Mission:
To protect, promote & improve the health
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Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

June 28, 2019

Scott A. Rivkees, MD
State Surgeon General
4052 Bald Cypress Way
Tallahassee, Florida   32399

Dear Dr. Rivkees:

Attached is our internal audit report # A-1819-007, *County Health Departments' Onsite Sewage Treatment and Disposal Systems Inspections.* This report provides an independent evaluation of Onsite Sewage Treatment and Disposal System (OSTDS) data in the Environmental Health Database and supporting documentation at the county health department (CHD) level. We also assessed the validity and reliability of performance measures presented in the Department of Health's Long-Range Program Plan related to CHDs' OSTDS inspections.

The audit was conducted by William Bull, Senior Management Analyst II, and supervised by Mark H. Boehmer, CPA, Director of Auditing.

Management agreed with the findings identified in the report. We will provide you a status update in six months detailing the progress management has made toward addressing the proposed corrective actions included in Appendix A of the report.

If you wish to discuss this report, please let me know.

Sincerely,

Michael J. Bennett, CIA, CGAP, CIG
Inspector General

MJB/wtb
Enclosure

cc: Melinda M. Miguel, Chief Inspector General, Executive Office of the Governor
    Lisa Norman, Office of the Auditor General
    Jennifer S. Johnson, MPA, Interim Assistant Deputy Secretary for Health
    Mark H. Boehmer, CPA, Director of Auditing

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FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL

COUNTY HEALTH DEPARTMENTS' ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEMS INSPECTIONS
Report # A-1819-007 • June 28, 2019

Purpose of this project:

We wanted to determine whether Onsite Sewage Treatment and Disposal Systems (OSTDS) data in the *Environmental Health Database* (EHD) is supported by accurate documentation at the county health department (CHD) level.

We also wanted to assess the validity and reliability of performance measures presented in the Department of Health's (Department, DOH) *Long-Range Program Plan* (LRPP) dated October 1, 2018 related to CHDs' OSTDS inspections.

What we examined:

We analyzed data from EHD, as well as relevant data in the *Health Management System* (HMS), from January 1, 2018 through June 30, 2018 and examined selected supporting documentation from CHDs. We also examined supporting data for the number of OSTDS inspections reported in the Department's LRPP.

Summary of results:

EHD OSTDS data we sampled was accurately reported.

Management should address the following identified control weaknesses:
➢ Inspections and re-inspections were miscoded or not coded in HMS.
➢ The Bureau of Environmental Health's (Bureau) performance measure in the Department's LRPP was not valid or reliable.

Additional details follow below. Management's response is in **Appendix A**.

DETAILED RESULTS AND RECOMMENDATIONS

Our audit identified the following opportunities for improving effectiveness and efficiencies in operations:

1. *Inspections and re-inspections were miscoded or not coded in HMS.*

➢ OSTDS inspectors are currently required to input inspections-related data into two separate systems.

➢ DOHM 150-4, *Environmental Health Program Manual* (EH Manual), requires CHD OSTDS staff to use EHD to track and record OSTDS permitting and inspections activities.

➢ The EH Manual also requires CHD OSTDS staff to use DHP 50-21, *Environmental Health Coding Pamphlet* (Coding Pamphlet), to accurately record OSTDS direct services, direct service time and support service time in the *Health Management Component* (HMC) module of HMS. The data can then later be used to analyze and support the planning, budgeting, management, administration, and delivery of public health services. Together with fiscal and county contract information, HMC data in HMS is used to allocate costs to program areas.

➢ We examined supporting documentation from 40 CHDs, for a sample of 349 dates of inspections and re-inspections in HMS, that were reported to be completed in less than half the average amount of time to complete an inspection or a re-inspection. The average amount was 67.5 minutes to complete an inspection, and 37.5 minutes for a re-inspection.

➢ We verified with CHD OSTDS staff, using supporting documentation, that there were 144 instances (41%) where the data was inaccurate because of miscoding into HMS (Please see **Exhibit 1** for examples). Data for the other 205 inspections and re-inspections agreed with supporting documentation.

