

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

Date: July 31, 2013
To: John H. Armstrong, MD, FACS, State Surgeon General & Secretary
From: James D. Boyd, C.P.A., M.B.A., Inspector General
Subject: R-1213DOH-017 - *Review of Duval County Health Department*

Objective and Scope

Management requested that our office review certain topics related to operations and programs at Duval County Health Department (Duval CHD).

We wanted to understand whether controls over various aspects of operations throughout Duval CHD were in place and operating as intended. Our review includes an analysis of the following aspects of Duval CHD operations:

- clinic medication rooms, including security;
- contracts between DOH and University of Florida for services at Duval CHD;
- physical security of buildings and workplace safety;
- incident reports;
- funds received from the Centers for Disease Control and Prevention (CDC);
- the central scheduling call center;
- lease agreements;
- filling of prescriptions by Duval CHD's pharmacy;
- vehicles;
- Office of Human Resources/Personnel;
- federal grant-funded positions;
- building security plan;
- operations of tuberculosis program, and
- facilities.

Audit staff made several visits to all Duval CHD facilities including storage sites to observe these controls.

Management's responses may be found in Attachments 4 and 5 at the end of this report. Any corrective actions related to our report and all other management corrective actions related to similar operational review reports recently issued by other DOH offices on Duval CHD will be tracked and monitored by the Office of Inspector General to ensure completion.

Some of the above topics either require additional analysis or additional time to complete. We will continue to perform work related to this project and publish subsequent reports to address those areas.

What we found

Overall impressions:

In addition to the individual aspects of Duval CHD operations we reviewed as part of this project (discussed later in this report), we noted several overarching issues that should be addressed by Duval CHD's new management. It should be recognized that these issues do not stand alone...that they are in fact all interwoven and collectively led to many of the individual operational inefficiencies noted elsewhere in this report.

- ***Communication***

During our review, we found a prevalent weakness to be lack of effective communication throughout all levels of the Duval CHD. Operational units appeared many times to be acting in "silos" with very little to no interaction among them. Duval CHD management rarely met as a whole and did not appear to promote or foster an atmosphere of teamwork. As a result, a clear direction and vision for the CHD, shared among all management and staff, was lacking to non-existent. Additionally, management's plans, expectations, and requirements were rarely shared and communicated down. Generally, middle management had difficulties conveying to staff expectations and direction because they too had not been provided this guidance from upper management. Likewise, lower level staff's knowledge and results of the real day-to-day work being performed, along with their concerns and needs, were seldom communicated up or accepted by upper level management.

- ***Matching skill sets with job roles***

Numerous employees were found to be performing roles that did not match their personal skill sets. This was most evident in several middle management roles. While the lack of communication (noted above) and inadequacy of training for staff at all levels played a significant role in its operational effectiveness, so too did hiring or promoting individuals who were not best suited for leadership roles within the CHD. Some of the decisions may have been based out of necessity to fill vacancies quickly due to high turnover. However, several employees interviewed were uncertain of their true role and responsibility and lacked the ability to fully execute the same.

- ***Lack of empowerment***

Many employees we interviewed either felt un-empowered or sensed a fear of being fired which prevented them from making decisions unless someone above them approved a specific action. As a result, employees gave up trying to make positive suggestions or improvements since there was no backing from management. This led to a stagnation of progress with too many aspects of operations seemingly following outdated or ineffective procedures. Additionally, employees no longer questioned why something was being done and just continued to do what had always been done.

- ***Logistics***

The sheer number of facilities out of which Duval CHD operates makes it nearly impossible to manage effectively. As of May 21, 2013, Duval CHD operated out of five (5) administration locations, thirteen (13) clinical locations, maintained six (6) separate storage locations, two (2) maintenance locations, and possessed one (1) vacant site. Having one's operations spread out among so many locations hinders the ability of the CHD to have a unified work environment. Managers were constantly having to travel from location to location just to stay on top of operations and in many cases weren't able to respond quickly because they were not always on-site when an issue arose. Also, over the years many buildings were offered to the CHD by the City of Jacksonville and there was a sense of needing to find a use for these buildings, no matter the location. This resulted in multiple locations housing only a handful of employees performing a single operation. It would be more advantageous, both from a cost perspective and

from an operational efficiency perspective, to consolidate Duval CHD operations into a logical, yet smaller number of physical locations that balances the needs of the clients with the cost and logistics of operational effectiveness. This would be accomplished by Duval CHD performing a true needs analysis.

Results of individual operations:

❖ Clinic Medication Rooms

Finding 1: A refrigerator that stored vaccines was not secured.

We toured each facility (clinic, office, storage) over the course of Tuesday, April 2nd and Wednesday, April 3rd. As we toured these facilities, we requested staff to identify drug storage areas, including refrigerated drugs and dental drugs.

We noted that a refrigerator housing drugs/vaccines at the Beaches Family Health Center, 1522 Penman Road was found to be unlocked. The refrigerator is next to a hallway leading to an exit door. Although staff explained clients never use this hallway unescorted, we observed an unescorted client walk past the area to exit the building.

DOHP 395-1-12, *Public Health Pharmacy Policy and Procedures for County Health Departments*, following the guidance of Section 499.0121(1-3), *Florida Statutes*, requires that, "Drug storage areas must remain secured at all times when not in use."

We recommend Duval CHD management ensure drugs/vaccines refrigerators are appropriately secured at the Beaches Family Health Center location.

❖ Contracts with University of Florida

We are currently reviewing Duval CHD's contractual relationship with the University of Florida. This includes contracts for services and memorandums of agreement.

We will publish any issues we identify pertaining to those agreements in a subsequent report. There are no recommendations at this time.

❖ Physical Security of Buildings and Workplace Safety

Finding 2: Some buildings where DOH employees were assigned to work were in poor physical condition and subjected the employees to unacceptable risks.

Several of the clinical and office sites we toured did not appear to be safe from harm to our DOH employees and clients. We identified the sites and specific issues in Attachment 1 (found at the end of this report). Each of these facilities generally housed only one program.

Furthermore, employees at some facilities arrive early and/or work late, encountering a darkened parking lot. Outdoor lighting at some of the buildings was observed to not be adequate for the safety of employees and clients. We identified the sites and specific issues in Attachment 2.

We recommend Duval CHD management consider consolidating its facilities to fewer, more centrally-located buildings within its designated service regions. The buildings should promote a pleasant, professional working space where DOH's employees and clients feel safe.

We also recommend Duval CHD management work with its lessors to improve outdoor lighting at the above-referenced facilities, providing a safer work environment for its employees and clients.

Finding 3: Information Technology (IT) security-related issues were noted within some Duval CHD facilities.

