AUDIT OF MEDICAL SERVICES
IN
SELECTED RESIDENTIAL FACILITIES
REPORT NUMBER A-1213DJJ-005
JANUARY 29, 2013

BY
THE OFFICE OF THE INSPECTOR GENERAL
BUREAU OF INTERNAL AUDIT

Robert A. Munson
Inspector General

Michael Yu, CIA, CIG
Director of Auditing

Roosevelt Brooks, CPA, CIA
Auditor-In-Charge

Wansley Walters, Secretary

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STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

INTEROFFICE MEMORANDUM

DATE: January 29, 2013

TO: Wansley Walters, Secretary

FROM: Robert A. Munson, Inspector General

SUBJECT: Final Report - #A-1213DJJ-005, *Audit of Medical Services In Selected Residential Facilities*

I have enclosed a copy of our final audit report, Audit of Medical Services In Selected Residential Facilities, prepared by the Bureau of Internal Audit. We will conduct a follow-up review to determine the status of corrective actions taken to address the reported findings.

We would like to thank the Offices of Residential and Health Services and Residential Facilities Providers for the assistance extended to our staff in the audit process. Please feel free to contact Michael Yu, Auditor Director, at 921-5698 if you have any questions.

RM/rb

Attachment

Cc: Christy Daly, Deputy Secretary
Alex Kelly, Chief of Staff
Laura Moneyham, Assistant Secretary of Residential Services
Melinda M. Miguel, Chief Inspector General, Executive Office of the Governor
David W. Martin, CPA, Auditor General
Kathy DuBose, Director, Legislative Auditing Committee

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Office of Inspector General
Bureau of Internal Audit
Audit No. *A-1213DJJ-005*
Audit of Medical Services In Selected Residential Facilities

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EXECUTIVE SUMMARY

The Department of Juvenile Justice (Department), Office of the Inspector General (OIG), Bureau of Internal Audit (BIA) has performed an audit of medical services in selected residential facilities. The following six residential facilities were selected for the audit based on restrictive levels and geographic locations:

Joann Bridges Academy-Greenville
Volusia Halfway House-Daytona
Gulf Academy-Clearwater
Britt Halfway House-St. Petersburg
Okeechobee Juvenile Offender Corrections Center-Okeechobee
Okeechobee Girls Academy-Okeechobee

Except for the Britt Halfway House, a state run residential facility, health care services were provided to youth through private contract providers. The Authority and Evaluation and Treatment (AET), a document when signed by the parent or guardian, gives the Department the authority to assume responsibility for the provision of necessary and appropriate health care services to youth in the Department's custody. However, no AET is required when a youth is 18 years of age or older and not incapacitated, or otherwise as provided in Section 743.01 and 743.015, F.S., removal of disabilities of married minors.

The audit objectives were to determine whether: (1) Health care services are provided to the youths as required by laws, rules, and contracts; (2) Sufficient oversight of medical services is in place; and, (3) Medical emergencies are responded to properly. The scope of the audit included healthcare services provided from July 1, 2011, through June 30, 2012, and related activities through the end of fieldwork.

This audit focused on health services delivered to youth in residential programs. The level of programming and security at facilities visited were from moderate risk to maximum risk. In general, facilities complied with requisite laws, rules, statutes and the Department's Health Services Manual (Manual). There were deficiencies noted at facilities visited; however, four facilities addressed their deficiencies while the auditor was on-site. The other two facilities provided the BIA with their corrective action plan. It appears none of the deficiencies materially impacted the safety and health of youth.

Our review also disclosed that the Manual needs to be updated to comply with Rule 63E-7, Operation of Residential Programs, pertaining to the AET. The Manual states that a youth must sign an AET consenting or withdrawing consent for him or herself after turning 18 years of age. However, the rule states that an AET is not required to be signed by the youth. The Office of Health Services (OHS) is currently addressing this issue through promulgation of new rules and an update to the Manual. OHS plans to revise the Manual as a user-friendly document to be used as a reference guide.

