



## CENTRAL OFFICE'S MONITORING OF COUNTY HEALTH DEPARTMENTS

Report # A-1314DOH-005 • March 25, 2014

### EXECUTIVE SUMMARY

#### **Purpose of this project:**

- ❖ Identify Department of Health (Department) Central Office program offices that provide onsite monitoring of county health departments (CHDs) or coordinate CHD self-evaluations. Where a program office provides onsite monitoring of CHDs, determine whether reliance can be placed on monitoring that is performed;
- ❖ Determine whether the results of self-reported information from CHDs, but not validated through onsite monitoring or other means, is being used by Central Office; and
- ❖ Determine whether business-related indicators captured by Central Office timely identify the financial viability of CHDs and whether Central Office plays a vital and timely role in assisting CHDs with negative indicators.

#### **What was reviewed:**

- ❖ Interviews with various Central Office management and staff regarding efforts to monitor CHDs.
- ❖ Where available, onsite program evaluation reports between July 1, 2012 and November 15, 2013.
- ❖ Samples of self-reporting surveys completed between July 1, 2012 and November 15, 2013.

#### **What was found:**

- ❖ Monitoring results regarding CHD performance are not utilized by Central Office in a manner that provides maximum effectiveness and efficiency.
  - Overall, monitoring efforts (especially onsite monitorings) have been affected by travel restrictions due to budgetary cutbacks the last several years.
  - Many self-reported monitoring efforts are simplistically designed, only serve the CHDs, are not reviewed or analyzed by Central Office staff, and have little in place requiring follow-up or monitoring of corrective action efforts where needed.
  - The value of many self-reported monitoring efforts can be questioned since they frequently lack a mechanism to validate the information being reported and no accountability exists for ensuring weaknesses (when acknowledged) are corrected.
  - Limited efforts exist to link the various monitoring efforts to one-another for purposes of looking at CHD performance from an overall perspective. Thus, results are typically only seen from a single, narrow-focus view causing the bigger picture to be missed.
  - Some program units currently do not utilize any monitoring efforts of CHD performance in relation to their program.
- ❖ The Bureau of Public Health Pharmacy has not performed periodic inspections of CHDs as required by Florida law.

#### **What is being recommended:**

##### The Department's Executive Management should:

- ❖ Develop a structured process to funnel CHD monitoring results already available throughout the Department to Central Office management in order to better align and compare the results from the various monitoring efforts such that key management has a better overall awareness of CHD operational performance. This will allow for quicker identification of negative indicators and a more thorough and complete enterprise response to assist the CHDs where needed.
- ❖ Determine whether program offices that request CHDs to perform self-evaluations should provide an analysis of the responses made by the CHDs. Such an analysis, to be meaningful, should be more than simply tallying the number of "yes/no" responses.
- ❖ Determine whether program offices that only rely on self-evaluations by CHDs should perform onsite monitoring.
- ❖ Determine whether program offices that perform no onsite monitoring should perform some form of monitoring.

##### The Bureau of Public Health Pharmacy should:

- ❖ Reactivate periodic inspections of CHDs by a consultant pharmacist, in compliance with Section 154.04(1)(c)5, *Florida Statutes*.

**Details supporting the statements listed in this Executive Summary can be found in the remainder of this report.**

## BACKGROUND

The Department's administrative and program offices at Central Office have a responsibility to monitor the efforts of the CHDs to help ensure compliance with program requirements, consistency of application with Department policy and continued financial viability.

During our audit, we found administrative and program offices at Central Office that interact with the CHDs (some offices have no interaction with CHDs) fell into one of three groups. Either:

1. An office performs onsite monitoring,
2. Requests CHDs to complete an annual self-evaluation, or
3. Has no routine monitoring mechanism to evaluate a CHD's performance related to the office.

We prepared a chart to readily identify which offices provide onsite monitoring of CHDs, coordinate CHD self-evaluations, or perform no monitoring (**See Exhibit 1, Page 7**).