During our tour of the facilities, we looked at several security-related issues within the IT server rooms and network closets. We identified:

- Some IT network closets were not always locked and/or restricted to authorized personnel;
- Some IT network closets served as storage rooms for other types of supplies including chemicals and biohazards;
- One instance where the IT hub was housed in a network closet with a hot water heater.

We also identified some computer monitors in clinic areas, reception and cashier counters were within client view for readability. This could cause client-privacy data to be seen by unauthorized individuals. We identified the sites and specific issues in Attachment 3.

We recommend Duval CHD management ensure the security of all IT server rooms and network closets. IT server rooms and network closets should be separated from external risks such as those we identified, including sharing a hot water heater closet, and sharing space with general storage that requires unauthorized personnel to enter the space. Additionally, computer monitors, especially those that may display client-privacy data, should be positioned in such a manner that they are not viewable by unauthorized individuals.

❖ ***Incident Reports***

Office of Inspector General Investigations Unit staff reviewed *Incident Reports* at Duval CHD for the period April 1, 2011 through February 28, 2013. It appeared incidents were appropriately reported.

Conclusion: No significant issues noted.

❖ ***Funds received from the CDC***

DOH received a CDC grant of \$250,000 in August 2012 for the Tuberculosis Prevention and Control Program at Duval CHD. This was supplemental funding based on the results of CDC's Epi-Aid investigation in Duval County to address gaps in resources and enable Duval County and Florida to comply with all of the Epi-Aid recommendations. Total budgeted direct costs consisted of \$233,575.

All funds for the grant have been expended. \$141,133.86 was expended for temporary salaries of staff while \$92,433.99 went towards other expenditures such as postage, medical supplies, printing, cell phone service, travel, etc. This amounted to \$233,567.85 of actual total direct expenditures as of April 10, 2013. The remaining portion of funds (\$16,432.15) was attributable to indirect costs.

Analysis of these payments indicates funds were not expended on all the positions originally budgeted in the grant application. The application indicated the following personnel would be hired upon receipt of funds:

Number of Positions	Position Title	Grant Amount Applied For
1	Epidemiologist	\$23,000 x 1 = \$23,000
2	Disease Intervention Specialist	16,800 x 2 = 33,600
1	License Practical Nurse	16,501 x 1 = 16,501
1	Senior Administrative Clerk	12,650 x 1 = 12,650
1	Health Support Technician	12,650 x 1 = 12,650
1	Medical Doctor Clinician	63,500 x 1 = 63,500
7		Total \$161,901

All positions were OPS for a period of 6 months.

However, actual FLAIR grant expenditures indicate personnel expenditures were made to the following positions:

Number of Positions	Position Title	Grant Amount Expended
1	Senior Clerk OPS	\$4,783.57
1	Senior Clerk	5,957.17
1	Registered Nursing Consultant	702.21
1	Health Support Technician OPS	6,236.25
1	Disease Intervention Specialist	12,938.67
1	Disease Intervention Specialist OPS	6,391.67
1	Disease Intervention Specialist OPS	8,661.36
1	Disease Intervention Specialist	5,721.18
1	Disease Intervention Specialist	16,873.44
1	Motor Vehicle Operator	2,521.33
1	Disease Intervention Specialist OPS	8,661.35
1	Registered Nurse	1,682.91
1	Disease Intervention Specialist OPS	8,566.57
1	Research OPS	16,210.68
1	Senior Clerk OPS	6,151.82
1	Disease Intervention Specialist OPS	8,080.23
1	Disease Intervention Specialist OPS	7,357.74
1	Senior Clerk OPS	5,792.42
1	Health Support Technician OPS	7,843.29
19		Total \$141,133.86

Despite the difference in the number and types of positions obtained by the grant funds, analysis of these positions shows they all were affiliated with the Duval Disease Control Unit handling the Tuberculosis initiative.

Title 45 *Code of Federal Regulations* (CFR) Part 92 allows grantees to make budgetary changes within the scope of work and seek prior approval from the grantor if the changes are over ten percent, unless otherwise specified. Health and Human Services' (HHS) *Grants Policy Directive* 3.05 and HHS *Grants Policy Statement* further outline pre-approval requirements for award budget modifications. Recipients are allowed a certain degree of latitude to re-budget within and between budget categories to meet unanticipated needs and to make other types of post-award changes. Finally, the CDC allows grantees flexibility to re-budget up to 25 percent of the total approved budget.

Thus, while there were modifications in the types and number of positions acquired with the grant funds, we found the expenditures of supplemental funding received from the CDC were charged to the correct programmatic areas of the Duval CHD for their continuing Epi-Aid investigation in Duval County and the re-budgeting of expenditures were allowable within CDC policy guidelines.

Conclusion: No issues noted.

❖ **Central Scheduling Call Center**

We were requested to review issues surrounding Duval CHD's Central Scheduling Call Center (Call Center). We found these issues related to low employee morale stemming from over-worked staff required to compensate for insufficient staff and staffing cuts in the Call Center. There were also complaints from clients that their calls were routinely dropped and inappropriate appointments for clients at clinics unrelated to their need. Furthermore, we were made aware of concerns that clients were not notified of appointment changes when physicians' schedules changed.

During the course of our review, we were informed Duval CHD has concluded that the Call Center will be decentralized beginning July 1, 2013. Scheduling of appointments will be moved to each clinic's respective site where clinic staff will be responsible for scheduling clients' appointments with physicians and rescheduling changes.

Duval CHD management explained that current plans include maintaining a scheduling unit that will consist of two (2) operators, two and a half (2.5) "floaters" (operators that will move from clinic to clinic to assist with staff shortages), two (2) translators, and a supervisor. The remaining operators currently working in the Call Center will be reassigned to the individual clinics.

Because of management's decision to modify the operations of client scheduling, we concluded to not focus further attention on the current Call Center operations.

❖ **Lease Agreements**

Finding 4: Duval CHD is split up into many locations and facilities, with many buildings being acquired without the benefit of a needs assessment.

We reviewed DOH Bureau of General Services' *Leasing Evaluation* report (Leasing Report) dated March 29, 2013 that covered current and potential lease agreements at Duval CHD. The Leasing Report addressed the following:

- Listing of currently leased facilities and their locations;
- Staffing at each facility;
- Assessment of each facility;
- Utilization of leased facilities;
- Cost of leases;
- Building use;
- Ownership and estimated costs of remodeling the Phillips Highway property (a former Department of Juvenile Justice facility).

The Leasing Report also explained that instances occurred whereby Duval CHD paid for services (i.e., landscaping, repairs, pest control) in some of its leased facilities traditionally expected to be provided by a landlord.

