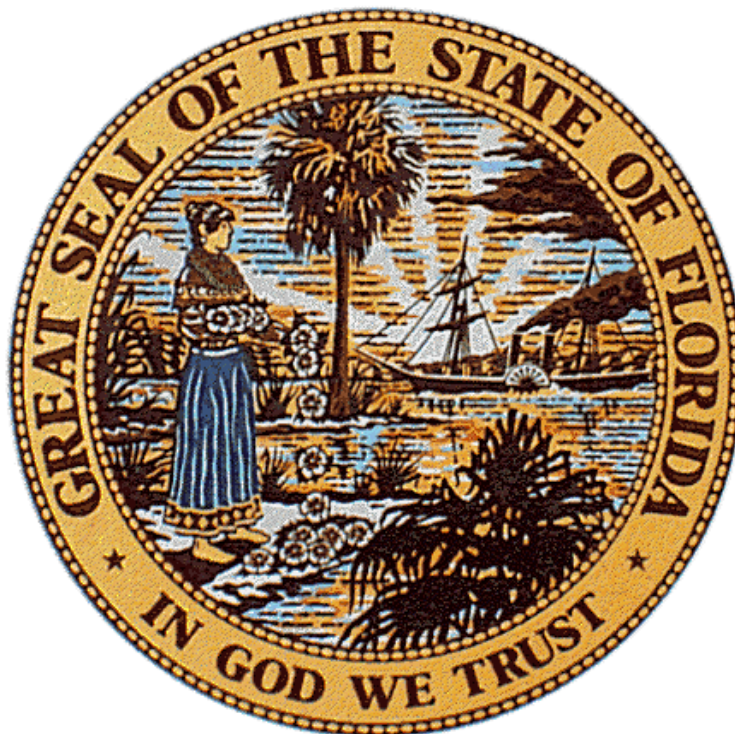




# Office of the Inspector General

*"The voice of reason"*



## July 1, 2001 - June 30, 2002

# Annual Report

Linda A. Keen, R.N., M.S., J.D.  
Inspector General

Jeb Bush  
Governor

John O. Agwunobi, M.D., M.B.A.  
Secretary of Health

September 30, 2002



Jeb Bush  
Governor

John O. Agwunobi, M.D., M.B.A.  
Secretary

September 30, 2002

John O. Agwunobi, M.D., M.B.A.  
Secretary  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, Florida 32399-1700

Dear Secretary Agwunobi:

I am pleased to submit the 2001-2002 *Annual Report* for the Office of the Inspector General as required by §20.055, *Florida Statutes*.

The members of the HIG team have made significant additions to the overall value of the Department of Health for the people of Florida. This report is a reflection of that value added. Your support of our work has been significant, and is sincerely appreciated. Consistent with the Department of Health's recent Sterling Quality Challenge, we prepared this report following the seven Florida Sterling criteria.

If you have any questions about the contents of this report, please allow me to discuss them with you. We look forward to sharing another productive year.

Respectfully,

A handwritten signature in cursive script that reads "Linda A. Keen".

Linda A. Keen, R.N., M.S., J.D.  
Inspector General

LAK  
Attachment

**Department of Health**  
**Office of the Inspector General**  
*"The voice of reason"*

**Annual Report**  
**Fiscal Year 2001-2002**

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# Executive Summary

## Department of Health Background

The Department of Health (DOH) is a state governmental agency, lead by Secretary, John O. Agwunobi, M.D., M.B.A. Appointed by Florida's Governor, the Secretary of Health serves as Florida's State Health Officer. As Florida's public health agency, the department promotes and protects the health status of Floridians; diagnoses and investigates public health problems; and mobilizes local communities to address health related issues.

DOH originated as Florida's State Board of Health, created February 20, 1889 as a result of multiple epidemics in the seaport cities of Jacksonville, Key West, Tampa and Pensacola. In 1996, the Florida Legislature created DOH.

Employing 14,072 full time employees, DOH's organizational structure operates from a Central Office located in Tallahassee, Florida. DOH includes Children's Medical Services (18 field offices), Medical Quality Assurance, Emergency Medical Services and Community Health Resources, Administration, Information Technology, Family Health Services, Disease Control, Environmental Health Services, Disability Determination, 67 county health departments [CHDs], A. G. Holley Hospital, the Division of Laboratories, and Vital Statistics. Statewide services are provided by these entities.

## Purpose of the Annual Report

This report is submitted in compliance with Section 20.055, *Florida Statutes* (F.S.) that requires each inspector general prepare an annual report summarizing the preceding year's activities. This report summarizes the activities and accomplishments of DOH's Office of Inspector

General (HIG) for the twelve-month period ending June 30, 2002.

## Format of Report – Florida Sterling Criteria

HIG is committed to achieving organizational excellence through its processes and activities. This report is formatted following the Florida Sterling Criteria. The seven criteria allow for aligning the accomplishments of the HIG with DOH as we document our success using nationally recognized criteria established in the Malcolm Baldrige award.

We are pleased with our accomplishments for this fiscal year. Within this report we demonstrate the value of the Office of the Inspector General to DOH.

In the coming year, we will continue to coordinate and take responsibility for activities that promote accountability, integrity, and efficiency in DOH. We are proud to call the Office of the Inspector General "the voice of reason" for the DOH.

## Leadership

The Department of Health's senior leaders have addressed values, set direction, and focused on customers in establishing a mission and vision for the agency. In addition, the senior leaders have examined how DOH addresses its responsibilities to the public and supports its key functions.

### Florida Department of Health (DOH)

#### **Mission**

*"To promote and protect the health of all people in Florida, through the delivery of quality public health services and promotion of health care standards."*

The Values of DOH are:

- *Excellence*
- *Commitment to Service*
- *Integrity*
- *Teamwork*
- *Accountability*
- *Empowerment*
- *Respect*

#### **Duties and Responsibilities**

Section 20.43, *Florida Statutes*, directs the Department of Health (DOH) to provide the leadership necessary to promote and protect the health of all residents and visitors through the following mechanisms:

- Prevention of disease and disabilities;
- Surveillance of disease through the collection and analysis of health care data and special studies;
- Provision of leadership in the establishment of public health delivery systems;
- Publication of a state health plan;
- Regulation of health practitioners; and,
- Maintenance and improvement of the environment affecting public health.

#### **Funding and Expenditures**

The department receives most of its funding from federal grants, donations, and health program funding sources,

which flow through various trust funds. Additional funding is obtained from General Revenue. Expenditures for fiscal year 2001-2002 exceeded \$2.1 billion.

### Office of the Inspector General (HIG)

During spring 2002, HIG staff reevaluated the office's Mission, Vision, and Values during a one-day on-campus workshop. Staff acknowledged HIG's organizational commitment and the role HIG plays in supporting DOH's mission. At the same time HIG staff saw the need to assure that independence and objectivity in conducting our work is articulated to all our customers. We believe through this unique relationship with DOH, we can best meet our statutory responsibilities while offering sound assistance and recommendations to DOH.

#### **Mission**

*"Trusted agents in providing independent, objective and useful products to facilitate the Department's success."*

#### **Vision**

*"Indispensable contributions in achieving excellence."*

#### **Values**

- *Integrity*
- *Professionalism*
- *Independence*
- *Objectivity*
- *Timeliness*
- *Teamwork*

#### **HIG Leadership Activities**

HIG has embraced its leadership role within DOH, the state, and the nation.

Examples of HIG leadership activities this fiscal year include:

- Audit staff coordinated speakers for the Audit Directors' Roundtable meetings.
- Service on the DOH Office Performance Excellence Team [OPET].
- Active participation in the DOH Sterling Challenge, serving on the

information and analysis team and as an editor for the Sterling Challenge application.

- HIG staff serving as mediator for DOH Executive Direction.
- Monitoring the InfraGuard Public/Private Partnership to protect the United States information security infrastructure.
- Participating in the Executive Office of the Governor's Computer Assisted Audit Techniques Taskforce.
- Participating in the Executive Committee, Board and General Membership of the Association of Inspectors General, Tallahassee Chapter and in the National Association of Inspectors General Board.
- Participating in the Florida Public Health Association.
- Presenting for the DOH teleconference, *Reducing Medical Errors* that aired April 18, 2002.

## Strategic Planning

During the past year HIG has examined how we develop strategic objectives and action plans. We also examined how strategic objectives and action plans are chosen and deployed.

### Duties and Responsibilities

Our statutory mandate is to coordinate and take responsibility for activities that promote accountability, integrity, and efficiency in government through the following specific duties and responsibilities articulated in Section 20.055(2), F.S.

- Conduct audits, investigations, management reviews, and other accountability activities that promote economy and efficiency, and prevent and detect fraud and abuse in DOH's programs and operations.
- Recommend corrective action.
- Keep the Secretary informed of program implementation activities.

- Ensure effective coordination and cooperation with other governmental auditing functions.
- Review, as appropriate, department administrative rules and make recommendations concerning their impact.
- Advise, assess, and monitor performance measures, standards, and data collection for performance-based program budgeting.
- Provide timely, accurate, and useful information to our stakeholders.
- Achieve organizational excellence.

### Agency-wide Strategic Planning Activities

During this past fiscal year, DOH solicited CHD involvement in the strategic planning process. In that regard, 5 regional strategic planning sessions were conducted. HIG staff assisted in the facilitating of those strategic planning sessions.

### Child Care Food Program Audit Activities

The Child Care Food Program [CCFP] is a federal entitlement program administered by DOH Bureau of Child Nutrition Programs. The CCFP is operated at the local level through public-private partnerships with 1,100 contractors providing services at approximately 5,471 sites. The program serves nutritious meals to children ages twelve and under. The CCFP auditors work within the Office of the Inspector General. Their duties and responsibilities are to:

- Monitor contractor performance.
- Perform audit confirmations and review CPA audits of certain contractors.
- Conduct limited scope audits of each contractor once every 3 years.

## Audit Planning

Internal Audit planning includes the use of risk factor analysis. Analysis was performed in conjunction with each functional area of DOH management. DOH's Risk Assessment this fiscal year was based on a determination of risk factors for each core process.

## Risk Factors

Each auditable activity (core process) was evaluated according to multiple risk factors and assigned a score of 1, 3, or 5, relative to level of risk.

The risk factors used to perform the Risk Assessment are the criteria used to identify the relative significance of, and likelihood that, conditions and/or events may occur that could adversely affect the organization. They include the following:

- a) Controls – This factor relates to management's confidence in internal controls. Internal control is a process within an organization designed to provide reasonable assurance regarding the achievement of primary objectives including:
  - The reliability and integrity of information.
  - Compliance with current policies, plans, procedures, laws and regulations.
  - The safeguarding of assets.
  - Economical and efficient use of resources.
  - The accomplishment of established objectives and goals for operations and programs.
- b) Criticality – This refers to the reliance and interaction that other programs both internal and external to the organization have on the identified auditable activity.
- c) Management Interest - This relates to management's express or implied

concern relating to a specific activity or project.

- d) Operation Complexity – This risk factor is concerned with the number of techniques or procedures that are necessary for completion and the number of different data systems or departments with which the activity must interface. Complexity can increase both the probability of error and the effort requested to monitor the system.
- e) Magnitude of Contracting - This risk factor relates to the amount and extent that the program/unit has contracted with third parties. The greater the number of contracts a particular program has, the risk increases regarding noncompliance or potential litigation.
- f) Processing Cash Receipts – This risk factor focuses on the liquidity of assets and to what extent these assets are safeguarded.
- g) Frequency of Monitoring – This risk factor relates to the amount and timeliness of monitoring pertaining to a particular program/activity. Monitoring may relate to contractual arrangements/activities or process operations.
- h) Expenditures - This factor focuses on the amount of expenditures associated with the auditable activity. The larger the amount of funds, the greater the impact a diversion or misapplication of funds may have on the organization.
- i) Confidential Information – Because confidential information is an inherent component within many DOH programs, this risk factor focuses on the magnitude that a particular program has exposure to confidential information and the related controls safeguarding such information.