Department management frequently explained during our interviews their plans for more and improved monitoring. Management also frequently explained their office's monitoring efforts prior to travel restrictions imposed as a result of the economic downturn since 2008, and the impact it has had on the frequency and extent of monitoring that currently takes place.

While management of most CHDs may welcome onsite monitoring that seeks to identify areas the CHD may improve upon, suspicion exists on the part of some CHD management that monitoring equates to meddling or imposition of control, etc. Any monitoring or evaluation of CHDs' performance should not be to identify bad performance, but rather to identify and more readily assist CHDs that experience weaknesses in any improvement efforts.

## FINDINGS AND RECOMMENDATIONS

The following findings reflect areas that should be addressed by management to assist Central Office ensure the continuation of quality health care and related services at the CHDs:

***Finding 1: Monitoring results regarding CHD performance are not utilized by Central Office in a manner that provides maximum effectiveness and efficiency.***

Section 154.001, *Florida Statutes*, explains, "It is the intent of the Legislature to promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."

There are a number of references in Florida Law that establish the need for the Department's Central Office to monitor and evaluate its CHDs:

- ❖ "The [D]epartment shall...[p]rovide or **ensure** the provision of quality health care and related services to identified populations in the state." - Section 20.43(1)(e), *Florida Statutes*
- ❖ "The [D]epartment shall plan and **administer** its public health programs through its [CHDs]." - Section 20.43(5), *Florida Statutes*
- ❖ "[The Department] shall establish certain technical and support programs to **enable** the [CHDs] and other public or private agencies to carry out the public health mission." - Section 381.0201, *Florida Statutes*

The Department's *Accreditation Initiative Charter* also explains, "[DOH] aligns to [the Public Health Accreditation Board's] definition for a centralized health department in that it has a central office providing policy, administrative, managerial direction, and support with local health departments [that] are organizationally part of the state health department whose employees are state employees."

The Office of Deputy Secretary for Statewide Services (Deputy Secretary) organizationally is responsible for all CHDs. The Department continuously collects data about the services and performance of each of the CHDs through a number of data systems and other reporting mechanisms. The Deputy Secretary's staff has the ability to collect and monitor CHD activity and provide support at any point in time that such data is elected to be analyzed. However there is no ongoing effort to monitor and analyze data on a continuous basis. Additionally, there is currently no effort to align the various reporting mechanisms into one overall Department monitoring strategy.

Meanwhile, the Office of Performance and Quality Improvement works with Central Office and the CHDs, "to ensure they achieve optimal results for both health and business outcomes, as efficiently and effectively as possible." This office maintains a *County Health Department Performance Snapshot* (Snapshot), "to provide each [CHD] an annual performance report on key indicators." The Snapshot is a collection of annual performance measures of each CHD, some based on data of services as reported by CHDs through various DOH data systems, and some based on CHD self-reported information. There was no onsite or other type of CHD monitoring performed by this office.

We determined that of the seven (7) Department Divisions/Offices that have interaction with the CHDs, only two (Division of Community & Health Promotion and Division of Disease Control & Health Protection) actually performed onsite monitorings during our review period (**See Exhibit 1, Page 7**), resulting in 232 total onsite monitorings. This breakdown can be seen in Table 1 below:

<b>Table 1: Number of Onsite Monitorings Performed by Program Office</b> (July 1, 2012 – November 15, 2013)	
<b>DIVISION OF COMMUNITY &amp; HEALTH PROMOTION</b>	
Bureau of Family Health Services <ul style="list-style-type: none"> <li>• Infant, Maternal &amp; Reproductive Health Section's Family Planning Program</li> <li>• Maternal &amp; Child Health Program</li> </ul> (Program monitorings are combined)	31
Bureau of Women, Infants & Children Program Services (WIC)	28
Bureau of Family Health Services - Child & Adolescent Health Section's School Health Program	22
Bureau of Family Health Services - Refugee Health Office	10
<b>DIVISION OF DISEASE CONTROL &amp; HEALTH PROTECTION</b>	
Bureau of Communicable Diseases - Office of Immunization	127
Bureau of Communicable Diseases - Office of HIV/AIDS	14