We did not attempt to duplicate work identified in the Leasing Report. DOH OIG will monitor the outcome of the recommendations mentioned therein.

Furthermore, based upon our review of the Leasing Report and our own visits to all facilities at Duval CHD, we have concluded that there is no systematic process in place that ties building acquisition and location of services to any structured analysis of service needs in Duval County. Too often it appears Duval CHD management acquired facilities and tried to find a use for it after the fact rather than acquiring the proper type of facility in the best location in order to adequately address a known need resulting from a needs analysis for Duval County.

We recommend Duval CHD management conduct a needs assessment for all of Duval County. The needs assessment should consider the different "Health Zones" it has identified within the county. The needs assessment team should include representatives from each program area, as well as management from the administrative and financial offices. The result should be a number of consolidated service sites that address the logistical needs of its clients, the safety of its employees and clients, and represents the Department of Health in its mission, vision, and values, balanced with fiscal responsibility and operational efficiency.

We also recommend Duval CHD management hold all lessors accountable for adhering to the responsibilities laid out in lease agreements.

❖ **Filling of Prescriptions by Duval CHD and Overall Pharmacy Operations**

Finding 5: DOH employees working in the two Duval CHD pharmacies were supervised and evaluated by the contracted Pharmacy Director.

DOH contracts with the Florida Agricultural and Mechanical University's (FAMU) College of Pharmacy and Pharmaceutical Services to manage Duval CHD's two pharmacies. The two pharmacies are the Central Clinic Pharmacy (Pharmacy), 515 W. 6th Street, and the Agape Community Health Center Pharmacy (Agape), 1760 W. Edgewood Avenue. Contract language explains that the contracted Pharmacy Director is to, "[p]rovide supervision over all personnel, including career service personnel, who are assigned to the Department's Pharmacy." We found that the three Senior Pharmacist positions (DOH employees) working in the two Duval CHD pharmacies were supervised and evaluated by the contracted Pharmacy Director.

However, Section 287.074, *Florida Statutes*, prohibits contracted personnel from supervising state employees. "Only a public employee, ...shall, ...take actions, including, but not limited to, ...hiring, promoting, disciplining, demoting, and dismissing a state employee."

We recommend Duval CHD management move the responsibility of supervising and evaluating DOH employees in its pharmacy operations from contracted personnel to DOH personnel.

Finding 6: Prescriptions were not being filled and provided to CHD clients timely, frustrating clients and sometimes placing them in dangerous situations.

During our review, we heard numerous complaints from clients claiming they were unable to easily and timely get their prescriptions filled, particularly at the Pharmacy, 515 W. 6th Street. We also heard from numerous Duval CHD personnel in other offices who provide service to the same clients in the same buildings as the Pharmacy, regarding customers' satisfaction with the Pharmacy. Duval CHD staff working in the 515 W. 6th Street buildings and clients we interviewed voiced concern that it sometimes took four days to a week for the Pharmacy to fill prescriptions.

As an example, we observed and interviewed a Pharmacy customer on the morning of April 3, 2013. The customer was the only customer waiting for a prescription in the waiting area of the Pharmacy that morning. The customer explained this was his first visit to the Pharmacy and that he gave them his prescription at 9:00 AM. He explained he was not advised when to expect that his prescription would be ready. We observed him approach the pick-up window several times. At 10:57 AM he was still waiting. We observed the Pharmacy close for lunch promptly at 12:15 PM. The Pharmacy was scheduled to reopen at 1:15 PM. We encountered the customer again at 12:17 PM. He was still waiting and extremely upset realizing it would now be at least the afternoon before he could get his prescription.

On the other hand, we interviewed a second Pharmacy customer that same day who dropped off his prescription. He explained Pharmacy staff told him the prescription would be available the next day. He was satisfied with the Pharmacy services.

As a means of gauging customer satisfaction, Pharmacy staff explained they randomly hand out *Customer Satisfaction Surveys* the third week of every month. The minutes from one Pharmacy staff meeting noted that 22 patients should be handed *Customer Satisfaction Surveys*. After inquiries to numerous sources, no area of Duval CHD management was able to locate completed *Customer Satisfaction Surveys* specific to the Central Clinic Pharmacy which might record customer comments for our review.

Duval CHD did provide us a report of the compiled *Customer Satisfaction Survey* scores for the Central Clinic Pharmacy for April 2011 through February 2013. While the compiled monthly scores show almost 100% customer satisfaction, the scores do not correlate to the interviews and observations we made of clients, or heard from Duval CHD personnel in other offices in the same clinic location that deal with the same clients, regarding customers' satisfaction with the Pharmacy.

We interviewed the contracted Pharmacy Director who agreed prescriptions were not filled timely. She attributed the cause to extra workload associated with Tuberculosis. She explained she requested Duval CHD for additional staff. However, we found contract language states that the contractor will, "[p]rovide temporary staffing support to DCHD pharmacy facilities when needed to assure provision of pharmacy services [as] required by [Chapter 465, *Florida Statutes*]." Furthermore, the contracted Pharmacy Director is responsible for determining when additional staff are necessary, explaining the contractor is responsible to, "[a]dminister, supervise, and coordinate all professional facets of the DCHD Pharmacy Program.

The contracted Pharmacy Director explained that Duval CHD has recently approved providing additional staff to the Pharmacy.

We recommend Duval CHD management work with the contracted Pharmacy Director to find ways to streamline the prescription-filling process so that clients' prescriptions are filled quickly, improving customer service.

Finding 7: Pharmacy staff meetings were irregular and unattended by Pharmacy Director.

We reviewed documentation of all Pharmacy staff meetings held from June 2010 through March 2013 for the Pharmacy, 515 W. 6th Street. Except for a September 5, 2012 staff meeting, we found no evidence the contracted Pharmacy Director attended the other 17 staff meetings. We also found the meetings did not occur on any type of regularly scheduled basis.

We recommend Pharmacy staff hold regularly scheduled meetings and that the contracted Pharmacy Director be involved in attending these meetings. Having the Pharmacy Director participate in meetings with pharmacy staff promotes open communication.

Finding 8: The pharmacy placed the burden on all of its clients to obtain Face Sheets.

One of the areas we identified as attributable to much frustration voiced by clients and staff at the CHD is dealing with *Face Sheets* which identifies the client's payor source. The Pharmacy places the burden on the CHD's clients of proving financial information. The Pharmacy requires that each client present a *Face Sheet* along with their prescription(s). The *Face Sheet* is generated from the Health Management System (HMS). To obtain the *Face Sheet*, the client must go back to a financial counselor upstairs in an adjacent building to update their financial information. The client must then go to "Window 5" downstairs of the adjacent building to get a print-out. Lastly, the client must return to the Pharmacy with the printed *Face Sheet* before a prescription can be filled.