- j) Fiscal Responsibility – Fiscal Responsibility as a risk factor focuses not only on the amount of revenues and expenditures associated with an auditable activity, but the regulations pertaining to the activity to ensure compliance with spending.
- k) Recent Changes in Key Personnel – Control systems depend on competent judgments by key personnel. A lack of continuity in personnel may result in a control system that is less effective than in previous periods.
- l) Recent Changes in Process and System Changes– Recent changes in processes/systems may invalidate past performance as a measure of control strength and usually increases the probability of errors during its “break-in” period.
- m) Public Disclosure Implications – This risk factor relates to the potential impact if an error is made, or if confidential, sensitive information is released to public. The impact could produce adverse regulatory or governmental action, legal action, or adverse public reaction. Types of information include recipient records, employee and payroll records, or records of the regulated entity.
- n) Legal & Regulatory Requirements – This risk factor relates to the exposure to loss, embarrassment or regulatory sanction due to potential consequences of noncompliance.
- o) Safety – Certain programs, by the nature of their mission, place employees in positions that may threaten their safety. This factor addresses the existence of risk in relation to safety.
- p) Current Audits/Reviews – Audits and reviews performed by independent auditors may reduce the risk in a particular activity by identifying and thus, making connectable, high-risk activities.



## Customer and Market Focus

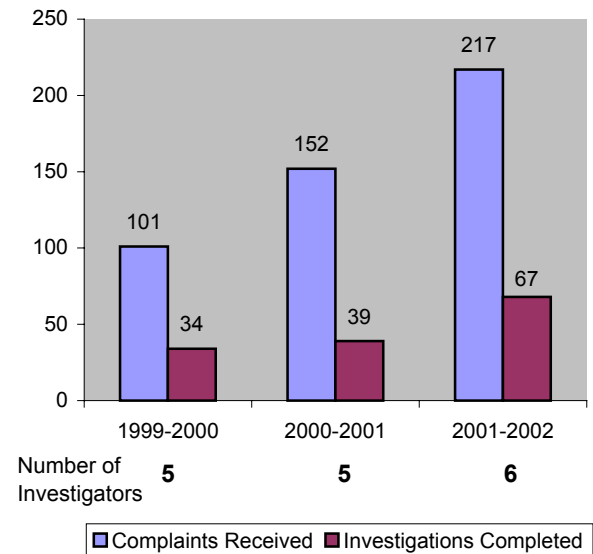
The Office of the Inspector General serves many customers, including the Secretary, the management team, the 14,000 plus employees of DOH, the Chief Inspector General of Florida, and ultimately the people of Florida.

Audits and investigations are initiated through the management of DOH, assignments from the Governor's Office and complaints received from citizens and employees. Our system of response allows for serving our customers, while maintaining impartiality and integrity. We determine the needs of customers by reviewing the types of complaints received. An investigation satisfaction survey, an audit satisfaction survey, and a management satisfaction survey have been created to seek feedback from our customers. We also consider the trends in automation and management systems made available to employees, and ensure that our strategic plans and goals are congruent with the DOH long-range program plan.

In the recent past HIG has identified increased need for investigations related to computer usage. We attribute the need to DOH's accomplishments in bringing staff into the 21<sup>st</sup> century through computerization and intra-connectivity. With every advancement comes risk, and this is expected. In response to this new customer need, HIG has developed a comprehensive systematic process, in cooperation with our Information Technology partners (IT). We remove suspect hard drives, perform comprehensive examination of the data, and provide a comprehensive report on

the contents on which to base any personnel action. Although IT staff previously performed the forensic analysis, that responsibility is currently shifting to HIG. We have also developed contacts with FDLE should computer related case referral be required.

Notably, the number of complaints received during FY 01-02 exceeded FY 00-01 by 43% and exceeded FY 99-00 by 115%. HIG interprets this increased reporting as an indicator of increased trust in HIG work product and our ability to serve as neutral fact finders and "the voice of reason." As we implement our customer satisfaction survey process during the upcoming fiscal year, we will be better able to quantify and qualify this level of trust and satisfaction.



A total of 217 complaints were received this past fiscal year. The summary of complaints table show the types of complaints and action of the HIG for FY 2001-2002.

## Department of Health Office of the Inspector General Closed Complaints 2001-2002

Number	Type	Alleged Subject	Disposition
00-106	INA	Mismanagement of Elder Care funds	Assisted Elder Affairs
00-107	INA	Irregularities in contract	Assisted Office of the Auditor General and Health and Human Services
01-005	MA	Retaliation for making complaint	Referred to Management
01-007	INA	Failure to perform duties	Assisted Leon County Health Department
01-015	MA	Kid Care applicant fraud	Referred to Management
01-036	MA	Fraudulent activities	Referred to Management
01-048	IN	Theft of medical supplies and retribution	Unsustained
01-049	IN	Misuse of state computer	Sustained
01-055	IN	Breach of security regarding licensure investigations	Unsustained
01-056	IN	Conflict of interest	Sustained
01-057	MA	Misuse of state funds & timesheet fraud	Referred to Management
01-058	IN	Misuse of state computer	Unsustained
01-061	IN	Misuse of state computer	Sustained
01-062	NF	Identity theft	Information recorded for information purposes only, no action warranted
01-063	PI	Stolen checks	Sustained
01-064	MA	Travel reimbursement fraud	Referred to Management
01-066	IN	Misuse of state computer	Unsustained
01-067	MA	Mismanagement of CHD budget and personnel	Referred to Management
01-068	NF	Sick leave fraud	Information recorded for information purposes only, no action warranted
01-071	MA	Workplace violence	Referred to Management
01-072	IN	Improper testing for radon gas	Sustained
01-074	PI	Inappropriate behavior of state employee & inappropriate use of e-mail	Closed due to employee resignation
01-075	NF	Inappropriate use of state computer	Information recorded for information purposes only, no action warranted
01-076	MA	Improper policy	Referred to Management
01-077	PI	Inappropriate disposal of bio-med lab samples	Referred to Department of Environmental Protection
01-078	PI	Improper management procedures and guidelines	Unsustained
01-079	MA	Breach of security	Referred to Management
01-080	PI	Mistreatment of clients	Sustained
01-081	IN	Misuse/illegal use of computer equipment	Sustained

Number	Type	Alleged Subject	Disposition
01-082	PI	Breach of security	Sustained
01-083	IN	Misconduct/abuse of position	Sustained
01-084	PI	Licensure fraud	Sustained
01-085	IN	Misuse of state computer	Sustained
01-086	IN	Misuse of state computer	Sustained
01-087	PI	Fraud in the KidCare Program	Referred to local law enforcement
01-088	IN	Misuse of state computer	Unsustained
01-089	MA	Travel fraud	Referred to Management
01-090	MA	Rude conduct and denial of service	Referred to Management
01-091	IN	Misuse of state computer	Unsustained
01-092	MA	Discrimination	Referred to Management
01-093	MA	Timesheet fraud/discrimination, etc.	Referred to Management
01-094	PI	Retaliation/unfair termination	Unsustained
01-095	IN	Misuse of state computer	Sustained
01-096	NF	Neglect of duty	Information recorded for information purposes only, no action warranted
01-097	IN	Failure to provide services	Sustained
01-098	IN	Misuse of state computer	Sustained
01-099	NF	Misuse of state computer	Information recorded for information purposes only, no action warranted
01-115	MA	Unfair personnel changes	Referred to Management
01-100	IN	Misuse of state credit card	Sustained
01-101	RF	Mislabeled prescriptions	Referred to Medical Quality Assurance
01-102	PI	Unfair garnishment of wages	Unsustained
01-103	MA	Mishandling of complaint by CPT	Referred to Management
01-104	MA	Neglect and abuse by Dept of Children & Families	Referred to Management
01-105	MA	Inappropriate licensure scoring and selection process	Referred to Management
01-106	MA	Misuse of state money	Referred to Management
01-107	MA	Abuse of state time	Referred to Management
01-108	IN	Misuse of disability leave	Sustained
01-109	PI	Misuse of state computer	Sustained
01-110	PI	Illegal destruction of records	Sustained
01-111	IN	Illegal use of state computer	Unsustained
01-112	PI	Unqualified school nurse	Unsustained
01-113	PI	Mismanagement	Closed due to insufficient information
01-114	PI	Misuse of state computer	Closed due to employee resignation
01-116	NF	Violation of Public Records Act	Information recorded for information purposes only, no action warranted

Number	Type	Alleged Subject	Disposition
01-117	IN	Mismanagement & inappropriate behavior	Unsustained
01-118	RF	Unlicensed podiatry practice	Referred to Bureau of Operations, Division of Medical Quality Assurance
01-119	IN	Unfair termination of employment	Unsustained
01-120	PI	Wrongful termination of employment	Unsustained
01-121	NF	Unauthorized use/access	Information recorded for information purposes only, no action warranted
01-122	IN	Unauthorized use/access pornographic websites	Sustained
01-123	IN	Fraud by HIV/AIDS patients	Unsustained
01-124	IN	Breach of confidentiality	Unsustained
01-125	NF	Unauthorized use of computer by a contracted worker	Information recorded for information purposes only, no action warranted
01-126	IN	Sharing of exam answers	Sustained
01-127	MA	Misuse of state position	Referred to Management
01-128	IN	Breach of employee's confidential medical/HIV status	Sustained
01-129	NF	Inappropriate hiring	Information recorded for information purposes only, no action warranted
01-130	PI	Misuse of state equipment; inappropriate solicitation	Sustained
01-131	PI	Mismanagement in WIC	Unsustained
01-132	IN	Contract fraud	Sustained
01-133	IN	Unlicensed inspectors, etc.	Sustained
01-134	IN	Fraudulent billing and malfeasance	Unsustained
01-135	RF	Use of corporate name falsely	Referred to Agency for Health Care Administration
01-136	INA	Theft of laptop	Assisted Capitol Police
01-137	IN	Inappropriate behavior of state employee	Sustained
01-138	IN	Alteration of birth certificate	Unsustained
01-139	NF	Abuse of state time	Information recorded for information purposes only, no action warranted
01-140	NF	Misuse of state tobacco money	Information recorded for information purposes only, no action warranted
01-141	IN	Theft of state computer	Sustained
01-142	MA	Improper compensation	Referred to Management
01-143	PI	Abuse of SunCom	Sustained
01-144	IN	Conflict of interest	Sustained
01-145	IN	Reprisal	Unsustained
01-146	IN	Acceptance of inappropriate gift	Sustained

Number	Type	Alleged Subject	Disposition
01-147	RF	Mismanagement at rehab center	Referred to Agency for Health Care Administration
01-148	MA	Waste of state funds	Referred to Management
01-149	NF	Restriction of visitation	Referred to AHCA
01-150	IN	Abuse of state time	Sustained
01-031	PI	Misuse of computer	Sustained
01-151	IN	Violation of patient confidentiality	Unsustained
01-152	IN	Breach of patient confidentiality	Sustained
01-154	IN	Criminal history	Sustained
01-155	PI	Improper Drug Prior Authorization Notification	Sustained
01-156	NF	Problem with appointment/meds at CHD	Referred to private physician
01-157	IN	Misuse of position	Sustained
01-158	RF	Filthy lab	Referred to Agency for Health Care Administration
01-159	NF	Actions taken by management	Information recorded for information purposes only, no action warranted
01-160	NF	Inappropriate phone call	Information recorded for information purposes only, no action warranted
01-162	RF	Abuse & negligence in hospital	Referred to Agency for Health Care Administration
01-163	IN	Quality of Care Issues	Sustained
01-165	IN	Theft of petty cash fund	Sustained
01-166	IN	Misuse of state computer	Unsustained
01-167	RF	Unsanitary conditions at clinic	Referred to Agency for Health Care Administration
01-168	IN	Theft of WIC checks	Sustained
01-169	RF	Insurance problems	Referred to Florida Department of Insurance
01-170	PI	Compromise of patient confidentiality	Unsustained
02-021	IN	Harassment due to retaliation	Unsustained
01-171	PI	Contaminated drinking water & polluted salt water canal	Sustained
01-172	IN	Breach of confidential patient information	Sustained
01-173	PI	Abuse of state time and misuse of state funds	Unsustained
01-174	IN	Abuse of state time, discrimination & theft	Referred to Office of Equal Opportunity
01-175	PI	Failure to meet special needs of client	Unsustained
01-176	PI	Termination due to retaliation	Closed as to not interfere with legal proceedings
01-178	RF	Unfair treatment by supervisor	Complaint withdrawn