Audit of Medical Services In Selected Residential Facilities
Audit # A-1213DJJ-005
December 21, 2012

INTRODUCTION

The Office of Inspector General (OIG), Bureau of Internal Audit (BIA), performed an audit of medical services in selected residential facilities for the period July 1, 2011 through June 30, 2012, and related activities though the end of fieldwork. The audit was initiated based on the 2012-2013 audit plan and conducted in accordance with Standards for the Professional Practice of Internal Auditing, published by the Institute of Internal Auditors.

Background

Section 985.01(1)(b), Florida Statutes, requires the Department of Juvenile Justice (Department) to provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; and to promote the health and well-being of all children under the Department's care.

Residential facilities are for youth who are required by a judge to stay in the care of the Department for an extended period of time. In Florida, only a judge can place a youth into a Department program. Approximately 95 percent of all residential commitment programs are operated by providers under contract with the Department.

State operated facilities and private providers are required to render comprehensive on-site medical services designed to provide accountability and rapid response to ensure that the specialized health needs of youth are met in accordance with the Department's Health Services Manual. The medical services, at minimum, shall include primary and preventative care, sick call and episodic care, and management of acute and chronic medical issues and follow up.

Currently, the Department has operating capacity for approximately 3,300 residential commitment beds. The Department provides a range of residential facilities and programs to address the rehabilitated needs of youth committed to the custody of the Department such as the following:

- wilderness camps;
- halfway houses;
- youth development centers;
- sex-offender and substance abuse programs;

- vocation education;
- behavior modification programs; and,
- maximum-security and behavioral correctional facilities.

Objectives, Scope, and Methodology

The audit objectives were to determine whether:

- health care services are provided to the youths as required by laws, rules, and contracts;
- sufficient oversight of medical services is in place; and,
- medical emergencies are responded to properly.

The audit scope encompassed the health care services provided to youth in residential facilities from July 1, 2011, through June 30, 2012, and related activities through the end of fieldwork.

To achieve the audit objectives, we:

- reviewed applicable laws, rules, statutes, Health Services Manual, contracts of selected residential facilities and other pertinent documents related to the audit;
- selected six residential facilities for review based on restrictive levels and geographic locations;
- communicated with appropriate staff such as program monitors and central office staff before commencing of field work;
- reviewed selected youth files to assess whether services are provided in accordance with laws, rules, and Department policies and procedures;
- reviewed facility operation procedures;
- reviewed quality improvement reports;
- interviewed medical staff at the six facilities;
- interviewed youth at the six facilities,
- reviewed individual health care records; and,
- conducted facility walkthroughs at all facilities visited by the auditor.

At each facility visited, we reviewed organizational charts, staff training records, personnel files and youth individual health care records. We examined services required by the Department's Health Services Manual, facility operating procedures, rules and regulations such as sick call, youth education, health related histories and comprehensive physical assessments. Upon completion of each individual health care record review, we discussed services that appeared to be absent, lacked documentation or medical services not performed in a timely manner with facility staff.

RESULTS OF AUDIT

The audit focused on health care services delivered to youth at the following selected facilities:

Joann Bridges Academy-Greenville
Volusia Halfway House-Daytona
Gulf Academy-Clearwater
Britt Halfway House-St. Petersburg
Okeechobee Juvenile Offender Corrections Center-Okeechobee
Okeechobee Girls Academy-Okeechobee

Our audit reveal that, overall, the above facilities had requisite internal controls in place to ensure that youth were provided the proper medical care in accordance with laws, rules and the Department's Health Services Manual; certain level of medical services oversight was in place to ensure the quality of the services; medical emergencies were responded to properly.

However, we noted that the following health care components or services did not comply with rules, policies and procedures or lacked adequate documentation:

1. Designated Health Authority

In accordance with the Department's Health Services Manual, the Designated Health Authority (DHA) shall be a state employed or contracted physician with the appropriate training and knowledge to be accountable for ensuring the delivery of administrative, managerial, and medical oversight of the facility health care system.