Notification posted at Prescription Drop-off Window, Central Clinic Pharmacy

As a means of comparison, we inquired at Broward CHD's pharmacy of the process of verifying financial payor source, while being respectful of client's time and with a focus on quality service. For most prescriptions at Broward CHD, pharmacy staff inside the pharmacy verifies client eligibility on-line while the customer waits, and provides the filled prescription to the client in just a few minutes. A hard-copy *Face Sheet* is not required to be previously obtained by pharmacy clients in order to get a prescription filled, except for Epilepsy-related prescriptions.

We recommend Duval CHD management find ways to shorten the process of verifying financial payor source before a prescription can be filled, to include placing fewer burdens on Duval CHD's clients.

Finding 9: Pharmacy staff did not sufficiently coordinate policy changes with clinical staff.

We interviewed several Duval CHD clinical staff working in the 515 W. 6th Street buildings who voiced concern that there were apparent policy and procedural changes in the Pharmacy regarding documentation required by clients and the timeliness of getting prescriptions filled. Clinical staff was affected because they heard clients' reports of frustration with the Pharmacy. There was apparently no communication or coordination by Pharmacy staff with clinical staff of such changes. Clinical staff explained that if they were informed about changes in Pharmacy policies that effect clients, clinical staff could have better advised their clients related to getting their prescriptions timely filled.

We recommend that Pharmacy management improve communication with clinical staff whenever changes are made to internal processes that have an impact on clinical operations. This will allow clinical staff to better assist delivery of services to clients, and thus improve clients' satisfaction.

Finding 10: Volunteers did not have a Position Description and report their donated time.

A pharmacist who is a FAMU employee serves as a volunteer supervising FAMU pharmacy students at the Wesconnett Community Health Center. The pharmacist is not under the FAMU pharmacy contract. His role also includes pharmacotherapy and obtaining/distributing Medication Assistance Program drugs.

Duval CHD's local volunteer coordinator was unable to locate a *Volunteer Position Description* and timesheets for the pharmacist. The volunteer explained he does not complete timesheets as a volunteer.

However, DOHP 365-1-05, *Volunteer Health Services*, explains the, "local volunteer coordinator is responsible for the recruitment, training, documentation, placement, and recognition of volunteers employed in their facility." Further, "[t]he accurate accounting of a volunteer's time donated in a DOH facility is required and must be documented as a permanent record. The local volunteer coordinator shall compile and maintain a personnel file on each volunteer, ...[which] shall contain at a minimum: [a] Volunteer Position Description...The supervisor should forward each volunteer's time sheets(s) to the local volunteer coordinator quarterly."

We recommend Duval CHD Office of Human Resources/Personnel identify all volunteers at Duval CHD. The office should ensure a Volunteer Position Description is developed for each volunteer and that timesheets are timely received and reported.

❖ **Vehicles**

Finding 11: A nearly \$200,000 mobile medical unit has remained parked and unused since purchased in 2011.

We discovered Duval CHD purchased a mobile medical unit for \$197,000 in August 2011. The bus has been parked in the City of Jacksonville's vehicle pool unused since then.



Medical Van sitting unused since purchased in August 2011



Inside View of Medical Bus



Spider webs on steering wheel of Medical Bus, indicating it has been parked for an extended period.

The Federally Qualified Health Center Network (FQHC) purchased the bus with *Capital Improvement Program* grant funds from the American Recovery and Reinvestment Act (ARRA) of 2009. The bus was originally purchased with the intent to provide access to medical care for clients in minority communities. That plan failed to be carried out and the bus remained parked. The Executive Director for the FQHC explained that in 2012 the bus was on loan to the Tuberculosis program for use. However, we found no evidence that the offer was ever received by management in the Tuberculosis program. Therefore, the Tuberculosis program never used the bus.

We recommend Duval CHD management find a viable use for its mobile medical unit. An alternative is to offer the unit to another CHD looking to make use of a mobile medical unit or sell the vehicle and appropriately use the funds.

❖ **Office of Human Resources/Personnel**

Finding 12: Office of Human Resources/Personnel did not have a process to ensure all performance evaluations are completed and that such evaluations are timely.

While testing the adequacy of performance evaluations, we identified five Pharmacy Technicians, an OPS Pharmacy Technician, and an OPS Pharmacist working in Duval CHD's two pharmacies were supervised by Senior Pharmacists who are DOH employees.

The Pharmacy Technicians working in the Central Clinic Pharmacy, 515 W. 6th Street, had not received recent performance evaluations from their supervisor. Two of the employees were last evaluated in August 2010. Another two of the employees hired in August 2010 have yet to be evaluated. DOHP 60-22-11, *Performance Evaluation*, requires that employees “must receive an evaluation of their performance at least annually.” The Pharmacy Technicians working at the Agape Community Health Center Pharmacy received timely evaluations.

As a control over all performance evaluations at Duval CHD, we identified that staff in Duval CHD’s Personnel Office did not have a process to follow-up and ensure performance evaluations were timely received from all supervisors and included in personnel files.

It is necessary for the personnel office to ensure it has received all performance evaluations. DOHP 60-22-11, *Performance Evaluation*, requires that, “The original completed performance evaluation shall be forwarded to the servicing human resource office for inclusion in the employee’s official personnel file and People First must be updated.”

It should be noted DOH’s Bureau of Personnel and Human Resource Management has begun assisting Duval CHD’s Office of Human Resources/Personnel by performing a quality improvement review.

We recommend Duval CHD Office of Human Resources/Personnel implement a control to identify and follow-up to ensure that all performance evaluations are completed timely and forwarded to its office for inclusion in the employee’s official personnel file and People First be updated accordingly.

❖ **Federal Grant-funded Positions**

We are currently reviewing how employees at Duval CHD that fill federal grant-funded positions account for their time.

We will publish any issues we identify pertaining to those agreements in a subsequent report. There are no recommendations at this time.

❖ **Building Security Plans**

Finding 13: An Internal Operating Procedure related to the Workplace Safety and Loss Prevention Program and the Duval CHD COOP plan were not timely revised.

DOHP 250-16-12, *Workplace Safety and Loss Prevention Program Requirements*, following the guidance of Section 284.50, *Florida Statutes*, explains that, “Every..., county health department (CHD)..., must have a Workplace Safety and Loss Prevention Program, a designated safety coordinator, and local internal operating procedures (IOPs).”

