest.
- Public disclosure implications.
- Safety issues relating to job performance and to the work place environment.
- Flow of funds.
- Changes in systems or new programs.
- Quality of controls.
- Audit plans of internal and external auditors.

The Office of the Inspector General's five year audit plan is based on the risk assessment with additional weight given for strong management interest; therefore, the proposed audits will not sequentially follow the formal risk assessment. The final determination of audits to be performed must be based on staff hours available, proposed audit scope, and staff professional proficiency.

The Office of the Inspector General's five year audit plan for the Department of Health is found on the following page.

**Department of Health
Office of the Inspector General**

Five Year Audit Plan

July 1, 1997 through June 30, 2002

	AUDIT AREA	Proposed Audit Year				
		FY 97/98	FY 98/99	FY 99/00	FY 00/01	FY 01/02
1.	A. G. Holly Tuberculosis Hospital	*				
2.	Finance and Accounting- Cash Controls and Accounts Receivables	*				
3.	Family Health-Primary Care	*				
4.	Children's Medical Services-Early Intervention	*				
5.	Pharmacy Services-Inventory Control	*				
6.	CONMAN State/County Contract	*				
7.	Disease Intervention		*			
8.	WIC and Nutrition		*			
9.	Information Resource Management		*			
10.	Emergency Medical Services		*			
11.	Immunization Program		*			
12.	Vital Statistics		*			
13.	Personnel and Human Resource Management			*		
14.	General Services			*		
15.	Environmental Epidemiology			*		
16.	Environmental Health Programs			*		
17.	Environmental Toxicology			*		
18.	Recruitment and Retention			*		
19.	Budget Services				*	
20.	Bureau of Laboratories				*	
21.	Grants and Special Projects				*	
22.	Planning, Evaluation and Data Analysis				*	
23.	Performance Improvement				*	
24.	Refugee Health Programs				*	
25.	Dental Health					*
26.	Radioactive Materials					*
27.	Epidemiology					*
28.	Communications and Health Promotion					*
29.	Clinic Systems Development and Analysis					*

**Summary of Audits,
Investigations and
Management Advisories**

Audits and
Investigations
Transferred from HRS
to the
Department of Health

The following audits and investigations were pending at HRS on December 31, 1996. When HRS was divided on January 1, 1997, the HRS Inspector General had four health related investigations, five preliminary inquiries and three audits pending. The Inspector General at HRS agreed to retain these projects until completion. To date, two investigations have been completed; two remain open, but are near completion. All of the preliminary inquiries were closed but one, which was converted to a full investigation and completed. One of the audits was completed, one was discontinued, and one is in progress.

In addition to those carried forward, the HRS Inspector General provided investigative assistance upon request. In some cases, the HRS Inspector General completed the entire investigation; in the chart of completed cases, these cases are noted with a **. In other cases, the HRS Inspector General provided staff to augment a health investigation upon request; these cases are noted with an *. In all cases, the assistance has been thorough, professional and appreciated.

Investigations and
Management
Advisories
Completed by the
Department of Health
January 1, 1997
through June 30, 1997

During the referenced period of time, fifty-five complaints were received. Below we have presented the percentage analyses of these complaints by program area and geographic region.

Program Area	Percent
Health Services Program	87
Children's Medical Services Program	6
Administration	7

Geographic Region	Percent
Southern	38
West Central	36
East Central	11
Panhandle	7
Crown	2
Headquarters or Statewide	6

Summaries of cases that were completed as of June 30, 1997 appear on the following page.

**Department of Health
Office of the Inspector General**

**Summary of Completed
Investigations and Management Advisories**

January 1, 1997 through June 30, 1997

Tracking Number	Close Date	Summary
97-003	3-17-97	<i>Investigation</i> An alleged breach of confidentiality of HIV status at the Dade County Health Department. Although the allegation wasn't substantiated, the investigation exposed weaknesses in medical records security. A follow-up investigation confirmed that the recommendations have been substantially implemented.*
97-004	3-21-97	<i>Investigation</i> Conflict of interest in the CMS program. (See Summary of Major Activities.)
97-006	6-5-97	<i>Management Advisory</i> Allegation of mistreatment of Latin client resulting in a client satisfaction survey and bilingual staff.
97-007	6-30-97	<i>Management Advisory</i> Employee complaints revealed low morale at the Broward County Health Department resulting in employee counseling.
97-009	6-30-97	<i>Management Advisory</i> Alleged management problems at the Pinellas County Health Department pharmacy.
97-010	3-10-97	<i>Management Advisory</i> Complaint against Duval County Health Department employee sleeping on the job with supervisor's approval was substantiated. As a result, employee discipline was dispensed.
97-012	6-30-97	<i>Investigation</i> Allegations of falsification of attendance/leave by employees of the Jacksonville Central Laboratory Billing Office were sustained. As a result, employees were disciplined and three special mandatory training sessions were presented to all Jacksonville employees. **
97-013	5-6-97	<i>Investigation</i> Allegation that Indian River County Health Department employee was posing as a Department of Business and Professional Regulation Inspector and soliciting bribes was not substantiated.**
97-014	4-1-97	<i>Management Advisory</i> Anonymous complaint that Orange County Health Department employees were abusing state time by coming in late and taking long breaks was partially substantiated. Policy implemented and distributed with employees' paychecks.
97-015	4-17-97	<i>Management Advisory</i> Allegation that incorrect dosage of medicine was prescribed to patient of Seminole County Health Department resulting in near coma. Risk management procedures were immediately implemented.
97-016	3-18-97	<i>Investigation</i> Allegation that Office of Health Promotion overcharged for public information request resulted in a reduced charge.
97-017	2-21-97	<i>Investigation</i> Allegation of theft of records from personnel office of the Palm Beach County Health Department was referred to the police.
97-018	3-28-97	<i>Management Advisory</i> Allegation of abuse of state time was not substantiated.
97-020	6-5-97	<i>Management Advisory.</i> Allegation that Palm Beach County Health Department ARNP inappropriately referring patients was not substantiated.
97-022	3-24-97	<i>Investigation</i> Alleged misrepresentation on state employment application and possible breach of confidentiality of medical records at the Hillsborough County Health Department was not substantiated.**
97-023	5-8-97	<i>Management Advisory</i> Allegation of waste in the Okaloosa County Health Department was not substantiated.
97-024	4-8-97	<i>Investigation</i> Confidential medical records sent to wrong address by accident resulted in a change to county health department letterhead.

97-025	3-31-97	<i>Management Advisory</i> Allegation that educational leave resulted in lack of coverage in the De Soto County Health Department resulted in cancellation of educational leave.
97-026	4-14-97	<i>Investigation</i> Alleged illegal procurement and leasing procedures being followed at the Palm Beach County Health Department. (See Summary of Major Activities.)
97-032	6-6-97	Whistle-blower status denied.
97-052	6-20-97	<i>Management Advisory</i> Allegation of employer intimidation resulted in planned training.
97-055	5-16-97	<i>Investigation</i> Allegation of breach of HIV confidentiality by Sarasota County Health Department employee was sustained resulting in dismissal.
97-042	6-26-97	<i>Investigation</i> Alleged breach of HIV confidentiality by an employee of the Highlands County Health Department was not sustained.