In general, the DHA must visit the facility at least once per week when youth are present. This includes vacation or scheduled absences, when coverage must be arranged by the DHA. Contracts with providers generally specify the time frame and number of days the DHA must be on-site carrying out his or her duties and responsibilities. The contract generally states the following: The DHA shall be on-site a specific number of hours per week or more as the clinical needs of the population may dictate.

Three of six residential facilities we visited did not comply with minimum time frames pertaining to on-site visits as outlined in provider contracts with the Department. Based on our review of youth files, there was evidence that DHAs visited these facilities. However, the DHAs, either did not spend the required hours on-site based on Sign-In-Logs, or lacked documentation to support the time they spent on-site. It appears the facilities did not have proper controls in place to ensure that DHAs complied with Department contract guidelines.

DHA's on-site time is critical to providing oversight of medical care to all youth in residential facilities. Therefore, we recommend that the Office of Residential Services monitor on-site time frames of DHAs to ensure compliance with conditions and stipulations outlined in provider contracts with the Department.

2. Emergency Medical Drills

In accordance with the Department's Health Services Manual, all health care and non-health care staff in residential facilities must act quickly and effectively when faced with youth and/or staff medical emergencies. Emergency medical drills help to ensure a proper response. Thus management at each facility, the DHA or Physician Designee must ensure that emergency medical drills are conducted for each shift, at minimum, on a quarterly basis.

Each residential facility shall establish documentation procedures for actual emergency medical events and/or simulated emergency medical drills. This documentation shall include all of the following:

- type of emergency medical event/type of simulated scenario (e.g., seizures, unconscious youth, etc.);
- time the event or drill commenced;
- actual time "911" called;
- name of supervisor/health care provider in "charge";
- health care provider response time;
- direct care staff response time;
- type of medical care rendered at the actual event or drill;
- name of person concluding actual event or drill;
- time event or drill concluded; and,
- actual event or drill deficient practices and plan for rectification.

These drills should be documented and critiqued in detail in order to identify areas in which additional training is needed. Documentation of the critiques and the follow up corrective action/education, if any, shall be maintained at the facility.

There were deficiencies noted pertaining to emergency medical drills at two of the six residential facilities visited by the BIA. Medical drills were not conducted for each shift, at a minimum, on a quarterly basis. Also, emergency medical drills documents reviewed were incomplete or confusing at these facilities.

For example, several medical drill documents did not have start time and end time or what shift the drill took place at these two facilities. In addition, we noted documents that indicated participants were confused but no indication of follow up or explanation why participants were confused relating to specific drills.

It appears that the lack of sufficient management review of emergency drills may have contributed to the deficiencies outlined above pertaining to emergency medical drills. Not properly preparing for emergency events could materially impact a facility ability to respond to actual emergencies.

We recommend that the Office of Residential Services ensure that residential facilities conduct emergency drills in accordance with the Department's Health Services Manual.

3. Sick Call Process

Sick Calls Conducted by Licensed Practical Nurses

Sick call is a critical component of health care services provided to all youth at residential facilities under the Department's jurisdiction. Each residential facility must have procedures that ensure access to regularly scheduled sick calls to address all health-related complaints of a non-emergency nature.

If a licensed practical nurse (LPN) conducts a sick call, it must be reviewed daily, either by phone or in person, with a physician, (MD), registered nurse (RN), advanced registered nurse practitioner (ARNP), osteopathic physician (DO), or physician assistant (PA). Daily is considered to be 24 hours from the last sick call encounter.

At two residential facilities, we noted four sick calls conducted by LPNs that were lacking documentation to indicate that the sick calls were reviewed by a RN or MD within 24 hours. In both cases, it appears there were technology issues such as lost e-mails or faxes not being responded to in a timely manner. The lack of a timely review of sick calls appears not to have impacted the services provided to youth in question. In addition, the facilities have enhanced their internal controls pertaining to sick calls conducted by LPNs.