In order to meet the requirement for IOPs, Duval CHD management developed building security plans that included a draft version of an update to the Duval CHD policy and procedure (Policy # 03.08.103.03) addressing *Physical Security*. The document addressed physical security, “of and around all Duval County Health Department facilities and field offices to ensure..., [t]he personal safety of department staff, volunteers, students and authorized visitors..., [t]he protection

of the department's physical assets from damage, theft, or destruction..., [t]he protection of confidential data." The original date of the policy was July 30, 2001 and last revised March 5, 2002. Many requirements were found to be out of compliance with the current DOHP 250-16-12. A new attempt to revise it began in December 2011. We also reviewed a Duval CHD policy and procedure (Policy # 03.08.102.03) addressing *Fire/Bomb Threat*, which addressed procedures regarding response to fire and bomb threats. That policy was current, having been approved in March 2012.

Meanwhile, Section 252.365, *Florida Statutes*, establishes disaster-preparedness plans, otherwise referred to as Continuity of Operations (COOP) plans, to ensure the execution of mission essential functions in the event that any State agency or facility is threatened, incapacitated, or required to relocate its personnel or functions.

Duval CHD's Office of Emergency Preparedness explained they are in the process of updating COOP. Staff intends to update COOP at the administrative level. Each site will then have its specifics spelled out in separate documents that will be attachments to the master plan. These plans will then be tested via a table top exercise once the updated COOP plan is completed.

We recommend Duval CHD management ensure all policies and procedures addressing Physical Security and Fire/Bomb Threat are updated to be in compliance with DOHP 250-16-12, Workplace Safety and Loss Prevention Program Requirements.

We also recommend Duval CHD management ensure its COOP plans are timely revised and are kept up-to-date.

❖ **Operations of Tuberculosis Program**

Finding 14: Medium-priority Tuberculosis contact information was not entered into the Health Management System.

The Health Management System (HMS) Tuberculosis (TB) Module is the system designated and required by DOH to be used by all CHDs to input and document client care coordination and case-management related to TB.

At one time, the Duval CHD TB program was using an Access database to track high-priority contacts. This was changed by CHD management in January 2013 and the information contained in the Access database was entered in the HMS TB Module. Our office tested this reconciliation effort between the Access database information and data in the HMS TB Module as of April 16, 2013. We found no exceptions and concur with management that high-priority TB contacts are now within the HMS TB Module. However, as of the time of our review, medium-priority contacts (exposure to smear-negative case in congregate setting) had still not been entered into HMS.

It is important that Duval CHD enter all remaining TB contact information into the HMS TB Module and fully discontinue their reliance on the Access database.

We recommend Duval CHD management ensure that all remaining medium-priority TB contacts are entered into the HMS database so that all TB cases are managed by DOH's officially-designated system.

Finding 15: DOH's policy did not address the issue of DOH employees using personal vehicles to transport DOH clients.

It was determined that in some instances personal vehicles are used to transport TB clients. Veteran staff advised it was more frequent years ago but it does still continue to occur. Staff indicated it was always understood that circumstances may arise requiring them to use their personal vehicle to transport TB clients.

However, while allowed, DOH (and the participating employees) run some risks by engaging in this practice. Follow-up with the Bureau of General Services in Tallahassee confirmed the following:

- Transportation of clients in state vehicles is not covered by the State's General Liability Insurance but under Florida's no-fault law;
- Liability release forms are not available from the Department of Financial Services, Division of Risk Management;
- Claims for clients injured while being transported in an employee's personal vehicle would go against the client's vehicle insurance, or if they have no insurance, a relative's vehicle insurance if the client resides with that relative;
- If the client does not have a vehicle insurance policy and/or is living with a relative that does not have a vehicle insurance policy, the claim would go against the employee's personal insurance carrier and may expose the employee to liability beyond the amount of the employee's insurance coverage;
- If the client were injured while being transported in a state vehicle the Department of Financial Services, Division of Risk Management would handle the case;
- A review of DOHP 250-12-10, *Management and Operation of Vehicles*, does not require an affirmation by DOH employees that they understand the risks and liabilities they assume if they transport DOH clients while using their personal vehicle.

We recommend DOH's Bureau of General Services, in consultation with Office of General Counsel, revise DOHP 250-12-10, Management and Operation of Vehicles, to include provisions on when it is appropriate to use personal vehicles to transport DOH clients, the risks and liabilities they assume and require employee affirmation of their understanding of these risks and liabilities when transporting DOH clients in a personal vehicle.

We also recommend the Bureau of General Services review the feasibility of purchasing supplemental insurance to better protect DOH's employees.

Finding 16: Tuberculosis clients must pass through waiting areas used by other DOH clients with compromised and fragile immune systems to enter and exit the Center for Pulmonary Services.

There are two buildings at 515 W. 6th Street (East and West buildings). The Center for Pulmonary Services (also known as the TB clinic) located in the West building is separate from all other waiting areas at that location and behind a closed door. There is a separate heating and air conditioning system for that suite. However, in order to get to this area of the building, clients have to enter and exit the main entrance of the West building by security and walk past a large central waiting area for the Pharmacy, pediatric dental, refugee health, and Center for Women and Children.

DOH Technical Assistance Guidelines 4, *Tuberculosis Infection Control*, states, "Have infectious or suspected TB clients; if possible, enter the CHD via a separate entrance. Once in the building, place these clients in a separate area apart from other clients, particularly those who are immunocompromised or very young, e.g. infants. Coughing clients should not be kept in open waiting areas with other clients. These clients should be kept outside until they are to be examined or placed in a negative pressure room, if available. The client should also be provided with a surgical mask."

We recommend Duval CHD management consider designating a new entrance for the Center for Pulmonary Services or consider relocation to better conform to DOH Technical Assistance Guidelines and minimize the potential contact with the general client population at the 515 West 6th Street location.

❖ **Facilities**

Finding 17: Duval CHD maintained numerous old storage buildings in various states of disrepair that housed items of very little value.

Numerous old buildings are owned by the City of Jacksonville and provided to Duval CHD at no charge. The buildings appear to have once been single-family and duplex residential houses or physician clinics. Some of these storage facilities housed very little surplus materials. Others housed large quantities of old broken office furniture and outdated medical equipment. Except for two new but unused medical records storage systems and cubicle partitions and a few other items, very little appeared salvageable.

The location of these facilities included:

- East Jacksonville Community Health Annex, 2104 Franklin Street;
- Riverview Storage, 9216 First Street;
- Forest Park Storage, 420 Stockton Street;
- Pickett Storage, 2940 Maude Street;
- Old Marietta Public Health Clinic, 8624 Old Plank Road; and,
- Woodland Acres Storage, 465 Acme Street.

We encountered unsafe buildings with issues of mold, broken windows, plumbing, and roof leaks.