Number	Type	Alleged Subject	Disposition
01-179	MA	Communication problem with CHD & septic tank co.	Referred to Management
01-181	MA	In competency of immunization personnel	Referred to Management
01-182	NF	Violation of health regulations at camp	Referred to Hillsborough CHD
01-183	RF	Bills due to inappropriate Baker Act admission	Referred to Department of Children and Families and Agency for Health Care Administration.
01-184	PI	Denial of financial assistance	Referred to Department of Children and Families
02-001	PI	Unfair change of termination date	Referred to Personnel
02-002	NF	Removal of public record by former employee	Referred to Bay County Sheriff's Dept
02-003	MA	Paper waste	Referred to Management
02-006	NF	Improper use of email	Referred to Dr. Agwunobi
02-007	PI	Breach of patient confidentiality	Complainant no longer wished to pursue case.
02-008	MA	Hampering of performance of duties	Referred to Management
02-009	PI	Computer misuse/abuse	Sustained
02-010	PI	Possession of personal property by CHD	Unsustained
02-011	NF	Retaliation	Information recorded for information purposes only, no action warranted
02-012	NF	Stalking	Information recorded for information purposes only, no action warranted
02-013	RF	Toxic environment	Referred to Department of Environmental Protection
02-014	IN	Misuse/abuse of computer, pornographic web sites	Sustained
02-015	NF	Missing medications	Information recorded for information purposes only, no action warranted
02-016	MA	Falsification of timesheets	Referred to Management
02-017	MA	Bleach water	Referred to Management
02-018	PI	Internet abuse	Sustained
02-019	PI	Hostile work environment	Referred to Family Health Services management
02-020	RF	Dissatisfaction with school health personnel	Referred to Food and Nutrition Management Department, Bureau of School Business Services, Department of Education
02-023	PI	Denial of services	Unsustained
02-024	IN	Computer misuse/abuse	Sustained
02-025	PI	Post examination review	Closed due to insufficient evidence

Number	Type	Alleged Subject	Disposition
02-026	MA	Abuse of state time	Referred to Management
02-027	IN	Mismanagement	Sustained
02-028	IN	Misuse of state P-card	Sustained
02-029	IN	Inappropriate solicitation	Sustained
02-030	PI	On-line gambling on state owned computer	Unsustained
02-032	PI	Threats against state employee	Referred to Tallahassee Police Department
02-033	PI	Improper Medicare solicitation	Referred to Local Field Office
02-034	IN	Online gambling/computer misuse abuse	Sustained
02-035	IN	Accessing of pornographic web sites	Sustained
02-037	MA	Mismanagement of program	Referred to Management
02-039	PI	Conflict of interest	Unsustained
02-040	IN	Inappropriate solicitation	Sustained
02-042	RF	Inadequate medical care	Referred to Agency for Health Care Administration.
02-043	RF	Problems with hospital records	Referred to Agency for Health Care Administration
02-044	IN	Conflict of interest & lack of oversight by program administration	Unsustained
02-045	RF	Unaccepted home study	Referred to Medical Quality Assurance, Board of Clinical Social Work
02-046	PI	Harassing telephone calls	Sustained
02-047	IN	Breach of patient confidentiality	Unsustained
02-050	MA	Overcharges by physician	Referred to Management
02-051	IN	Conflict of interest	Unsustained
02-052	IN	Computer misuse/abuse	Sustained
02-053	RF	Unprofessional/inappropriate actions by chiropractors	Referred to Agency for Health Care Administration
02-054	MA	Control of dogs on beaches	Referred to Management
02-055	NF	Wrongful termination & American Red Cross violations	Information recorded for information purposes only, no action warranted
02-056	PI	Fraudulent use of state purchasing card	Unsustained
02-057	MA	Unfair work practices and discrimination	Referred to Management
02-058	PI	Release of confidential medical information and refusal to provide services	Unsustained
02-059	RF	Illegal billing practices	Referred to Agency for Health Care Administration
02-060	PI	Breach of confidential medical information	Unsustained
02-061	MA	Inadequately equipped clinic	Referred to Management

Number	Type	Alleged Subject	Disposition
02-062	MA	Hostile work environment and nepotism	Referred to Management
02-063	IN	Problems in rabies investigation system	Sustained
02-064	IN	Threat by employee	Sustained
02-065	IN	Bribery/malfeasance	Sustained
02-066	PI	Abuse of state time & equipment	Closed due to insufficient information
02-067	PI	Disability fraud/misuse of state vehicle & alcohol	Unsustained
02-070	RF	Unhealthy & filthy hotel rooms	Referred to Department of Business and Professional Regulations
02-071	RF	Unnecessary diagnosis	Referred to Agency for Health Care Administration
02-073	IN	Misuse of state e-mail	Sustained
02-074	IN	Breach of security regarding confidential information	Sustained
02-082	IN	Breach of confidential medical information	Sustained
02-083	IN	Breach of confidential medical information	Unsustained
02-085	MA	Inappropriate handling of dog bite	Referred to Management
02-087	INA	Misconduct of state employee	Assisted DOH Personnel Office
02-088	PI	Forced participation in family/medical leave program	Unsustained
02-092	RF	Discrimination against employees & clients	Referred to Office of Equal Opportunity & Minority Health
02-093	NF	Behavior unbecoming state employee	Information recorded for information purposes only, no action warranted
02-094	MA	E-mail solicitation	Referred to Management
02-100	MA	Misuse/abuse of e-mail	Referred to Management
02-103	MA	Timesheet fraud	Referred to Management
02-105	MA	Security breach	Referred to Management
02-106	NF	Criminal conspiracy between physicians & government	Information recorded for information purposes only, no action warranted

#### Identifier Key

Symbol	Description
IN	Investigation
INA	Investigative Assist
MA	Management Advisory
MR	Management Review
NF	Information Only
PI	Preliminary Inquiry
RF	Referral
WB	Whistle-blower



## Information and Analysis

The Office of the Inspector General (HIG) responds to requests for service, complaints and information from management. Additionally, independently HIG exercises its statutory authority to promote integrity, accountability, and efficiency in state government through investigations, audits, management reviews, and other accountability activities. The information and analysis of the services provided is reported to the Secretary of Health and management team on a continuous and as needed basis. The investigations and audits conducted by the HIG during FY 2001-2002 are summarized below.

### INVESTIGATIONS

#### ***Investigation #01-081 Alleged Misuse of Computer Equipment***

This investigation was predicated on a report from a Special Agent of the FDLE's Florida Computer Crime Center that a DOH Systems II Programmer had allegedly attempted to download unauthorized third-party software and use a "hacker" program to crack passwords associated with secure data belonging to the U.S. Social Security Administration (SSA).

The allegations were substantiated. The Systems Programmer II failed to obtain permission from either DOH-IT or from the appropriate SSA staff members to install the third-party software utility on his computer workstation. The Systems Programmer II exceeded his authority by running the third-party application on a file that he was not authorized to access.

#### **RECOMMENDATION**

Disciplinary action in the matter of the Systems Programmer II was recommended. The SSA permanently banned the

individual from accessing the SSA network.

#### ***Investigation #01-085 Alleged Misuse of State Computer***

This investigation was predicated on a complaint submitted by a DOH employee alleging that a DOH workstation computer had been used by an unspecified employee working in the Bureau of Immunization who allegedly used state computer resources to access pornographic/sexually explicit Internet web sites.

The allegation was substantiated and other misconduct was noted. The investigation failed to identify which employee used state computer resources to access pornographic/sexually explicit Internet web sites. However, it was established that computer misuse/abuse occurred. HIG also established computer misuse/abuse was facilitated by the use of a multi-user user ID and shared password not consistent with DOH policy, and that management, MIS/IT and other employees shared equal responsibility for the security breakdown.

#### **RECOMMENDATION**

Appropriate disciplinary action was recommended.

#### ***Investigation #01-097 Alleged Failure to Provide Services***

HIG received a complaint alleging numerous problems related to the Infant and Toddler Early Intervention Program (EIP) managed by Children's Medical Services (CMS) and contracted to the Health Planning Council (HPC) of Southwest Florida, Inc. The EIP Program is resourced annually with federal and state funds. HPC is contracted to provide EIP services to eligible clients in a four county area: Lee, Collier, Hendry, and Glades. Nine allegations were made.

Four of these allegations were substantiated:

1. The Health Planning Council of Southwest Florida, Inc. failed to follow the Program Plan and Operations Guide in the performance of the EIP.
2. A subcontractor to the Health Planning Council of Southwest Florida, Inc., failed to provide transition services to clients in Glades and Hendry counties.
3. Children's Medical Services failed to obtain reimbursement from the Health Planning Council of Southwest Florida, Inc. for services contracted but not provided.
4. The Director of the EIP, Health Planning Council of Southwest Florida, improperly discriminated in the authorization of services by acts of favoritism and reprisal to families enrolled in the Early Intervention Program.

Three allegations were unsubstantiated:

1. The Health Planning Council of Southwest Florida failed to initiate corrective actions required by the Department of Health Quality Assurance Program.
2. Children's Medical Services, FDOH failed to require the Health Planning Council of Southwest Florida, Inc. to correct Quality Assurance Review findings in a timely manner.
3. The Health Planning Council of Southwest Florida, Inc. paid a medical director in Labelle, FL for services that have not been performed.

This investigation also produced two other findings. HIG found that CMS failed to properly accomplish performance standards measurement as prescribed by the contract and that residents in rural counties did not receive adequate EIP case management.

#### **RECOMMENDATIONS**

- The Director, CMS Prevention and Intervention, should sustain the current level of assistance to HPC for

contract year 2001-2002 to insure programmatic success.

- The Director, CMS Prevention and Intervention, should evaluate transition data for contract year 2000-2001 and determine the reason for the apparent high transition failure rate in rural (Glades and Hendry) counties.
- The Director, CMS Prevention and Intervention, should review the circumstances related to the 2001 Parent Satisfaction Survey and establish an appropriate corrective action to preclude future failure in accomplishing the survey.
- CMS should review the current EIP model to determine if better alternatives for case management and service to clients in rural counties can be identified and implemented.
- The Director, CMS Prevention and Intervention, should provide the HIG the results of the 2002 EIP Parent Satisfaction Survey for the Ft. Myers (Lee, Collier, Hendry, Glades) HPC managed program.
- CMS should schedule a review of this program following the June 2002 QAR.

#### ***Investigation #01-098 Alleged Misuse of State Computer***

This investigation was predicated on a complaint referred by a DOH Data Processing Manager who reported a potential hacker problem in a County Health Department (CHD) network.

The allegation was substantiated. Over a period of several months a commercial Security Guard brought in his personal laptop and used the CHD network to access the Internet during his work hours. The Security Guard also used a computer owned by the CHD to locate and set up access to a state-owned printer. The security guard used a CHD Clerk Typist's password to log on to the system. The Clerk Typist Specialist was aware of the Security Guard's activities.

## RECOMMENDATIONS

- As the Security Guard was never a DOH/BCHD employee and was no longer assigned to the building that housed the South Regional Medical Center, no further action was recommended.
- The BCHD should conduct its own investigation into whether the Clerk Typist Specialist deliberately allowed the Security Guard to use her computer to achieve unauthorized access of state resources or whether the Clerk Typist Specialist failed to secure her workstation by leaving her computer unattended while still logged on to the network. Appropriate disciplinary action was recommended.

### ***Investigation #01-122 Alleged Access of Pornographic Web Sites***

A Sanitation and Safety Specialist employed by a County Health Department (CHD) reported that students working in the CHD Environmental Health section as part of a summer youth employment program had used his computer to access inappropriate Internet web sites.

HIG substantiated that unspecified students had accessed pornographic/sexually explicit web sites from three computers (PCs) located in the Environmental Health section. The students obtained Internet access by using PCs that had been left logged on and unattended by authorized users.