➢ DOH-Baker codes its inspections and re-inspections in HMS under DOH-Nassau, using a sub-code for DOH-Baker, so its data is reported under DOH-Nassau.

➢ DOH-Bradford and DOH-Union code inspections and re-inspections data in EHD, but not HMS. There was a *Daily Activity Report* entry function in the data solution that preceded EHD (known as Centrax), that was used to capture time and services data which was actively shared with HMS. Data in EHD is not shared with HMS. These CHDs were reporting $0.00 for OSTDS in HMS, which causes otherwise OSTDS-associated program costs to be rolled into other areas of the CHD.

➢ CHD OSTDS inspections data does not accurately reflect the actual work conducted, misstating data reported to county, state and federal organizations that may impact future funding allocations and budget requests, when inspectors miscode, or do not record any OSTDS inspections data in HMS.

We recommend the Bureau, in conjunction with the Office of County Health Systems, provide CHD Environmental Health inspectors with periodic, continuous training related to coding OSTDS inspections in HMS.

We also recommend the Bureau ensure CHD Environmental Health directors (or a delegate) regularly review and approve inspections and re-inspections data coded into HMS and provide instruction to inspectors with errors.

We recommend as the Bureau migrates to a new solution to replace EHD, currently in process, the Bureau include a function to capture time and services data that links to HMS. This will eliminate the need for CHD staff to code data into two separate systems, adding efficiencies in time.

2. *The Bureau's performance measure in the Department's Long-Range Program Plan was not valid or reliable.*

➢ The Department's LRPP historically has included a performance measure on the number of onsite sewage disposal systems inspected during a given fiscal year.

➢ Typically, a performance measure's validity is based on performance of factors that are directly under control of the entity. The performance measure is not valid, as the number of inspections relies on the number of the Department's customers requesting an OSTDS permit, to be compliant with State law and rule. Therefore, validity here is tied to factors not under the control of the Department.

➢ The actual number of onsite sewage disposal systems inspected for fiscal year 2017-18 was 181,918, as reported in the LRPP.

➢ The number of inspections according to EHD data for the same fiscal year was 116,030. Bureau management explained the data for the LRPP did not come from EHD.

➤ The number of inspections according HMS for the same fiscal year was 209,238. Statewide Services Administration staff were unable to identify how the numbers in the LRPP were generated, citing possible timing differences when reports were run.

➤ The performance measure is not reliable, as reliability by definition, is the extent to which the measuring procedure yields the same results on repeated trials and data are complete and sufficiently effort free for the intended use.

➤ While this measure has historically been submitted without any critical review by the Legislature or the Office of the Governor, it does not logically measure the performance of the Department in a meaningful way.

We recommend the Bureau identify a valid performance measure, replacing the current performance measure with one that is valid, and ensuring reliable data is reported for the new performance measure.

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.

William Bull, Senior Management Analyst II, conducted the audit under the supervision of Mark H. Boehmer, CPA, Director of Auditing.

Our methodology included a review of Florida law, DOH policies and procedures, analyzing data from EHD and HMS, and examining related supporting documentation.

We interviewed management and staff from the Bureau, County Health Systems Statewide Services Administration, and CHDs.

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(6)(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).

We want to thank management and staff of the Bureau of Environmental Health, the Bureau of Clinic Management and Informatics, Statewide Services Administration staff, as well as CHD OSTDS staff, for the information and documentation provided, and for their cooperation throughout the project.

Copies of all final reports are available on our website at **www.floridahealth.gov** (**search: internal audit**). If you have questions or comments, please contact us by the following means:

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EXHIBIT 1

Examples of Miscodes in HMS

Date of Service 2018	Program Component Code 61 - *OSTDS*	Service Code (Type of Service) 1500 - *Inspection*	Service Count (Number of services billed)	Service Time (Minutes billed for the service)	Comment
June 28	61	1500	0	105	Coded Service Count as "0", rather than the amount of time spent.
March 16	61	1500	31	45	Coded Service Count with Location Code 31 – *County Health Department*, rather than Service Count of 3.
January 30	61	1500	0	30	Coded Service Code as 1500 – *Inspection*, rather than 0000 - *Direct Service Time*.
March 5	61	1500	4	90	Coded Service Code as 1500 – *Inspection*, rather than 1501 – *Operating Permit Inspection*. Coded Service Count as 4, rather than 3.
May 18	61	1500	7	45	Coded Service Count as 7, rather than 1.
February 22	61	1500	4	75	Coded Service Count as 4, rather than 5.
March 12	61	1500	0	90	Coded Service Code as 1500 – *Inspection*, rather than 9999 - *Incomplete Service*.
January 30	61	1500	0	360	Coded Service Code as 1500 – *Inspection*, rather than 9080 - *Professional Support*.
January 4	61	1500	19	30	Coded Service Count as 19, rather than 1.
March 8	61	1500	98	55	Coded Service Count as 98, rather than 3.
April 2	61	1500	50	60	Coded Service Code as 1500 – *Inspection*, rather than 9090 – *Supervisory Support*. Inspector coded Service Count as 50, rather than 0.
February 1	61	1500	6	75	Coded Service Code as 1500 – *Inspection*, rather than 9080 - *Professional Support*.
May 16	61	1500	1	0	Coded Service Time as 0, rather than 15.

APPENDIX A: MANAGEMENT RESPONSE

	Recommendation	Management Response
1.1	*We recommend the Bureau of Environmental Health (Bureau), in conjunction with the Office of County Health Systems, provide County Health Department (CHD) Environmental Health (EH) inspectors with periodic, continuous training related to coding Onsite Sewage Treatment and Disposal Systems (OSTDS) inspections in Health Management System (HMS).*	We concur. A training will be made available on the training real-time affiliate integrated network (TRAIN) by the Bureau. Messaging will be sent out about availability of this training by the Bureau and Office of County Health Systems. Managers can track who has taken the training through TRAIN. *Contact:* Kara Loewe *Anticipated Completion Date:* July 1, 2019
1.2	*We recommend the Bureau ensure CHD Environmental Health directors (or a delegate) regularly review and approve inspections and re-inspections data coded into HMS and provide instruction to inspectors with errors.*	We concur. The Bureau will work with HMS personnel and the Office of County Health Systems to explore what reports they can provide to the CHD Health Officer on the tracking of inspections, so they can compare coding data in HMS. The CHD Health Officer can work with their Environmental Health (EH) Director to determine corrective actions. Messaging from our response in 1.1 above can be reiterated by the Health Officer on the availability of the TRAIN training on coding. *Contact:* County Health Systems *Anticipated Completion Date:* July 1, 2020
1.3	*We recommend as the Bureau migrates to a new solution to replace EHD, currently in process, the Bureau include a function to capture time and services data that links to HMS. This will eliminate the need for CHD staff to code data into two separate systems, adding efficiencies in time.*	We concur. Through the Office of County Health Systems, the Bureau will work to get the Office of County Health Systems' messaging about the availability of training for coding on EH services for the CHD Health Officers who in turn will work with their EH Directors to ensure that messaging is received. Messaging that HMS should be the sole time-keeping mechanism and should be checked for accuracy will also be provided. As the information in EHD will only capture a portion of what an EH staff person will do during their day, the Bureau recommends utilizing the HMS system solely for their daily activity reporting. EHD will continue to be used for gathering data relevant to inspections, but is not inclusive of all the activities performed in the service area, nor does EHD capture administrative activities outside of the service area. We recommend HMS be the sole time-keeping application. Contact: County Health Systems Anticipated Completion Date: July 1, 2020

	Recommendation	Management Response
2	*We recommend the Bureau identify a valid performance measure, replacing the current performance measure with one that is valid, and ensuring reliable data is reported for the new performance measure.*	We concur. We recommend removing the Long-Range plan measure to be replaced with the Division's Strategic Plan Objective 5.1.2A Septic Tank Failures which speaks to the reliability of the septic tank inspections on preventing premature septic tank failure rates. Contact: Robin Eychaner Anticipated Completion Date: October 1, 2019