Broken Windows at Pickett Storage
2940 Maude Street



A room in the Old Marietta Public Health Clinic
8624 Old Plank Road

In addition to the minimal use these buildings serve, they also impose additional unnecessary costs and liability to Duval CHD. While most of these storage facilities appeared to have alarm systems, the systems were unarmed during our tour. Furthermore, there is the cost of maintenance, including lawns, utilities, and trash removal at some of the locations.

We recommend Duval CHD management consider consolidating salvageable and useful surplus materials into any one or two locations (as needed) with acceptable controls. Any other surplus materials should be removed and scraped or transferred to the county under the county's surplus policy. All leasing agreements for unused buildings after this consolidation should be terminated or left to expire.

❖ **Tangible Personal Property**

Finding 18: Improvements are needed in the Tangible Personal Property process to ensure property records are accurately maintained.

As part of our review but not listed among the original list of objectives was a review of Duval CHD's handling of tangible personal property. Most assets purchased by Duval CHD become City of Jacksonville/Duval County property once purchased (Duval County has a consolidated city/county government). As a result, most items must be accounted for on the City of Jacksonville's tangible personal property inventory listing.

DOHP 250-11-12, *Management of State Property*, states that in the case of county-owned CHD property, "The CHDs are to follow the policies and procedures of their county board of commissioners."

The Duval CHD assigned responsibility for management of tangible personal property to an employee (Property Specialist) in Finance & Accounting.

One of the Property Specialist's duties is to forward documentation to the City of Jacksonville for any tangible personal property purchased with a value of \$1,000 or greater. These items then get listed on the City's tangible personal property inventory records.

Approximately June 30 of each year, the City of Jacksonville provides Duval CHD with a current listing of tangible personal property and asks that the listing be audited and certified for accuracy. The Property Specialist is responsible for conducting the annual inventory audit for Duval CHD.

The current Property Specialist assumed these responsibilities in 2009 and has made efforts to bring up to date the inventory records provided by the City of Jacksonville since that time.

While efforts to track and manage tangible personal property have improved at Duval CHD, our review noted several areas of concern still remain:

- The Duval CHD does not have local written procedures established that direct employees throughout the CHD on their responsibilities to forward documentation to the Property Specialist regarding any purchased items that should be recorded on tangible personal property inventory records.
- The Duval CHD does not maintain local written procedures for managing and tracking tangible personal property. The only documents that provide guidance to Duval CHD staff regarding tangible personal property are written procedures provided by the City of Jacksonville for meeting their requirements and DOH policy on tangible personal property.
- From time to time, equipment is being moved among the various Duval CHD locations without notifying the Property Specialist. This makes it difficult for the Property Specialist to account for and certify the existence of equipment during the annual inventory certification.
- The Property Specialist is performing other tasks that are currently not listed on his Position Description. Primarily, the Property Specialist is performing pharmaceutical audits in the various Duval CHD pharmacies. This new responsibility is taking up nearly 30% of his time. However, this responsibility is not listed on his current Position Description and is making it difficult to accomplish the other responsibilities that are listed on his Position Description.
- The Property Specialist did not receive adequate training regarding management of tangible personal property. Additionally, the methods by which he was initially instructed to conduct inventory audits was not in compliance with City of Jacksonville policy and procedure.
- The Property Specialist does not perform a regular 100% physical inventory of all Duval CHD property, including IT equipment. Only an annual update of tangible personal property maintained on City of Jacksonville's property records takes place.

We recommend Duval CHD management:

- *Establish a local written procedure that requires purchase, movement or relocation, or surplus of tangible personal property \$1,000 or greater in value, and all IT equipment be reported to the Property Specialist within a set time period from when the action takes place. The policy should also mention how this reporting should take place, including any form number developed to document such activity.*
- *Develop local written procedures to be used by those responsible for tracking and maintaining tangible personal property. These procedures should provide a detailed, step-by-step instruction for how to carry out these responsibilities. This will provide an understanding to the responsible parties on how the process should work and is a great asset for anyone stepping into the position for the first time.*
- *Re-evaluate the need for the Property Specialist to conduct Pharmacy Audits. If it is determined these additional duties are not interfering with his ability to handle the other responsibilities currently listed on his Position Description and there are no other individuals better suited for these responsibilities, then these additional duties should be added to his Position Description.*
- *Implement a regular physical count of all Duval CHD tangible personal property inventory, including IT equipment.*

Management's Response

In a letter dated July 30, 2013, Duval CHD management provided a response to our findings and recommendations. Duval CHD management's response letter is included as Attachment 4 (found at the end of this report).

In a letter dated July 29, 2013, the Bureau of General Services provided a response to Finding No. 15. The Bureau of General Services' response letter is included as Attachment 5 (found at the end of this report).

FAMU was also provided an opportunity to respond to this report. FAMU's response is included as Attachment 6 (found at the end of this report).

Closing Remarks

We want to thank management and staff of Duval CHD for providing their cooperation and assistance to us during the course of this review.

JDB/mhb

cc: Kim E. Barnhill, MS, MPH
Chief of Staff
C. Meade Grigg
Deputy Secretary for Statewide Services
Beth A. Paterniti
Statewide Services Administrator
Kelli T. Wells, M.D.
Director, Duval CHD
John W. Mosley
Chief of Staff, Duval CHD
Deanna R. AmRhein
Interim Administrative Services Director, Duval CHD
Ed McEachron, Director
Division of Administration

Attachment 1

Workplace Safety

<u>Site</u>	<u>Comments</u>
Old Wesconnett Building 5917 105 th Street	HIV/AIDS, STD, and Tuberculosis surveillance teams and client files were housed here. Clients do not come to this site. Some DOH personnel keep their individual office locked inside the locked building, even while the occupant is inside the office. It was not clear whether this was to maintain personal safety or the security of client records.
Old West Jacksonville Annex 2133 Broadway Avenue	This site houses Healthy Start nurses and staff. The building is in constant lock-down. Clients do not regularly come to this site. DOH employees explained to us they did not feel safe here, citing nearby shootings, having their personal cars broken into, and nearby homes vandalized. DOH employees regularly return late evening after dark because of the type of work which includes non-traditional work hours. No security is provided at this location.
Lackawanna 4046 Nolan Street	This site houses school health nurse program administration. School health nurses come by to obtain supplies and check email. These are very small, tight quarters. The building is in constant lockdown due to safety concerns. Only supervisors have total access to the building. There are two locks on the entrance door. The bottom lock remains locked during business hours so nurses can access the building. The supervisor immediately re-locked the door as we stepped in to tour the space.
Pine Forest Community Health Annex 4035 Grant Road	This site houses more Healthy Start staff. Next to an elementary school, the building remains locked at all times. On rare occasion clients may make pre-scheduled visits.
Royal Terrace Dental Center 1830 W 45 th Street	This site houses a small dental clinic in a run-down shopping plaza building. Security patrols the inside and outside of the building all day.