## RECOMMENDATIONS

- As the students were no longer employed by the CHD, no further action was recommended. However, HIG recommended that in the future, any students employed by the CHD receive individual user IDs and passwords.
- The CHD should remind all staff that DOH policy holds each user

responsible for activities that take place under their user ID and employees should not share their passwords with anyone nor permit anyone else to work under their user ID.

- The CHD should consider the feasibility of utilizing Internet management software to monitor and record live Internet usage.

### ***Investigation #01-123 Alleged Fraud by HIV/AIDS patients***

Managerial staff at three County Health Departments expressed concern that HIV/AIDS patients who had been removed from a free drug program for failure to follow program protocols were being transported to a neighboring County Health Department (CHD) by a local doctor and may have been using slightly different names and/or social security numbers to enroll in free drug programs in surrounding counties. Staff was concerned if patients were using false names and/or social security numbers; they were fraudulently using these identifiers to obtain drugs. The staff members were also concerned patients who did not follow the program protocols were endangering themselves and wasting CHD resources.

The allegation was unsubstantiated. No evidence was found to indicate that any HIV/AIDS patient who had been removed from the drug program for failure to follow the program protocol was receiving drugs from another CHD. However because of the nature of the records involved, it could not be determined with any degree of certainty that the alleged activity did not take place; available records did not permit a programmatic comparison that would identify a person using different names and/or social security numbers in different counties.

**Investigation #01-132**  
**Alleged Contract Fraud**

The owner of a mobile x-ray service complained that none of the four general radiographers she hired, all four licensed by DOH, could take x-rays, and she had been forced to terminate their employment. The owner said that all four individuals were of Cuban ancestry, and that one of these former employees told her that the Cubans shared the answers to licensure exam questions and helped them pass the State general radiography exam. She was not able to provide any details of how that was accomplished.

The allegation was unsubstantiated. At the time of the investigation, the licensed general radiographers in question had been licensed from 5 to 18 years. DOH records indicated they met licensure requirements at the time and passed the appropriate exam before they were licensed. No evidence was found to support the allegation that licensure subjects improperly provided answers to exam questions. Examination procedures in use made it unlikely that applicants could obtain the answers for the exam each time it was given. Each of the four licensees passed either the State exam or a national registry exam at a different time, which meant that the exam questions were different for each of the four individuals.

**Investigation #01-134**  
**Alleged Fraudulent Billing**

This investigation was predicated upon the written complaint received from a patient's spouse, who alleged that a clinic staff member examined his wife at the direction of the Division of Disability Determination (DDD), that his wife was examined by an employee who had "no apparent credentials for such an exam", and that the clinic performed an unrequested urinalysis, or what he believed was a drug screen, on his wife and billed DDD.

The allegations were unsubstantiated. The investigation determined that the clinic properly utilized a Physician's Assistant to conduct the patient's examination. Subsequent to the alleged improper, unnecessary testing, DDD changed its procedures and the clinic will no longer perform urinalysis testing unless specifically authorized by DDD. Furthermore, it was determined that physicians contracted with DDD are allowed to perform additional tests, as deemed necessary, in order to thoroughly evaluate a disability applicant. The additional testing must be pre-approved by DDD, otherwise DDD will not reimburse the clinic for the procedure(s). The patient's file indicated that the clinic was not reimbursed for the urinalysis test. No further action was required.

**Investigation #01-137**  
**Alleged Inappropriate Behavior of a State Employee**

An employee at a local business alleged that an Unlicensed Practice Investigator from the Office of the General Council acted in an unprofessional manner during the execution of a search warrant at the business by officers of the local police department. Other allegations included that the investigator seized blank business checks without providing a receipt for them or listing them on the search warrant.

The investigator provided a video to a local news station of the businesses interior during the search and did an on site interview as well as temporarily seized a business client's driver's license as identification. The investigator also told the business owner she could not provide services, only manage her offices, allegedly causing her to lose client revenue.

The investigation concluded the investigator's statements and actions during the service of the search warrant were perceived as "inappropriate and

rude". HIG also determined the following. The aforementioned checks were in the custody the local police department. The investigator did provide a local television news reporter the videotape the investigator made during the search and conducted an audio-only interview without consulting the lead agency (local police department) or the local Office of the State Attorney. The press release was also done without consulting DOH Communications Office. The investigator did not have the authority to temporarily seize items for identification. The investigator determined that the business owner was not licensed with either DOH or regulated by the Department of Business and Professional Regulation and the subject acted "in good faith" by telling her she could not continue to perform services.

#### **RECOMMENDATIONS**

- Appropriate disciplinary action was recommended.
- Unlicensed Activity (ULA) investigators should request permission from assisting law enforcement agencies, and the local Office of the State Attorney, before notifying the media of a criminal investigation and ensure that press releases are fact-based and authorized before release.
- Management should reconsider the practice of non-law enforcement investigators carrying and/or displaying badges.

#### ***Investigation #01-145 Alleged Reprisal***

A MQA Regulatory Specialist I alleged she received an oral reprimand in reprisal for providing HIG information during an interview associated with HIG 01-139. Five days later, the Regulatory Specialist I contacted the HIG Office and retracted the allegation as actions had been taken to address her concerns. The next day, she received an oral reprimand from her supervisor. She requested an investiga-

tion by the HIG's Office to determine whether or not the supervisor had violated DOH policy against retaliatory action, as it was her opinion that the oral reprimand was retaliation for her previous allegations against her co-workers and supervisory chain.

The allegation was unsubstantiated. HIG found no evidence to support the conclusion the Regulatory Specialist I received the oral reprimand in retaliation for her previous allegations against her co-workers and supervisors. However, the investigation uncovered evidence of poor supervision and failure, on the part of the supervisory chain, to communicate instructions in a clear, precise, unambiguous manner. All MQA personnel interviewed, with the exception of the supervisor and Board Director, indicated the atmosphere in the work center was one of extremely low morale, affecting both management and employees. All MQA personnel interviewed expressed an overwhelming desire for quality leadership and supervision.

#### **RECOMMENDATIONS**

- Management should strongly consider training focusing on effective communication and the dynamics of interpersonal relationships within both the supervisory level and the employee level.
- Management should strongly consider requesting a Management Review as a vehicle to address stressors and areas of concern before the environment in MQA became any more volatile. A critical, discerning evaluation should be undertaken at both levels of supervision in MQA to determine overall effectiveness.

#### ***Investigation #01-146 Alleged Acceptance of Inappropriate Gifts***

This investigation was predicated on a request initiated by the Acting Director of

the Division of Medical Quality Assurance (MQA). A Program Operation Administrator was reassigned from a position with the Board of Dentistry to another office within MQA. During the transition process, files were found indicating that the Program Operation Administrator may have engaged in additional work outside of his state government position without prior approval.

The following allegations were substantiated:

- The Program Operation Administrator accepted unauthorized compensation, to wit a \$500 check, as a "good faith" offering for work that he performed while an employee of the State of Florida. This was a misuse of position and constituted conduct unbecoming a public employee.
- The Program Operation Administrator established a conflicting employment or contractual relationship with a business entity doing business with an agency by which he was employed.
- The Program Operation Administrator improperly used office equipment belonging to the State of Florida to perform personal work, work not required or related directly to the scope of his assigned duties.

### **ADDITIONAL ISSUES**

**Additional Outside Employment.** During interview, the subject indicated that he has performed work as a referee in the Big Bend Basketball Officials Association for eleven years. He said that he was compensated for this work, but that he did not know that he had to obtain supervisory approval to perform this work. He did not recall getting approval.

**Official Personnel Records:**

Official personnel records were incomplete. It is understood that the subject received a written letter of reprimand in March 7, 2000; however, there was no evidence of this in his official

personnel file. Also, the subject received a written reprimand November 15, 2001 for which there was no record in his files.

### **RECOMMENDATIONS**

- The Director, Medical Quality Assurance, should consider ethics refresher training for Board employees.
- DOH managers and supervisors should be reminded to check the posting of personnel actions, particularly adverse actions, in employee official files.
- The subject's supervisor should review his official personnel files to ensure all appropriate personnel records are posted.
- The subject should submit a request for outside employment related to his work as a referee.
- The Director, Medical Quality Assurance, should determine disciplinary actions as appropriate based in part on the facts presented herein.

#### ***Investigation #01-150***

#### ***Alleged Abuse of State Time***

This report was predicated upon a referral from the Agency for Health Care Administration, in regards to a complaint made by an Advanced Registered Nurse Practitioner. The complaint alleged that two nurses employed by Children's Medical Services were paid time-worked for attending educational sessions, but were absent from educational sessions due to personal matters. The investigation revealed that the two nurses were aware of supervisory expectations for "time worked" based on attendance of job-related continuing education sessions at a Florida Nursing Association (FNA) Convention. The nurses claimed the maximum time allowable on their DOH timesheets, yet were absent from educational sessions due to personal matters.

HIG substantiated the allegation. The nurses misrepresented the truth when they said they did not know in advance what supervisory expectations were regarding using continuing education class time for "time worked." They, in fact, acknowledged their understanding of the limitations placed upon them in a joint memorandum to their supervisors prior to attending the FNA convention. They knew in advance that they could use their personal leave for time not spent in continuing education training and travel.

### **RECOMMENDATION**

CMS management should take appropriate disciplinary action.

#### ***Investigation #01-151 Alleged Violation of Patient Confidentiality***

A CHD Manager received a letter from an individual in Fort Pierce, Florida, alleging that he had been administered a HIV/AIDS test by a Health Support Technician approximately five months previously and that since then unnamed members of the local community reported the Health Support Technician had told them that he administered the individual a HIV/AIDS test and that he had AIDS.

The allegation was unsubstantiated. No evidence was found that indicated the Health Support Technician had ever administered any tests to the complainant, or that the Health Support Technician had disclosed any confidential information. Relevant DOH records, files, and databases did not reflect any medical records or services performed on the complainant.

#### ***Investigation #01-152 Alleged Breach of Patient Confidentiality***

This investigation was predicated upon information received indicating that an alleged breach of patient confidentiality

occurred at a County Health Department (CHD) when a non-encrypted 3.5 computer diskette containing confidential HIV/AIDS patient information could not be located and was presumed missing.

The allegation was substantiated. A non-encrypted 3.5 computer diskette containing confidential HIV/AIDS patient information could not be located and is presumed missing. The investigation could not substantiate the allegation that patient confidentiality had been compromised.

### **RECOMMENDATIONS**

- Management should enforce a strict need-to-know policy in regards to HIV/AIDS records. Such information should only be disseminated to individuals with a validated need to know, and hand delivered.
- All HIV/AIDS office keys should be retrieved and accounted for. Individuals should only be reissued keyed access to their immediate work area.
- Sensitive patient information such as HIV/AIDS records should be encrypted in accordance with applicable policy guidelines.
- Management should consider implementing a clean desk policy wherein each employee removes and properly stores all sensitive information from their desk at the end of the business day, as well as when leaving the area unattended for any length of time.
- All employees working at the CHD should adhere to applicable policies and guidance pertaining to storage, reproduction, and dissemination of sensitive information.

#### ***Investigation #01-154 Alleged Criminal History***

An Inspector Specialist with Department of Management Services (DMS) reported that a DOH employee had applied for a

position with a DMS maintenance contractor. During the routine background screening process, information surfaced indicating the DOH employee had a previously undisclosed criminal history.

The allegation was substantiated. HIG discovered that the DOH employee had, on more than one occasion, failed to provide relevant details concerning his criminal history. Based on information received from an individual in his supervisory chain, the employee deliberately withheld pertinent information concerning his criminal history when completing his State of Florida Employment Application in January 1999. He also failed to inform his supervisor of his October 1998 felony arrest, his February 1999 criminal conviction, or his subsequent arrest for violation of probation in February of 2000.

#### **RECOMMENDATIONS**

- HIG hiring authority should submit all employee categories deemed critical or sensitive for background screening.
- Bureau Management must ensure that all hiring decisions adhere to DOH policy regarding nepotism.
- Hiring authority, in this case, should be held accountable for their actions and management should take the appropriate steps to resolve this matter consistent with the findings of this report.