Meanwhile, there were also several self-evaluation monitoring tools (surveys) administered throughout the Department. These did not require an onsite visit by program office staff, but rather were completed by local CHD staff. Table 2 below highlights the self-evaluation tools discovered during our audit:

<b>Table 2: Self-Evaluation Tools Administered By Program Office</b> (July 1, 2012 – November 15, 2013)	
<b>Bureau/Office</b>	<b>Title of Self-Evaluation Tool</b>
Bureau of Preparedness & Response	<i>CHD Expectations</i>
Bureau of Public Health Pharmacy	<i>Internal Control Questionnaire – Part III</i>
Bureau of Environmental Health	<i>Program Evaluation Survey</i>
Office of Information Technology	<i>Information Security and Privacy Risk Assessment</i>
Bureau of Finance & Accounting	<i>Internal Control Questionnaire</i>
Bureau of Vital Statistics/Records	<i>Self-Assessment Tool</i>

We noted that most offices that requested CHDs to complete these self-evaluations did not perform any substantial analysis of the responses made by the CHDs. Management explained the self-evaluations were mainly for the benefit of the individual CHD. We also saw no evidence of efforts to follow-up or track

corrective actions for any areas of deficiencies noted. Furthermore, many CHDs reported 100% compliance on all issues, thus providing few instances that could have been followed-up with corrective actions.

From a financial perspective, each month the Department's Division of Administration publishes its *County Health Department Administrative Snapshot* (Administrative Snapshot). The Administrative Snapshot includes 10 monthly and nine quarterly administrative-type measures for each CHD including, as examples, the June 30 projected cash balance, percentage of *Employee Activity Reports* filed timely, percentage of compliance with timely purchasing card payments, and percentage of compliance of prompt payment of invoices. Management explained the Administrative Snapshot is for the benefit and use of the individual CHD. Division of Administration did not routinely use business-related indicators to monitor, evaluate, and advise CHDs experiencing or headed toward financial difficulties. The Administrative Snapshot did not include trending of data over time. Trending analysis charts would better assist management to identify whether performance is improving or decreasing.

Discussions with some CHD Directors/Administrators revealed that most do find value in the results of the self-evaluations. However, recent internal audit projects conducted by the Office of Inspector General have identified several instances where some self-reported information on monitorings was incorrect. Thus, the value and validity of these self-reported monitorings is questionable if they are not accurately reporting.

Having a central location to collect all monitoring results about a CHD's performance, including administrative and programmatic data and results of on-site monitoring, where such results may be viewed and analyzed by Central Office's Executive Management would be beneficial. Such a tool would help the Deputy Secretary to more readily identify strengths and weaknesses of each CHD so that assistance could be provided where required.

***We recommend management develop a structured process to funnel CHD monitoring results already available throughout the Department to Central Office management in order to better align and compare the results from the various monitoring efforts such that key management has a better overall awareness of CHD operational performance. This will allow for quicker identification of negative indicators and a more thorough and complete enterprise response to assist the CHDs where needed.***

***We also recommend that the Department's Executive Management determine whether:***

- ❖ ***Program offices that request CHDs to perform self-evaluations should provide an analysis of the responses made by the CHDs. Such an analysis, to be meaningful, should be more than simply tallying the number of "yes/no" responses.***
- ❖ ***Program offices that only rely on self-evaluations by CHDs should perform onsite monitoring.***
- ❖ ***Program offices that perform no onsite monitoring should perform some form of monitoring.***

***Finding 2: The Bureau of Public Health Pharmacy has not performed periodic inspections of CHDs as required by Florida law.***

Section 154.04(1)(c)4, *Florida Statutes*, requires the Department to adopt rules and protocols to, "...establish the conditions under which a registered nurse or licensed physician assistant may assess patients and order and deliver medications..." Section 154.04(1)(c)5, *Florida Statutes*, explains, "The department shall require that a consultant pharmacist conduct a periodic inspection of each [CHD] in meeting the requirements of this paragraph."