Attachment 2

Inadequate Outdoor Lighting

<u>Site</u>	<u>Comments</u>
900 Building 900 University Boulevard North	Many of the existing overhead lights shining down onto the parking lot are covered by overgrown tree limbs that require trimming. During winter months when daylight hours are short and for employees working late, the diminished lighting poses a security risk.
Old West Jacksonville Annex 2133 Broadway Avenue	While several overhead lights are attached to the outside of the building, there are no lights in the parking area.
Beaches Family Health Clinic 1522 Penman Road	There is one porch light. There is no lighting for the parking lot.
Emerald Tiger 3225 University Boulevard	While there were flood lights on the building, there is no lighting for the parking lot.
South Jacksonville Dental 1722 University Boulevard	We could not identify any external lighting.

Attachment 3

Information Technology Issues

<u>Site</u>	<u>Comments, if any</u>
Network Closets were not locked and/or restricted to authorized personnel	
Lackawanna 4046 Nolan Street	An unlocked network closet with a louvered door.
Old Wesconnett 5917 105 th Street	An unlocked network closet with a louvered door.
South Jacksonville Dental 1722 University Boulevard	IT network closet was kept locked, but was accessible to all staff.
Network Closets doubled as storage rooms	
Pearl Immunization Center 5220 North Pearl Street	The IT hub was housed in a network closet along with a hot water heater.
Old West Jacksonville Annex 2133 Broadway Avenue	IT network closet included general storage.
Lackawanna 4046 Nolan Street	IT network closet included general storage.
Beaches Family Health Clinic 1522 Penman Road	IT network closet also functioned as general supply closet, including biohazards.
South Jacksonville Dental 1722 University Boulevard	IT network closet contained general supplies and locker space for employees and staff.
Some computer monitors within client view for readability	
900 Building 900 University Boulevard North	
Agape Community Health Center 1760 Edgewood Avenue	
West Jacksonville Family Health Center 120 King Street	
Wesconnett Family Health Center 5150 Timuquana Road	

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Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

Date: July 30, 2013
To: Mark H. Boehmer, C.P.A., Senior Management Analyst II
From: Kelli T. Wells, M.D., Director FL Department of Health in Duval
Subject: Preliminary and Tentative Findings – Review of Duval County Health Department

In response to the listed preliminary and tentative finding from IG review please find information and action taken on behalf of FDOH – Duval County:

Finding 1: A refrigerator that stored vaccines was not secured.

Duval Response: Staff have been informed and educated on the proper procedure to protect medications and have developed an internal operating procedure for ensuring the refrigerator is locked during and after business hours. The procedure allows access to medications by staff that participate in patient care.

Finding 2: Some buildings where DOH employees were assigned to work were in poor physical condition and subjected the employees to unacceptable risks.

Duval Response: There are a few properties where staff are housed and services provided that are in high crime neighborhoods. In response to employees concerns regarding workplace safety, and according to DOH policies and procedures, we are working to make our facilities as safe as possible. The locations that are known to be unsafe will be considered priorities by the facilities workgroup and/or safety committee. Staff from one location have recently been relocated due to facility damage, and we will evaluate the feasibility of moving other staff into new space that is scheduled to become available in the 900 building in September 2013.

Finding 3: Information Technology (IT) security-related issues were noted within some Duval CHD facilities.

Duval Response: As of 4/06/13 all IT closets have been secured using cipher locks. The viewable monitors with client privacy data are being addressed by risk management and have privacy filters ordered. Target completion date is 08/31/13.

Finding 4: Duval CHD is split up into many locations and facilities, with many buildings being acquired without the benefit of a needs assessment.

Duval Response: Duval CHD has begun performing a comprehensive needs assessment evaluating National, State and Local strategic plans with services offered and service locations that best meet community needs. A multidisciplinary facilities workgroup has been formed to assess needs and make recommendations to senior management. A number of leases are soon to expire, some without the option of renewal. The workgroup is tasked with making decisions utilizing all pertinent information, avoiding pressured decisions which have negative impact to program operations and revenue.

Florida Department of Health

Duval County - Office of the Director
900 University Boulevard North, 7th Floor (MC-33)
Jacksonville, FL 32211-9203
PHONE: 904/253-1010 • FAX: 904/253-2743

www.FloridasHealth.com

TWITTER:HealthyFLA

FACEBOOK:FLDepartmentofHealth

YOUTUBE: fldoh

Finding 5: DOH employees working in the two Duval CHD pharmacies were supervised and evaluated by the contracted Pharmacy Director

Duval Response: Duval CHD amended the contract beginning 7/1/2013 to correct issues related to supervision and evaluation and all DOH staff are being supervised by a DOH Pharmacy staff person.

Finding 6: Prescriptions were not being filled and provided to CHD clients timely, frustrating clients and sometimes placing them in dangerous situations.

Duval Response: This was corrected with the addition of pharmacy staff. These additions were requested very early into the TB push, but only recently provided. Prescriptions are now filled within the accepted timeframe of 3 days for refills and one day or same day for new medications.

Finding 7: Pharmacy staff meetings were irregular and unattended by Pharmacy Director.

Duval Response: The pharmacy director who was in place at the time of this assessment is no longer a contracted employee. The Interim Director of Pharmacy has a staff meeting scheduled every other week and both she and the lead DOH-Duval pharmacist will attend.

Finding 8: The pharmacy placed the burden on all of its clients to obtain Face Sheets.

Duval Response: Pharmacy processes require interrogation of multiple databases/systems, and confirming eligibility in HMS is burdensome. When the ADAP pharmacy was moved from its previous location (collocated with the HIV clinic) it was asked that a DOH registration person be placed in the pharmacy to provide the required day of service eligibility information, but this was not implemented. The current plan is to incorporate an eligibility staff person into the pharmacy site.

Finding 9: Pharmacy staff did not sufficiently coordinate policy changes with clinical staff.

Duval Response: When I assumed the Director position on 5/15/13, the director of Pharmacy was excluded from clinical meetings and the department staff did not understand what Clinical Pharmacy was or how to effectively utilize the expertise of the Clinical pharmacist whose services we contract with FAMU for. Staff now understands what the program entails, and appreciates the value of our PharmD team members. The Interim Director of Pharmacy participates in weekly TB conference calls, and functions as a consultant to clinical teams in all programs.