#### ***Investigation #01-165 Alleged Theft of Petty Cash Fund***

Some time between August 2, 2001 and September 5, 2001, a person or persons unknown removed the \$100 petty cash from a bank bag kept in a dental clinic safe. An employee discovered that the fund was missing on September 5, 2001. Theft of the \$100 petty cash fund was reported to the County Sheriff's Department. As of March 18, 2001, the case had not been solved.

Management failed to assign a custodian responsible for the petty cash fund. The keys were not kept in a secure location. All employees in the clinic were allowed access to the petty cash fund.

#### **RECOMMENDATION**

HIG recommended that if a petty cash fund is needed, a custodian be assigned to be responsible for the security of the petty cash.

#### ***Investigation #01-166 Alleged Misuse of State Computer/ Alleged Unauthorized Access***

This investigation was initiated by a complaint submitted by a County Health Department (CHD) employee alleging a former Children's Medical Services OPS physician accessed unauthorized DOH computer network resources by using state computer equipment he was no longer entitled to.

The investigation failed to prove the physician understood his personnel records indicated his user status was to be terminated with his departure from his OPS position, and therefore did not realize he was in a position to violate DOH policy. Other misconduct was noted.

#### **RECOMMENDATIONS**

- The physician should be made aware of the results of this investigation.
- The physician's personnel record should be updated to reflect his current DOH employment status, and in the future, his personnel record should document all privileges through his DOH association, including the possession of state equipment and access to DOH computer network.



**Investigation #01-172**  
**Alleged Breach of Confidential Patient Information**

An employee at a Bureau of Laboratories branch office had been given permission to use some of the office "dirty paper" (papers that contain data, test results or otherwise) to use as scrap paper while practicing for the GED. Upon completion of her work duties one day, the employee took several of the papers home to a county-based transient housing facility. The employee left the papers in a common area where they were discovered. The papers were laboratory reports containing confidential TB, STD, HIV/AIDS patient information.

**RECOMMENDATIONS**

- Management should assure all employees receive information security training on hire and for remedial purposes.
- Management should separate, and clearly label containers used to store laboratory reports, and blank paper.
- All laboratory employees should be re-certified on DOH procedures, applicable policies and guidance pertaining to storage, reproduction, and dissemination of sensitive information. Upon completion, training should be documented on the Confidentiality and Security Statement of Understanding form.
- Management should ensure all employees meet the minimum standard standards for laboratory employment.

**Investigation #02-028**  
**Alleged Misuse of State Purchasing Card**

DOH Purchasing Card Administrator reported a State of Florida purchasing card assigned to a CHD employee had been used to make fraudulent purchases.

The allegation that an unknown individual misused the State of Florida purchasing card assigned to the CHD employee was sustained. HIG found the employee's purchasing card number had been used by an unknown person to make a fraudulent Internet purchase. No findings indicated a DOH employee violated any department policy, procedures or other pertinent regulations, or that the misuse was the result of actions taken by any DOH employee.

**RECOMMENDATION**

HIG recommended referral of the matter to law enforcement.

## AUDITS

### **Audit #AC-01-003** **Bureau of Emergency Medical Services** **– County Matching Grant Program**

The Office of the Inspector General audited the Bureau of Emergency Medical Services County Matching Grant Program for the period July 1, 1999 through February 28, 2001. The objectives included reviewing the EMS County Matching Grant Review Team's review process; awarding of EMS County Matching Grant applications; and determining whether the Bureau of Emergency Medical Services [Bureau] adequately monitored performance of grantees' assurances stated in the grant document.

### **SUMMARY OF FINDINGS**

The Bureau did not sufficiently monitor or document its review of grantees.

### **RECOMMENDATIONS**

- The Bureau should develop and enforce standardized procedures defining the Bureau's process of handling applications, awarding, and monitoring matching grant awards.
- The Bureau should re-institute a procedure, on some limited basis, of regular and systematic on-site monitoring of grantees and the grant file to provide a level of assurance that grant funds were expended in accordance with the grant application.
- The Bureau should consider the feasibility of a long-term review of completed grants on some limited basis, to determine whether grantees achieve projected outcomes. Such results may validate the importance of the program.
- The Bureau should consult with the Department of Banking and Finance to determine it is appropriately addressing the current requirements of Section 216.181(16)(b), *Florida*

*Statutes*, throughout the grant process.

### **Audit #AC-01-004** **Refugee Health Program**

The Office of the Inspector General audited the Refugee Health Program in the Bureau of TB and Refugee Health for the period January 1, 1999 through September 30, 2000. The objectives were to:

- Determine whether the Refugee Health Program at Headquarters processed invoices submitted by County Health Departments (CHDs) for reimbursement by Department of Children and Families (DCF) of health screenings of refugees/entrants in accordance with established guidelines, as referenced in the *Refugee Health Program Guide*;
- Determine whether the Refugee Health Program monitors CHDs' efforts to provide health screenings within 90 days of a refugee/entrant's arrival to assure eligibility for federal reimbursement in accordance with Title 45, Code of Federal Regulations, section 400.107;
- Determine whether class A and B refugee arrivals with tuberculosis conditions identified by quarantine stations to the Bureau received a TB health assessment and were reported to Centers for Disease Control and Prevention (CDC) by the date indicated on notification form in accordance with guidelines referenced in *Refugee Health Program Guide* and instructions from CDC.

### **SUMMARY OF FINDINGS**

HIG identified invoice-processing deficiencies in those submitted for reimbursement by CHDs and Little Havana Activities and Nutrition Center of Dade County, Inc. (LHANC). HIG also identified unclear policies and procedures defining the Bureau's role and responsibilities in the reimbursement process.

HIG observed untimely reimbursements as prescribed by the Refugee Health Program Guide (Guide). Confidentiality of refugee records was not always maintained during the reimbursement process.

### **RECOMMENDATIONS**

- The Bureau should assure the *Refugee Health Program Guide* accurately reflects the screening reimbursement process.
- The Bureau should amend the Guide to include CHDs' reporting of Class A/B tuberculosis screenings to the Bureau and the Bureau's subsequent reporting to CDC.
- The Guide should address protection of confidential nature of refugee medical information and reports.

#### **Audit #AC-01-005 Swimming Pool and Bathing Place Program Field Inspectors**

The Office of the Inspector General audited environmental health field inspectors, reviewing policies and procedures for the period November 2000 through January 31, 2001. The objectives were to determine if policies and procedures and internal controls that safeguarded against improper use of state time by the Public Pools and Bathing Places Program Field inspectors employed at the County Health Department [CHD] level were implemented.

Regulation of public swimming pools and bathing places is significant in the prevention of disease, sanitary nuisances, and accidents and a threat to public health and safety. The objective of the Swimming Pool and Public Bathing Places Program is to minimize disease and injury at public swimming pools and bathing places. As of June 30, 2001 the Department had 27,950 open accounts receiving 61,595 inspections. The average time to complete an inspection ranged from approximately 8½ minutes to 1 hour 17 minutes across

counties with a state average of approximately 34½ minutes for an inspection.

The Bureau of Water Programs [Bureau] develops statewide rules, monitors and evaluates CHD activities through program reviews, provides technical assistance and training to field staff, mediates disputes, coordinates activities with other state agencies, and issues variances from the Department's Public Swimming Pools and Bathing Places rules. The Bureau relies on CHD supervisors to monitor the use of state time by CHD field inspectors.

### **SUMMARY OF FINDINGS**

Headquarters did not maximize opportunities to provide guidance on systematic on-site monitoring of CHD field inspectors.

### **RECOMMENDATIONS**

HIG recommended the Division, in collaboration with the CHD's, develop and implement comprehensive statewide policies that establish a framework to guide CHD's in creating and implementing monitoring procedures for Environmental Health field staff. This framework should indicate assigned responsibilities at the CHD level and headquarters' oversight. These policies should include at a minimum:

- The appropriate methodology for recording leave on DARs; specifically how to record leave on a day in which the total hours worked is less than a normally scheduled workday when no compensatory time is available for use;
- Supervisors' use of CENTRAX and availability of statewide data to analyze and monitor Inspectors' time;
- The verification of the site visits by the inspector's supervisor; specifically the procedures to document site visits when a signature cannot be obtained at the inspection site;

- The frequency by which inspection reports, DARs and timesheets should be compared;
- Supervisors' responsibilities regarding comparison of previous inspection reports to current reports for uncorrected violations and time spent at the site;
- Supervisors' responsibilities regarding verification of mileage, reported by the inspector, to either a vehicle odometer or other source.

**Audit #AC-01-008**  
**Purchasing Card Program**

The Office of the Inspector General performed an audit of the DOH's Purchasing Card Program [Program], reviewing transactions for the period July 1, 2000 through March 31, 2001.

DOH's Purchasing Card Program Administrator serves to coordinate, monitor, and oversee the DOH's Program and ensure that key controls are in place and operating as designed. DOH permits the Card to be used only for commodities/services, although at the time of the audit, was piloting use for travel. DOH implemented the Program January 1, 1999 and as of March 31, 2001 had 972 Cardholders. There were 118,663 transactions during the audit period.

The audit was conducted in coordination with the Governor's Council on Integrity and Efficiency and the Chief Inspector General, Executive Office of the Governor. The objectives included determining whether DOH complied with relevant laws, rules, policies and guidelines; whether management's system of internal controls was adequate to ensure effective and efficient use of agency resources; and, whether purchasing card transactions were properly authorized and recorded.

**SUMMARY OF FINDINGS**

- Internal Controls could be strengthened to reduce the risk of inappropriate use of the Purchasing Card.
- Approvers incorrectly approved some transactions and some transactions were not timely processed.

**RECOMMENDATIONS**

- HIG recommended the Purchasing Card Program Administrator implement additional internal controls that address card issuance and changes in Cardholder status to reduce the risk of inappropriate use of the Purchasing Card.
- HIG recommended the Bureau of General Services ensure that OCO equipment purchased by DOH for all of its locations throughout the state are inventoried immediately upon receipt and an inventory control tag number timely affixed.

**Audit Report #AC-02-002**  
**Child Protection Team Information System**

Section 39.303, *Florida Statutes* establishes Child Protection Teams within DOH, outlining duties to be performed by the teams. The Children's Medical Services Program in DOH is responsible for the development, maintenance, and coordination of the services provided by the teams. The role of the teams is to support program activities and to provide necessary and appropriate services to abused, abandoned, and neglected children upon referral. The Child Protection Team Information System (CPTIS) was designed to facilitate the capture and reporting of the information related to the child assessment activities.

The Office of the Inspector General conducted an audit of CPTIS for the period ending December 21, 2001 and selected controls through March 29, 2002. The audit focused on the effectiveness of

selected information systems functions, including application controls, access controls, and systems development and maintenance controls. With the exception of the deficiencies listed below, the selected information technology controls related to CPTIS appear to be operating effectively in promoting and encouraging the achievement of management's objectives of compliance with controlling laws, administrative rules, and other guidelines; the reliability, integrity, and availability of data; the effective and efficient operation of information technology functions; and the safeguarding and confidentiality of information resources. No instances of errors, fraud, abuse, illegal acts, or other noncompliance were noted. The audit identified the following deficiencies.

#### **SUMMARY OF FINDINGS**

- Instances were noted where user input controls regarding the input of client demographic, registration, and assessment data into CPTIS were not operating effectively.
- Instances were noted where automated input controls within the CPTIS application were not present, or did not produce the desired objective.
- Instances were noted where output controls designed to ensure the accuracy and reliability of reports produced by CPTIS were not operating effectively.
- The Child Protection Unit does not have a documented business continuity plan in place to ensure that Child Protection Team services can be restored in the event of a disaster or an information technology outage.
- Deficiencies were noted in some security controls.
- Deficiencies were noted in the Systems Development and Modification Controls related to documenting user authorizations and the use of the on-line Change Management Tracker application.