Bureau of Public Health Pharmacy staff explained the Bureau's process is to perform onsite monitoring of all CHDs on a two-year cycle to meet compliance with this law. The monitoring team would typically consist of a pharmacist and a business staff person. However, we determined the Bureau of Public Health Pharmacy performed no periodic inspections of CHDs during the audited period of July 1, 2012 through November 20, 2013 except for an onsite technical assistance review of DOH-Duval in February 2013 at the request of Department executive management.

***We recommend the Bureau of Public Health Pharmacy reactivate periodic inspections of CHDs by a consultant pharmacist, in compliance with Section 154.04(1)(c)5, Florida Statutes.***

## OBJECTIVES, SCOPE, AND METHODOLOGY

The objectives of this audit were to:

- ❖ Identify Central Office program offices that provide onsite monitoring of CHDs or coordinate CHD self-evaluations. Where a program office provides onsite monitoring of CHDs, we were to determine whether reliance can be placed on monitoring that is performed.
- ❖ Determine whether the results of self-reported information from CHDs, but not validated through onsite monitoring or other means, is being used by Central Office.
- ❖ Determine whether business-related indicators captured by Central Office timely identify the financial viability of CHDs. We were also to determine whether Central Office plays a vital and timely role in assisting CHDs with negative indicators.

The scope of this engagement included onsite monitoring and evaluations, follow-up evaluations, and indicators of CHD performance during the engagement period. We examined a sample of onsite monitoring reports of each office that performed such evaluations from July 1, 2012 through November 15, 2013.

In conducting our audit we:

- ❖ Reviewed applicable law, policy, and procedures.
- ❖ Reviewed reports, monitoring tools, and supporting documentation of recent CHD onsite monitoring and recent follow-up monitoring by program offices.
- ❖ Interviewed Central Office management and staff regarding their processes and procedures, use, and communication with CHD management regarding business-related indicators, especially where business-related indicators are outside the range of anticipated percentages. We also interviewed some CHD Directors/Administrators.

## SUPPLEMENTAL INFORMATION

Section 20.055, *Florida Statutes*, charges the Department's Office of Inspector General with responsibility to provide a central point for coordination of activities that promote accountability, integrity and efficiency in government. Audits are conducted to review and evaluate internal controls necessary to ensure the fiscal accountability of the Department.

This audit was conducted in conformance with *International Standards for the Professional Practice of Internal Auditing*, issued by the Institute of Internal Auditors, as provided by Section 20.055(5)(a), *Florida Statutes*, and as recommended by Quality Standards for Audits by Offices of Inspector General (*Principles and Standards for Offices of Inspectors General*, Association of Inspectors General).

The audit was conducted by Mark H. Boehmer, CPA, Senior Management Analyst II, under the supervision of Michael J. Bennett, CIA, Director of Auditing.

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## CLOSING COMMENTS

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We want to thank management and staff throughout the Department for providing their cooperation and assistance to us during the course of this audit. We particularly want to thank the program offices that provided supporting documentation of their onsite monitoring.

Copies of final reports may be found on our website at:

<http://www.floridahealth.gov/public-health-in-your-life/administrative-functions/inspector-general/index.html>

Questions or comments related to the information provided in this report should be addressed to the Director of Auditing, Florida Department of Health by the following means:

Address: 4052 Bald Cypress Way, Bin A03,  
Tallahassee, FL 32399-1704

Email: [InspectorGeneral@flhealth.gov](mailto:InspectorGeneral@flhealth.gov)