Sick Call Index

The Health Services Manual requires that each sick call addressed by medical staff be transferred to the Sick Call Index Form. The Sick Call Index Form provides medical staff with a history of a youth's sick call complaints. The form is designed to identify the occurrence of repeated unresolved sick call complaints. A youth identified on the Sick Call Index Form as having the same complaint and seen by a nurse three times within a two week period must be referred to the physician, nurse practitioner or physician assistant.

Our audit indicated that sick call complaints for one youth at one of the six residential facilities visited were not transferred to the Sick Call Index. Based on our review of other records at this facility, this oversight appears to have been caused by records not being

updated in a timely manner. We do not believe medical services to this youth were impacted by this oversight.

We recognize that transferring sick calls to the sick call index is a manual process and is very tedious. In addition, the process consumes valuable time that could be better spent addressing the needs of youth at residential facilities. However, not performing this task increases the risk of a youth reporting sick calls multiple times for the same complaint without referral to the ARNP, PA or Physician.

We recommend the Department explore the feasibility of changing this process from a manual to an electronic process.

Parental Notification

Pursuant to the Department's Health Services Manual, parental notification of care above and beyond the AET must be sent to a parent whenever (not inclusive of all conditions) a youth has the following:

- over-the-counter medications not covered by the AET;
- vaccinations/immunizations not consented for on the AET;
- significant changes to existing medication;
- the discontinuation of medication prescribed prior to youth entering a residential facility; and,
- changes in condition/medication for youth with chronic conditions.

At one facility, we noted that several consent and notification forms sent to parents were not signed by medical staff. This issue was immediately addressed by the facility. At another facility, the youth was 18 years old; however, there was not documentation indicating that the youth gave consent for the facility to send notifications pertaining to his immunizations/vaccinations. The above incidents appear to be isolated and not to have impacted health care services provided to youth.

4. Medical Staff's Vacation and Absences

Contract with providers states that: "There shall be uninterrupted coverage of physician services. In the event of physician absence, the Provider will ensure uninterrupted equal or higher contracted physician coverage. There shall be uninterrupted coverage of nursing services. In the event of scheduled and unscheduled nurse absences, the Provider will ensure uninterrupted equal or higher contracted nurse coverage."

During our visit to one facility, we did not see documentation such as a letter of agreement with another health service provider to ensure the uninterrupted medical staff coverage. The facility nurse stated she rarely misses a date and the DHA makes up any time he may miss within a week.

Subsequent to our review, the facility provided the BIA with information addressing this issue. It appears this may have been an oversight by the facility; management stated it thought the facility had some controls in place to address vacation and absences. Based on interviews with youth and the review of documentation at this facility, it appears youth care was not impacted in this facility.

We recommend that Office of Residential Services monitor the compliance of the guidelines related to medical staff's vacation and absences contained in contracts with the Department.

5. Nursing Protocols

Pursuant to the Department's Health Services Manual, "The facility Designated Health Authority shall review and approve Treatment Protocols for the on-site licensed nursing staff to utilize when administering care in response to commonly encountered complaints. These protocols must be within the scope of practice and level of expertise and training of the nurse(s) conducting Sick Call. When Licensed Practical Nurses are utilized for a clinical assessment during the sick call process, specified and limited nursing protocols shall be established and approved by the facility's Designated Health Authority."

The Department's Health Services Manual requires, at a minimum, an annual review of all procedures and protocols is required. It is demonstrated by the signature and date of the DHA, facility superintendent and other representatives from relevant disciplines. Individuals from these disciplines may sign and date a cover page that lists all of the facility operating procedures (FOPs), signifying that they have read the FOPs and any new health-related DJJ policies.

During our visit to one facility, we noted that the DHA's approving date pertaining to nursing protocols was March 16, 2010, which does not comply with the above criteria pertaining to an annual review of all policies and procedures. Subsequent to our review, the facility indicated that it had updated its nursing protocols. This oversight appears not to have impacted youth health care services.