#### **RECOMMENDATIONS**

- Management should continue to enhance the automated data input controls within the CPTIS application to ensure that data input into the system remains complete, accurate, and valid.
- To ensure that the data input into CPTIS remains complete, accurate, and reliable, management should enhance the user input controls by continuing to identify and correct system glitches; providing additional training to CPTIS users where appropriate; and ensuring that the supervisory review of CPTIS client files is both thorough and timely.
- The Child Protection Unit should enhance its output controls by continuously reviewing CPTIS reports and promptly handling any errors that are identified.
- To ensure continuous business services in the event of disaster or prolonged IT downtime, the Child Protection Unit should develop and formally document its business continuity plan. After the plan has been documented, it should be tested and updated on a regular basis.
- Appropriate security controls should be implemented or strengthened in order to enhance the security of CPTIS information resources.
- The Child Protection Unit should develop formal policies and procedures for authorizing, testing, and approving modifications to CPTIS and ensure that appropriate documentation is maintained for all modifications. The Production Control Management Team should abide by the policies set forth in the *Production Control Standard Operating Procedures* regarding the review of all change requests to ensure that the required items on the checklist have been completed as required.

**Audit #AC-02-003**  
**Control of Vital Statistics Paper at Headquarters**

The Office of the Inspector General performed an audit of controls over safeguarding and dispensing of security paper at Headquarters and related activities under the Office of Planning, Evaluation & Data Analysis and Bureau of General Services for the period July 1, 2000 through June 30, 2001 and related transactions through the end of fieldwork. The objective was to determine whether management's system of internal controls is adequate to ensure effective safeguarding at Headquarters and dispensing of security paper to CHDs for Vital Statistics Birth Certificates.

DOH Office of Vital Statistics, under the direction of the State Registrar in the Office of Planning, Evaluation and Data Analysis administers a Vital Statistics Program. To facilitate collection of records, local registrars are appointed in each of the sixty-seven CHDs.

The State Registrar is responsible for the preparation, printing, and distribution to local registrars of forms required by vital statistics laws. However, ordering, dispensing, and processing security paper involves several participants within different areas of authority, Office of Vital Statistics, Bureau of General Services, DOH Distribution Center, and local registrars.

During fiscal year 2000-2001, DOH expended \$111,850 to purchase 700 cartons containing 1,705,000 security paper birth certificate forms. During the same period, the Distribution Center shipped 688 cartons containing 1,659,800 birth certificate forms to local registrars.

**SUMMARY OF FINDINGS**

- All required physical inventory counts were not performed and shipments

received from the Printer were not always as ordered.

- Policies and Procedures did not sufficiently address controls over ordering and dispensing security paper to local registrars.

**RECOMMENDATIONS**

- Management should ensure staff conducts physical inventory counts at required intervals, and maintains documentation of the counts.
- Management should ensure controls over purchasing/accounting issues related to security paper are in place.
- Office of Vital Statistics should develop comprehensive written procedures to describe its processes as it interacts with the Distribution Center in processing local registrars' orders and controlling inventory. Office of Vital Statistics should also maintain documentation of processes it shares with the Distribution Center.
- The Distribution Center should further develop its written procedures to describe its processes as it interacts with Jacksonville in processing local registrars' orders. The Distribution Center should also maintain documentation of processes it shares with Jacksonville.

**Audit #AC-02-008**  
**Contract Management Process at County Health Departments**

The Office of the Inspector General performed an audit of contractual services contracts (Written Agreements and Purchase Orders) greater than \$25,000 but less than \$250,000 at select CHDs (Broward, Collier, Lee, Palm Beach, and Polk) for the period of July 1, 2000 through June 30, 2001 to determine whether the appropriate contract document (Written Agreement or Purchase Order) was used; whether the appropriate procurement method was utilized and supported by documentation; whether contract documents included an

adequate description of the services (including deliverables and performance measures), the contract period, and the method of payment; and, the CHD Contract Administrator reviewed and approved all Written Agreements.

### **SUMMARY OF FINDINGS**

Of the 58 contracts reviewed using either the Health Services or Mental and Physical Disabilities exemption, the provider selection process and/or justification for not competitively bidding was not always sufficiently documented or was not documented at all. We noted Lee CHD improperly procured 6 contracts, considering them Single Source and approving its own written justification not authorized by Headquarters. Lee CHD also developed a policy to approve Single Source and Emergency Procurement at an inappropriate level.

Minimum contract documentation requirements were not always included. Nine (9) POs did not provide an adequate description of the services and did not include attachments detailing terms of the agreement where terms were not sufficiently detailed on the PO. Eighteen (18) of the performance-based contracts did not include either quantifiable performance measures or measures that were objectively measurable.

CHD Contract Administrators' responsibilities did not include reviewing contractual services contracts using a PO. Consequently, those greater than \$60,000 were not entered into the Contract Information File of FLAIR and 71% of POs reviewed (20 of 28) did not use the correct Purchase Code, making statistical data inaccurate.

### **RECOMMENDATIONS**

- Because the intent of assigning CHD Contract Administrators was to provide added accountability to the contracting process and as many contractual

services contracts are written using a PO (37% of those reviewed), Headquarters should consider the feasibility and added accountability of requiring CHD Contract Administrators to approve all contractual services contracts (including those using a PO) below \$250,000, and Office of Contract Administration approve all contractual services contracts requiring review by Headquarters.

- Management at Headquarters should evaluate its current process and ensure that contractual services contracts using POs and exceeding \$60,000 are entered into the *Contract Information File* of FLAIR, (Effective April 8, 2002, the threshold was subsequently increased to \$75,000 by Department of Banking and Finance.)
- CHD Directors/Administrators at Broward, Collier, Lee, and Palm Beach CHDs should take appropriate action to improve the accuracy of Purchase Codes at the CHD level.
- CHD Contract Administrators at Broward, Collier, and Lee CHDs should review all contractual services contracts (including Written Agreements and POs) to ensure minimum contract requirements are included in each contractual services contract, including an adequate description of the services and performance measures objectively measurable using one of 5 mechanisms (Percentages, Ratios, Frequency Rates, Averages and/or Units).
- Where a PO is used for contractual services, CHD Contract Administrators at Broward, Collier, and Lee CHDs should require (include on the face of the PO or by using attachments) a description sufficient to ensure all parties can understand the details of what is being purchased be.
- CHD Directors/Administrators at Broward, Collier, Lee, Palm Beach, and Polk CHDs should actively encourage the use of competitive bidding for health services at the local level. So that CHDs may demonstrate

a trend of reducing the number of non-competitive procurements for contractual services, Headquarters should monitor and document this decrease.

- CHD Directors/Administrators at Broward, Collier, Lee, and Polk CHDs should ensure a justification is documented when using one of the Regulated Exemptions in contracting for contractual services via PO and assure documentation is complete when procuring contractual services using Written Agreements and POs.
- Lee CHD should assure that reviews of all purchases from a Single Source provider above \$25,000 are by the appropriate authority.
- Lee CHD should revise written policy pertaining to Single Source above \$25,000 and Emergency Procurement so it is consistent with applicable statute, rule and DOH policy.

#### **PRIOR YEAR FOLLOW-UP**

##### ***Audit #AC-98-004 Children's Medical Services Early Intervention Program Data System***

The audit included an evaluation of selected computer application control activities over selected areas of input, processing, output, and manual follow-up and user control activities within the EIP Data System during the period of July 1, 1997 through March 31, 1998, and selected DOH actions taken through July 1998. During our audit, we still identified internal control deficiencies surrounding the design and operation of the EIP Data System, which are directly related to the fact that the contract agreements with the University of Florida (UF) to maintain and operate the EIP Data System do not require that the UF EIP Data Center adhere to the DOH information security policies or information technology business standards.

Recommendations on which corrective action has not been completed include:

- The UF EIP Data Center adhere to the DOH's Information Security Policies, Protocols, and Procedures, and information technology business standards in the delivery of their services related to the EIP Data System.
- Controls related to user access, data integrity, and monitoring be implemented in the EIP Data System to eliminate the identified weaknesses, and therefore prevent the programs and data from being inappropriately modified, disclosed, or destroyed, and not being detected in a timely manner.

##### ***Audit #AC-99-001 Year 2000 Compliance***

In fall 1998, HIG initiated a Year 2000 Compliance Audit to determine whether:

- DOH developed adequate plans to address all potentially affected hardware, software, and equipment.
- Year 2000 plans addressed all critical application programs, either to make them Year 2000 compliant or replace them in a timely manner.
- Adequate plans are in place to monitor Year 2000 compliance activities.

As a result of our audit, we determined:

- The current Year 2000 planned to adequately address all hardware and systems software.
- It is not known if the current individual project plans adequately address all critical application programs, either to make them Year 2000 compliant or to replace them in a timely manner, because current inventories of the local applications are not complete and do not identify their importance.
- As of 12/31/98, DOH began implementing a process to better monitor the progress and status of all departmental activities however adequate management-level oversight is still lacking in that there is not a department-wide Year 2000 committee or a senior manager monitoring the department's overall



Year 2000 status. Therefore, there are not adequate plans in place to monitor the progress and status of all of the departments Year 2000 compliance activities, especially the local applications and embedded chips.

Recommendations on which corrective action has not been completed include:

- The Division of IT develop and implement: a) comprehensive policies that establish the Division's direction and goals and objectives; and b) procedures that indicate how the policy is to be implemented and followed, such as who is responsible, what are the desired outcomes, and what procedures are required to obtain the desired outcomes. These policies and procedures should address disaster recovery and contingency planning, network security, application maintenance, network system maintenance and performance, help desk operations, and electronic mail functions.

**Audit #AC-99-003**  
**Primary Care Program**

In fall 1998, HIG performed an audit to gain an understanding of the primary care program. The objective was to determine the extent to which headquarters provides management oversight of primary care programs. We reviewed processes in place at headquarters to monitor CHDs' primary care programs.

Our review noted the following deficiencies:

- Headquarters does not sufficiently monitor CHDs to ensure that primary care programs are provided in accordance with Section 154.011(1)(c), *Florida Statutes* and FAC Chapter 64F- 10, Primary Care Projects.
- Headquarters does not fully-utilize available reports for evaluating primary care services.

- Headquarters does not review the distribution of \$20,527,692 of Grants and Aid for primary care programs to determine that these dollars are targeting counties with the greatest need.
- Headquarters does not use criteria that measure the percentage of the total target population of low-income persons to which each CHD primary care program provides services.

Recommendations on which corrective action has not been completed include:

- That headquarters should annually review the results of CHD primary care programs to determine the \$20,527,692 in primary care dollars are targeting counties with the greatest need and that those counties are successful in serving their target population. We also recommend that management, as a means of monitoring access, incorporate a performance measure that captures percent of population in need served by the primary care programs.
- That headquarters routinely monitor CHD primary care programs for compliance with FAC 64F-10.
- Headquarters should review available primary care reports to determine which are required and/or useful in evaluating quality, cost-effectiveness, services and geographic accessibility of each CHD primary care program. We also recommend consideration of the cost/benefit of producing primary care reports and the feasibility of discontinuing reports that are less valuable.
- That headquarters routinely monitor CHD primary care programs for complete compliance.

**Audit #AC-00-003**  
**Client Information System Health Management Component**

During the 1999-2000 fiscal year, HIG audited the Client Information System/Health Management Component

[CIS/HMC]. Objectives included obtaining an understanding of internal controls related to the CIS/HMC [System], including selected computer general and application controls; and determining whether internal controls have been placed in operation, are adequately designed, and operating effectively. Additionally, the objectives included determining whether DOH corrected, or was in the process of correcting, deficiencies disclosed in prior audit reports relating to the System.

Our review of selected general and application controls related to the System disclosed instances of significant deficiencies in the design and operation of internal control that precluded us from obtaining reasonable assurance regarding:

- The reliability and integrity of information generated from the System.
- Compliance with applicable laws, rules, policies, and procedures surrounding security and confidentiality.
- The economical and efficient use of resources.