Phone: (850) 245-4141

**Exhibit 1**

**Offices that interact with 67 CHDs' Programs**

Division of Emergency Preparedness & Community Support	Division of Community & Health Promotion	Division of Disease Control & Health Protection	Division of Administration	Office of Information Technology	Office of Performance and Quality Improvement	Division of Public Health Statistics & Performance Management	Office of Statewide Services Administration
Bureau of Preparedness & Response	Bureau of Family Health Services - Family Planning	Bureau of Epidemiology	Bureau of General Services		Performance Improvement	Bureau of Clinic Management & Informatics	
Bureau of Public Health Pharmacy	Bureau of Family Health Services - Maternal & Child Health	Bureau of Communicable Diseases - HIV/AIDS	Bureau of Budget & Revenue Management		Public Health Nursing	Bureau of Vital Statistics/Records	
	Bureau of Family Health Services - School Health	Bureau of Communicable Diseases - Immunization	Bureau of Finance & Accounting			Bureau of Community Health Assessment	
	Bureau of Family Health Services - Dental	Bureau of Communicable Diseases - STD	Bureau of Personnel & Human Resource Management				
	Bureau of Family Health Services - Refugee Health - Monitors all CHDs that do more than 100 refugee arrivals per year.	Bureau of Communicable Diseases - Tuberculosis					
	Bureau of Women, Infants & Children	Bureau of Environmental Health					
	Bureau of Chronic Disease - Insulin						

Legend

- Performs onsite evaluations.
- Coordinates CHD self-evaluations, but will perform onsite evaluation upon special request.
- No monitoring or evaluations, but will perform onsite evaluation upon special request.

## APPENDIX A: MANAGEMENT RESPONSE

	Recommendation	Management Response
1a	<p>Management should develop a structured process to funnel CHD monitoring results already available throughout the Department to Central Office management in order to better align and compare the results from the various monitoring efforts such that key management has a better overall awareness of CHD operational performance. This will allow for quicker identification of negative indicators and a more thorough and complete enterprise response to assist the CHDs where needed.</p>	<p>We concur.</p> <p>We will review monitoring results with the Deputies and the Office of Performance and Quality Improvement; Establish a representative workgroup from the Divisions and CHDs; Review the current electronic performance measurement system (System, Florida Performs); Recommend improvements or enhancements to the System; Complete an interim online reporting system; establish a work plan for system improvements; determine necessary resources to implement; implement the work plan; and complete system improvements.</p> <p><b>Contact:</b> C. Meade Grigg, Deputy Secretary for Statewide Services</p> <p><b>Anticipated Completion Date:</b> The steps above, through determining the necessary resources to implement a work plan for system improvements are anticipated to be completed by April 30, 2014. It is still to be determined by when implementation of the work plan and completion of system improvements will be completed.</p>
1b	<p>The Department's Executive Management should determine whether:</p> <ul style="list-style-type: none"> <li>❖ Program offices that request CHDs to perform self-evaluations should provide an analysis of the responses made by the CHDs. Such an analysis, to be meaningful, should be more than simply tallying the number of "yes/no" responses.</li> <li>❖ Program offices that only rely on self-evaluations by CHDs should perform onsite monitoring.</li> <li>❖ Program offices that perform no onsite monitoring should perform some form of monitoring.</li> </ul>	<p>We concur.</p> <p>We will establish a representative workgroup from the Divisions and CHDs; Review the current monitoring practices by program; Review the Inspector General's recommendations; Develop a comprehensive integrated plan for CHD and Central Office program monitoring; Determine the necessary resources for implementation of a plan, review and approve the plan, and implement the plan.</p> <p><b>Contact:</b> Patricia Ryder, MD, Director Division of Public Health Statistics and Performance Management</p> <p><b>Anticipated Completion Date:</b> July 1, 2014</p>
2	<p>The Bureau of Public Health Pharmacy should reactivate periodic inspections of CHDs by a consultant pharmacist, in compliance with Section 154.04(1)(c)5, <i>Florida Statutes</i>.</p>	<p>We concur.</p> <p>Central Pharmacy will develop a quality assurance site visit schedule; Notify the CHDs of the tentative schedule prior to the visit; Perform quality assurance site visits with all 67 CHDs by the anticipated completion date of September 2014.</p> <p>Central Pharmacy has already completed eight site visits during March 2014 and is scheduled to complete another nine site visits in April 2014.</p> <p><b>Contact:</b> Brandon E. Brantley, PharmD, Chief Bureau of Public Health Pharmacy</p> <p><b>Anticipated Completion Date:</b> September 2014</p>