Finding 10: Volunteers did not have a position description and report their donated time

Duval Response: Duval CHD Human Resource Office has requested all volunteer supervisors to provide position description for all volunteers. Any new volunteers and volunteer requests by Duval CHD staff are mandated to have a position description. The clinical pharmacist listed in the IG report is a volunteer and has specific duties as specified in an agreement between FAMU College of Pharmacy and Duval CHD.

Finding 11: A nearly \$200,000 mobile medical unit has remained parked and unused since purchased in 2011

Duval Response: Duval CHD has hired a certified driver and drafted the vehicle policy and procedures for operation of the mobile unit. A schedule of sites and services has been scheduled and the marketing material is being distributed to the community.

Finding 12: Office of Human Resources/Personnel did not have a process to ensure all performance evaluations are completed and that such evaluations are timely

Duval Response: Duval CHD monitors performance evaluation completion with People First. The HR office runs reports to determine which performance evaluations have and have not been completed and communicate info to the executive management team.

Finding 13: An Internal Operating Procedure related to the Workplace Safety and Loss Prevention Program and the Duval CHD COOP plan were not timely revised.

Duval Response: Duval CHD has developed a draft policy that is being reviewed by executive management prior to implementation.

Finding 14: Medium-priority tuberculosis contact information was not entered into the Health Management System.

Duval Response: Duval CHD has focused its resources on investigation of TB cluster FL0046 to the high priority 1, high priority 2, and high priority 3 as recommended by CDC and TB program office. We have begun the process of entering those listed in the investigation as Medium priority while implementing the suggested system of care and continuing treatment of those in the high priority groups.

Finding 15: DOH's policy did not address the issue of DOH employees using personal vehicles to transport DOH clients.

Duval Response: Duval CHD has informed employees that operate their personal vehicle for work of the risks involved in transporting clients/patients. The Assistant Director of Administration will follow-up with the Bureau of General Services for revision of DOHP 250-12-10.

Finding 16: Tuberculosis clients must pass through waiting areas used by other DOH clients with compromised and fragile immune systems to enter and exit the Center for Pulmonary Services.

Duval Response: Duval CHD is evaluating the cost of construction on a rear entrance into the Tuberculosis clinic along with other improvements to the HVAC system. In the interim, our referral process is to be amended to stipulate that clients sent from other facilities who are suspect or active cases not yet treated to negative sputum be masked when entering our facilities.

Finding 17: Duval CHD maintained numerous old storage buildings in various states of disrepair that housed very little of value.

Duval Response: There were 6 sites, 2 have been returned to the City of Jacksonville (COJ). The remaining four house surplus equipment, furniture, AGAPE clinic and dental items. Awaiting construction completion in order to move AGAPE and dental equipment. That will allow one additional property to be returned to the COJ. The 3 remaining buildings will be used for storage.

Finding 18: Improvements are needed in the Tangible Personal Property process to ensure property records are accurately maintained.

Duval Response: Duval CHD has assigned staff to inventory all tangible personal property and equipment including IT equipment.

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State Surgeon General & Secretary

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MEMORANDUM

DATE: July 29, 2013

TO: Mark H. Boehmer, C.P.A.
Senior Management Analyst II

THROUGH: J. Martin Stubblefield *J. Martin Stubblefield*
Deputy Secretary for Administration

FROM: Ed McEachron, Director *Ed McEachron*
Division of Administration *for*

SUBJECT: Response to Finding 15 in the Inspector General's Preliminary and Tentative Findings – *Review of Duval County Health Department*

In follow up to your July 16 memorandum, the Bureau of General Services will enact procedures to inform and educate Department of Health (DOH) employees on the potential risks of transporting clients in personal vehicles. DOHP 250-12-10, "Management and Operation of Vehicles", will be updated to include provisions for when it is appropriate to use personal vehicles to transport DOH clients, the risks and liabilities assumed, and employee affirmation of understanding of these risks and liabilities.

The Bureau of General Services has determined that DOH does have the ability to purchase supplemental insurance to cover transportation of clients, but has yet to establish the financial feasibility of such purchase.

Please call me, or call Roger Twitchell, Chief, Bureau of General Services, at 245-4555, if you have any questions.

EM/mg
Enclosure

Florida Agricultural and Mechanical University
College of Pharmacy and Pharmaceutical Sciences

Pharmacy Practice

2050 Art Museum Drive, Suite 200
Jacksonville, Florida 32207

Frank S. Emanuel, Pharm.D. FASHP
Division Director

July 25, 2013

Mark H. Boehmer, C.P.A.
Department of Health
Office of Inspector General
4052 Bald Cypress Way, Bin A-03
Tallahassee, FL 32399-1704

Dear Mr. Boehmer,

This communication comes regarding the preliminary and tentative report from your office that contains findings and recommendations to Duval CHD management relative to pharmacy operations. As the contracted overseer of pharmacy operations for Duval CHD I am compelled to respond.

The mutually agreed upon contract supports the mission of the Department of Health to improve the quality of life and to promote and protect the health of the people of Duval County. (See **Contract #DV452, Attachment I, 2. General Description, d. Major Program Goal**) While we as the providers in this contract view this statement as a collaborative effort, the findings in the report promulgated by your office do not reflect the same relationship. This is indicated by the fact that the findings identified over three months ago are just now being revealed to us via this report dated July 16, 2013. If client safety was and should be a primary concern, then these issues should have been immediately brought to the attention of the pharmacy director for corrective action.

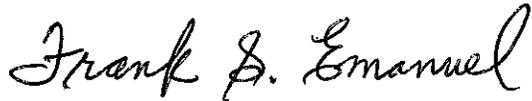
Additionally, other findings in your report, i.e. Prescriptions not being filled and provided to clients timely and, Placing the burden on clients to obtain "FACE SHEETS," have been directly or indirectly related to staffing shortages, due to the recent local Tuberculosis crisis. These issues were consistently reported to the Duval CHD management team and effectively resolved.

Regarding the Volunteer situation; a memorandum of agreement between Duval CHD and Florida A and M University has been in place since February of 2010, the purpose of which is to provide volunteer services in pharmaceutical care for Duval CHD clients and staff. It effectively addresses the concerns alluded to in your report.

As I indicated earlier in this response, we as contractual providers for the Duval CHD are committed to quality pharmaceutical services through a collaborative effort and would hope that it will be reciprocated by all concerned parties.

If there are further issues or questions, please contact me at 904-391-3901 or DrFEmanuel@aol.com or Frank.Emanuel@famuc.edu

Sincerely,

A handwritten signature in cursive script that reads "Frank S. Emanuel".

Frank S. Emanuel, Pharm.D. FASHP
Division Director and Associate Professor