Recommendations on which corrective action has not been completed include:

- Continue with its plan to migrate from the mainframe environment at the DCF to a PC network database environment within the DOH.
- Provide a description of errors generated during on-line data entry and batch error processing.
- Continue with the effort of implementing the HCMS in all CHDs and to require the use of the HMC module of the HCMS.
- Strengthen controls to ensure the accuracy and completeness of processing.
- Research and resolve the cause of the duplication and implement edits to reduce the opportunity of data redundancy.

- Enhance security controls to restrict access to data by proprietary county for both on-line and batch data entry and processing.
- Establish controls to ensure compliance in the CHDs with DOH Information Security Policies, Procedures and Protocols.

#### **Audit #AC-01-002**

#### **Acquisition of Information Technology Consultants**

In spring 2000, the Office of the Inspector General issued an audit report of the contracting and oversight procedures for Information Technology [IT] consulting services procured by DOH. Division of Information Technology [IT] elects to purchase contractual services of IT consultants through the use of purchase orders [POs]. DOH's Division of Administration provided information that for the fiscal year ended June 30, 2000, DOH processed 49,611 POs. Twenty-three percent of dollars spent for commodities/services purchased through POs were for contractual services. From another perspective, nine percent of DOH's contractual services were purchased through PO.

Our review noted the following deficiencies:

- Consultant contracts did not contain sufficient language regarding deliverables.
- Contractual services procured through POs were not administered by a Certified Contract Manager.
- IT consultants were not background-screened and qualifications were not verified.

Recommendations on which corrective action has not been completed include:

- IT should perform background screening and reference checks on all IT consultants when executing contracts with such vendors.
- IT should develop and make available to Contract Managers developing IT

consultant contracts throughout DOH, guidance addressing purchases of IT consulting services including contract language regarding licenses, control over source code, and ownership of systems documentation, when applicable.

- When IT requires IT consultants to help define services needed, IT should develop all deliverables during the negotiation phase of the process so the contract may adequately describe all deliverables and deliverables may be effectively measured against intent.
- When IT consultants are acquired through any method, such contract documents should be written and reviewed to ensure unequivocal contract language.

- The Property Office enhance and strengthen policies and procedures surrounding the surplus and disposal of computers.
- DOH establish a policy requiring, at a minimum, the Property of each division/office/bureau/CHD to document approval to certify computers as surplus and require IT to document approval to certify the computers as surplus.

**Audit #AC-01-007**  
**Internal Controls Surrounding**  
**Computer Surplus and Disposal**  
**Policies**

The Office of the Inspector General performed a limited scope audit of the internal control environment surrounding the computer surplus and disposal policies and procedures of the within the Bureau of General Services and the Division of Information Technology (IT).

Our audit disclosed significant deficiencies in the operation and implementation of internal controls within IT and the Property Office surrounding the surplus and disposal procedures of computers. Additionally, our audit disclosed inadequate review of computers with regards to the determination and approval of their classification as surplus and the assurance that all surplus computers at headquarters had been uniformly and adequately sanitized.

Recommendations on which corrective action has not been completed include:

- IT develop and implement control policies and procedures surrounding the surplus and disposal of computers.

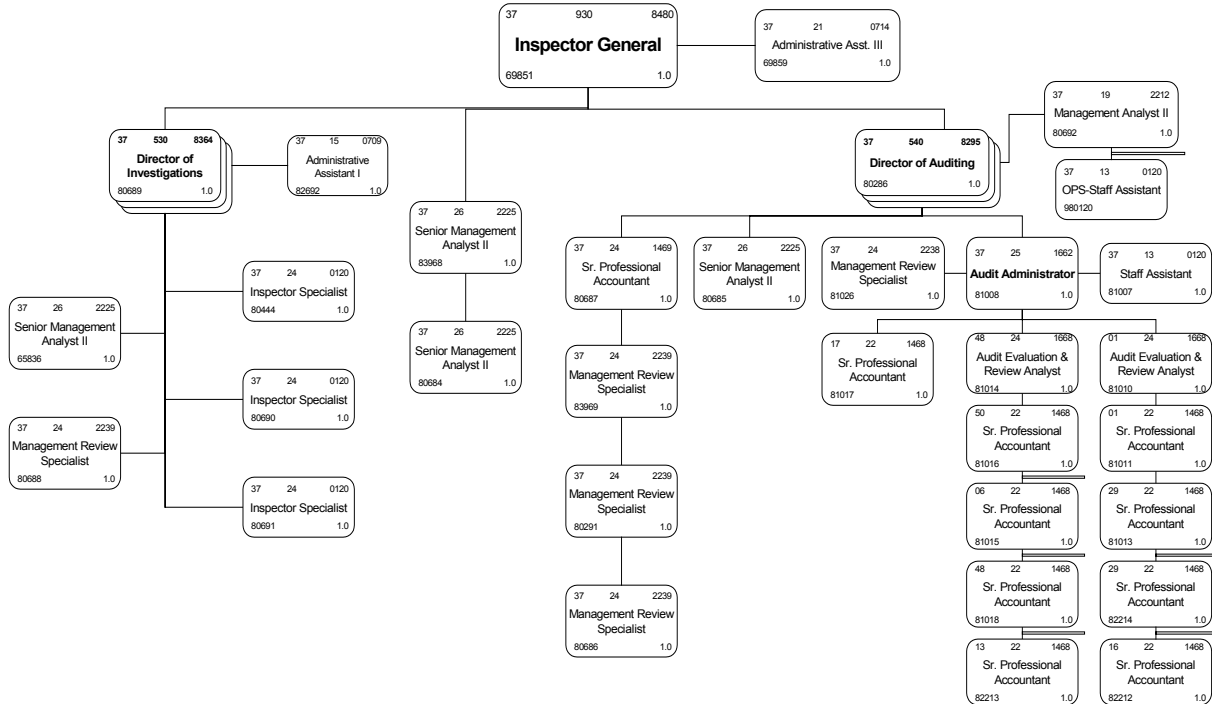
## Human Resource Focus

### Organization

HIG has examined how our organization can enable employees to develop and utilize their full potential in alignment with the Department's overall objectives and action plans. HIG has built

and maintained a work environment and an employee support climate conducive to performance excellence and to personal and organizational growth. HIG's office functions with 32 full-time positions reflected in the organization chart.

## Office of the Inspector General



### Professional Competencies

HIG staff is rich with investigative, audit and management experience. Our investigators average 11 years of investigative work, and collectively hold 102 years of management experience. Audit staff averages 18 years of audit work, and collectively holds 112 years of management experience. HIG work products and recommendations are the reflection of the professional and personal life experiences of our staff.

As of June 30, 2002, members of our staff additionally held the following professional certifications and licensure:

- Certified Inspector General (3)
- Certified Public Accountant (5)
- Certified Internal Auditor (2)
- Certified Fraud Examiner (2)
- Certified Information Systems Auditor (1)
- Certified Sterling Examiner (2)
- Registered Nurse (1)
- Attorney (1)

## Employee Satisfaction Survey 2002

DOH conducted a satisfaction survey of all employees using an outside consultant and the Internet system. HIG employees participated.

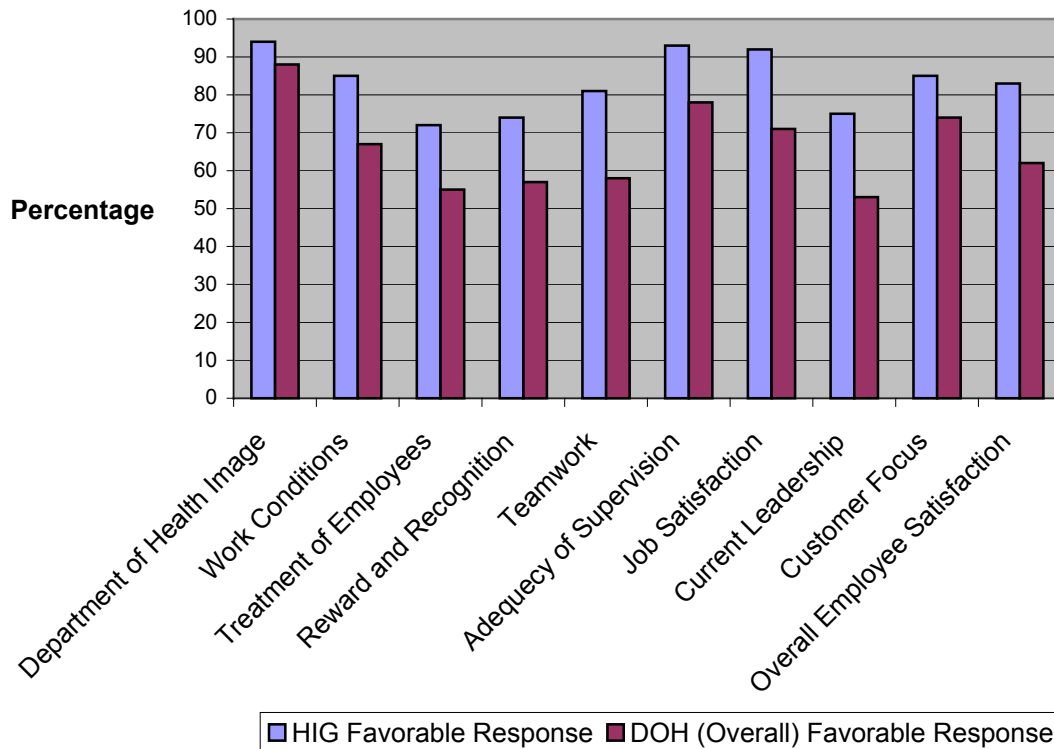
Employee responses were grouped into 10 dimensions:

- Department of Health Image
- Work Conditions
- Treatment of Employees
- Reward and Recognition
- Teamwork
- Supervision
- Job Satisfaction
- Current Leadership
- Customer Focus
- Overall Satisfaction

The results of the Employee Satisfaction Survey are shown below as a percentage of favorable responses. The percentages for the HIG's Office and the DOH overall are compared side-by-side.

HIG is proud of these results, knowing employee satisfaction directly impacts satisfaction of the customers we serve. HIG will use the employee satisfaction information to strive toward organizational excellence.

### HIG SATISFACTION SURVEY RESULTS



## Process Management

The key aspects of the HIG's process management are centered on conducting management reviews for the DOH. The reviews are focused on products and service delivery, core processes, and support processes.

The Office of Inspector General conducts management reviews for the purpose of assessing effectiveness and responsiveness; providing assistance in identifying opportunities for improvement, and management strengths; and providing assistance in developing and implementing corrective actions necessary to enhance overall managerial proficiency.

All work is a series of steps or processes. Through the management reviews, the HIG is providing the functional operations with a review of their work and work products from an outside their organization, yet an internal to DOH perspective. The goal is to ensure compliance and promote performance improvement throughout the organization.

### 2001-2002 Management Reviews

***Management Review #00-003-MR  
Management Review of the Orange  
County Health Department  
Date of Report: 10/18/01***

#### INTRODUCTION

The Orange County Health Department (OCHD) consists of 479 employees at multiple locations and provides a full range of public health services to the citizens of Orange County Florida. This review focused on the Environmental Health (EH) and Women, Infant and Children (WIC) Sections of the OCHD. The objective of this review was to provide the OCHD management team with feedback related to strengths and opportunities for improvement.

The Sterling Criteria for Organizational Performance Excellence provided the framework for the review.

Information was acquired by surveying 65 EH/WIC employees, conducting one-on-one interviews with 73 employees and four managers, interviewing a county commissioner, conducting an empirical examination of several OCHD facilities, and reviewing relevant documents and records. HIG noted a commendable commitment to implementing strategic HIG initiatives since 1997. The OCHD management team was aware of most of the identified improvement opportunities and had employed an impressive strategic planning approach to resolving them.

#### FINDINGS

##### ***Survey results:***

##### **Strengths:**

- Employees were satisfied with Unit supervisors; and supervisors were accessible, fair and responsive.
- Employees stated that Units were providing good customer service.
- Supervisors had clearly communicated employee duties.
- Employees were highly complimentary of their co-workers.

##### **Opportunities for Improvement:**

- Some managers did not resolve conflict effectively and in a timely manner.
- Some employees were not satisfied with management level leadership (Section and OCHD level).
- Responsibilities were not fairly distributed.
- Current staffing levels were not adequate to provide services.
- Promotions were perceived by staff as unfair.

### **Interview Results:**

#### **Strengths:**

- Employees liked their work; 98% believed they provided good service to customers.
- Cooperation among supervisors was good.
- Supervisors set high standards; supervisor expectations were clearly understood.
- Employees supported the department's "People 2000" initiative to improve service.
- Staff indicated that positions were filled with the best-qualified people.
- Annual performance evaluations were accomplished on time.
- Data and reports produced by employees were accurate and reliable.

#### **Opportunities for Improvement:**

- Heavy workload, staffing shortages and low pay adversely affected morale.
- Some supervisors avoided client conflict and left front-line staff to handle confrontational issues.
- OCHD self-assessed weaknesses (Pages 3 & 4 of the Strategic Plan) were accurate and remained the source of serious staff concerns.
- Employees were stressed to the point of quitting because of staff shortages and the cumbersome hiring process. Employees said they were "overworked, underpaid, and under appreciated."

#### **Empirical Examination of Facilities:**

Employees indicated that WIC Central, Oak Ridge WIC and Environmental Health facilities were inadequate. WIC waiting rooms and interview areas needed improvement at these locations. Employees had inadequate workspace at EH.

### **Details of External Interview:**

Commissioner Robert B. Sindler experienced concerns about the loss of funding for the Zellwood and Taft clinics. He asked that DOH include the funding in the budget while expressing hope that the legislature would approve future funding. Commissioner Sindler was concerned about the loss of primary care. He said his constituents were concerned with the loss of health department services in their communities. Commissioner Sindler shared his hope that DOH and the CHD would continue to focus on ways to sustain primary care, especially for the many citizens without health insurance. He said that providing services was greatly needed even if that took the form of health care partnerships or other initiatives.

### **CONCLUSIONS**

Employee feedback obtained in this review indicated the OCHD substantial strategic planning effort had achieved only marginal improvements. Some employees were stressed to the point of quitting because of staff shortages and the cumbersome hiring process. These points appeared to contradict the feedback results obtained by the OCHD internal quarterly employee survey results. Consequently, the reader was cautioned that the findings identified in WIC/EH may not reflect the culture and management environment within other sections of the OCHD.

### **RECOMMENDATIONS**

- OCHD management team reevaluate their quarterly internal employee survey and expand the internal quarterly employee survey populous to obtain a more reliable indicator of employee perspectives.
- OCHD management assess the actions enumerated in the strategic plan implementing initiatives to identify critical actions needed to achieve

improvement in the acknowledged weaknesses.

- OCHD management review, revise, and re-institute their customer and employees survey program to objectively and consistently measure outcomes.
- Management reevaluate the OCHD strategic administrative support initiative #2, "Develop a favorable work environment and organizational climate," in light of employee concerns related to unit morale.
- The WIC Director closely monitor the WIC Central Office and make improvements in client scheduling and training, rotation of staff responsibilities and conflict resolution.
- The WIC Director examine job descriptions at each WIC site to establish a basic level of standardization where possible.
- OCHD management review the Service First state hiring policies and closely examine workload to determine adequate staffing levels.
- OCHD management develop and implement a short-term staffing plan to meet current workload requirements.
- The WIC Director establish performance standards to monitor and evaluate supervisory staff in areas of time, attendance, and professionalism.
- OCHD management review pay actions to determine if increases were distributed fairly throughout the OCHD organization, and take steps to alleviate this problem.
- OCHD management assess the adequacy of space in the EH Section and ensure a more effective and functional work environment.
- OCHD management take immediate steps to alleviate the perceptions that the OCHD administration is not accessible to field staff.
- OCHD management review the rewards process to ensure that all nominees are informed about the results of the competition and OCHD staff is informed about selectees.

- HIG concurs with the recommendations outlined in the Environmental Health Program Corrective Action Plan and recommended OCHD management closely monitor the EH program to ensure that the three categories outlined in the plan are vigorously implemented.

**Management Review #01-001-MR**  
**Management Review of the A.G. Holley**  
**State Tuberculosis Hospital**  
**Date of Report: 1/6/02**

This management review was initiated by the Department of Health, Office of the Inspector General (HIG) after receipt of several complaints. These complaints involved allegations of intimidation and hostile work environment, inequitable treatment of employees, lack of accountability for hospital resources, lack of accessibility to and communications with top management, and mistreatment of patients. Based upon hospital staff concerns, HIG staff added questions pertaining to physician assistants conducting unsupervised procedures on patients.

The Management Review methodology involved administering an employee survey, conducting staff and management interviews, and reviewing relevant documentation. The survey instrument and interview guides were developed using the Sterling Criteria for Organizational Performance Excellence. HIG found employees overwhelmingly expressed confidence in their supervisors and their work environment at the unit level. Employees believed that patients received good services.

**FINDINGS**

HIG found that significant numbers of employees expressed concerns about all of the issues addressed, except mistreatment of patients. Specifically, HIG found the following:



- One-third of survey respondents felt intimidated; and as much as 50% of the respondents in certain units felt intimidated.
- 44% of survey respondents felt that management was not fair to all employees; and as many as 57% of respondents in certain units felt that management was not fair to all employees.
- 67% of respondents did not feel promotions and pay increases were given fairly.
- Half (50%) of interview respondents indicated they were aware of missing equipment. HIG also found controls to account for missing property and reimbursement for personal long distance calls were insufficient.
- One-third of all respondents felt they did not have access to the superintendent and he was not responsive to their concerns.
- The majority (90%) of survey respondents did not feel that patients were mistreated. However, as much as 52% of respondents in certain units expressed that the patients can be violent and the employees did not feel physically safe.
- A physician assistant conducted an unsupervised procedure on a patient.

## **RECOMMENDATIONS**

- Consider making Behavioral Medicine its own administrative section, reporting directly to the Superintendent.
- Develop and enforce policies and procedures that prohibit unfair supervisory treatment of employees.
- Distribute and/or post EMT meeting minutes to employees.
- Distribute criteria for pay increases to all employees.
- Consider moving the personnel liaison function to another unit.
- Assess, revise, and enforce policies to account for property and reimbursements for personal long distance telephone calls.
- Superintendent should assume a more visible role at the hospital.
- Continue seeking remedies to assure employee safety.
- Develop and/or promote interim measures to ensure employee safety.
- Review and take action as appropriate on physician absence during patient procedures.
- Hold physicians accountable for making patient rounds.

## Business Results

The Office of the Inspector General adds value to DOH in at least two ways: a) by reducing costs associated with risk factors, productivity loss, and litigation, and b) by seeking and retrieving moneys that are due to the state from unfulfilled contracts and services.

Additional value is added by providing training and instruction on contracts and risk avoidance methods and consulting with DOH staff relative to management issues and contract problems on an as-needed basis.

HIG's performance indicators are centered on human resource results, and operational performance. Focusing on the value added to DOH and our other customers assists us in effectively allocating our resources to obtain the greatest possible value for our organizational efforts.

Determining the manner and extent of the value that may be added to an organization through the activities of the Inspector General is difficult to quantify. Using the risk analysis as our guide to measure success, HIG believes the calculations are conservative and may identify only a fraction of the potential savings to DOH.

### Investigations:

During fiscal year 2001-2002 the Office of the Inspector General:

- Opened 217 complaints. Of these, 67 resulted in investigations, 58 in preliminary investigations, and 45 in management advisories.
- Substantiated allegations in 59 investigations and referred 3 cases for criminal investigations. Two (2) criminal convictions resulted from HIG investigations.
- Substantiated allegations resulting in the termination of 16 employees, and

other disciplinary action of an additional 11 employees.

- In each case that HIG recommended disciplinary action, such action up to and including termination was taken.
- In one instance our investigation was referred to the Board of Medicine for professional review. The employee was terminated by the CHD. Additionally, 4 employees resigned before their investigations were completed.
- HIG staff developed internal expertise and a comprehensive process for managing computer malfeasance related complaints statewide. During the upcoming fiscal year, forensic analysis of computer hard drives will migrate from the Office of Information Technology to HIG. HIG has also developed a formal referral relationship with the Florida Department of Law Enforcement, should the need arise.
- HIG investigators and auditors coordinated and provided fraud examination services on a joint Florida State University-DOH criminal matter.
- HIG investigators provided assistance on an FDLE investigation.

### Audits:

During fiscal year 2001-2002 the Office of the Inspector General:

- Conducted 392 audits, including 6 internal audits and 386 limited scope audits of the Child Care Food Program.
- \$107,656,740 was covered by the 6 internal audits performed.
- Questioned costs of \$1,143,829 resulted from audits conducted for the Child Care Food Program.
- Performed audit confirmations and reviewed audits performed by Certified Public Accountants for 89 Child Care Food Program contractors covering approximately \$38,468,134 expended by the DOH federally funded Child Care Food Program.

- Coordinated Office of the Auditor General audits of 10 CHDs and coordinated and attended exit conferences at CHD and programmatic levels.
  - Facilitated 11 external audits performed by the Office of the Auditor General and OPPAGA.
  - Monitored 146 corrective action plans in response to internal and external audits.
  - Audit staff presented the audit-training module of DOH's Certified Basic Contract Managers Training and Recertification Training program at 5 locations statewide, training over 150 contract managers.
  - Made 214 recommendations to improve DOH program and process accountability.
  - Conducted Preliminary reviews of 7 databases that support Performance-Based Budget measures to evaluate data reliability and validity, of which 1 Child Protection Team Information System [CPTIS] developed into a systems internal audit. Preliminary Reviews resulted in 13 recommendations.
  - Made 3 recommendations to improve systems security, and 5 recommendations to improve controls within CPTIS.
  - Coordinated and facilitated OPPAGA's justification review of DOH.
- computer related investigations were addressed.
  - Participated in the DOH Health Insurance Portability and Accountability Act [HIPAA] security, privacy, and transactions and code sets task forces.
  - Audit staff participated in the development of the new DOH Vital Statistics information system.
  - Audit staff participated in all Information Security Coordinators conference calls.
  - Audit staff provided data analysis assistance on an FDLE investigation.
  - Audit staff provided data analysis assistance on the HIG American Express card abuse investigation.
  - Audit staff made a presentation to the Audit Directors' Roundtable on *Computer Assisted Auditing Techniques*.
  - Audit staff created DOH *Corrective Action Plan* database and served as consultants in developing it as a web-based application.
  - Provided consulting services on a problematic Healthy Start Coalition contract.
  - Audit staff coordinated implementation of the Florida Single Audit Act for statewide DOH programs and provided DOH staff training.
  - Audit staff consulted with the technology review workgroup in the selection of the project monitor for the Integrated Health Information System [IHIS].

#### **Management Reviews/Consulting**

During fiscal year 2001-2002 the Office of the Inspector General:

- Performed two management reviews involving the survey of DOH employees, interviews of DOH employees and the review of hundreds of documents.
- Management reviews resulted in 25 recommendations to improve CHD processes and products.
- Participated with DOH staff in revising the DOH Computer Use Policy to assure issues identified through HIG

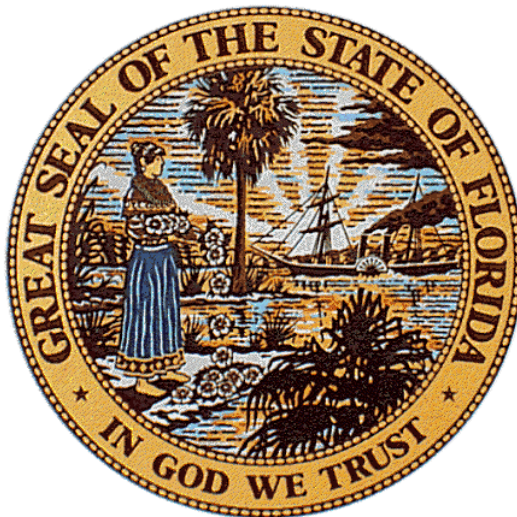
# Be Part Of The Solution

Report waste, fraud, and abuse

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**Florida Department of Health**

**Office of the  
Inspector General**  
“The voice of reason”



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