We recommend that the Office of Residential Services ensure medical treatment protocols are reviewed and approved in a timely manner at residential facilities.

6. Records Maintenance

Each residential facility program shall maintain an Individual Health Care Record for each youth identified as meeting the criteria for the establishment of an Individual Health Care Record. The DHA shall approve the method of recording entries in the health record and the format of the health record.

The Individual Health Care Record is the youth-specific unified, organized collection of health records (i.e. histories, assessments, treatments, diagnostic tests, reports of consultations, etc.), which relate to a youth's medical, mental/behavioral, and dental health. It is imperative that a comprehensive, organized and accurate Individual Health Care Record is developed and maintained for each youth and that these records are stored and secured appropriately.

At one residential facility visited by the BIA, several health care records for youth were not maintained in accordance with the Department's Health Services Manual. In general, the files were not intact and organized in a manner that complies with standards outlined in the Department's Health Services Manual. It should be noted that there were youth files that met the criteria as outlined in the Department's Health Services Manual.

In addition, at this residential facility, we noted that a Custody of Individual Health Care Record, a required form, was missing from two youth files. Any movement of youth health care records between institutions should be recorded on this form.

Not addressing paper work in a timely manner may have contributed to youth medical files not being intact and not meeting standards outlined in the Department's Health Services Manual and Custody of Individual Health Care Records being missing from youth health care files. Based on audit field work and interviews with youth, it appears medical services were not materially impacted.

The main purpose of Individual Health Care Record is to document the health care provided to a specific youth; this record facilitates effective communication among various providers who treat a youth while he or she resides in residential facilities.

We recommend that the Office of Residential Services ensure Individual Health Care Records at residential facilities comply with the Department's Health Services Manual.

7. Scope of the Authority and Evaluation Treatment

The Authority and Evaluation and Treatment document is the Department's general consent form authorizing specific treatment for youth in residential facilities.

Our review disclosed that The Department's Health Services Manual needs to be updated to comply with Rule 63E-7, Operation of Residential Programs, pertaining to the AET. The Department's Health Services Manual states that a youth must sign an AET consenting or withdrawing consent for him or herself after turning 18 years of age. However, the rule states that that no AET or court order is required since the youth is responsible for authorizing his or her own health care.

Currently, this issue is being addressed by the Department. The Office of Health Services provided the following statement: *Due to Administrative Rule development of rule 63M-2, the Health Services Manual language has not been revised to reflect all of the changes in policy since the last update, which was April 2010. One of these changes includes deleting the requirement of an Authority for Evaluation and Treatment (AET) for youth 18 and over. General Counsel advised OHS that youth 18 and older are considered adults by law and provide consent at the point of care for all medical treatment, and that having an AET signed by an 18 year old does not provide an overall consent. Once the new Chief Medical Director begins with the department and rule 63M-2 has been promulgated, rule 63M-2 will become the department's requirements for health and medical services. However, to assist our DJJ staff and providers with the department's requirements in a user-friendly and readable format, our plan is to revise the Health Services Manual to be a reference guide.*

We recommend that the Department continue in its goal of updating its rules, policies, and procedures.

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APPENDIX:

MANAGEMENT RESPONSE

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Rick Scott, Governor **Wansley Walters, Secretary**

Memorandum

DATE: January 29, 2013

TO: Michael Yu, CIA, CIG
Director of Internal Audit
Office of the Inspector General

From: Meg Bates, Policy and Program Coordinator
Office of Residential Services

CC: Laura Moneyham, Assistant Secretary
Office of Residential Services

RE: Response to August of Medical Services in Selected Residential Facilities
Audit No. A-1213DJJ-005

We have reviewed the above-referenced audit and the recommendations that relate to the Office of Residential Services. It was noted that in several instances, the issues identified were resolved by the program during or immediately following the visit by the auditors.

The responses to the recommendations are noted below:

1. Designated Health Authority – Recommendation that the Office of Residential Services monitor on-site time frames of the DHAs to ensure compliance with the conditions and stipulations outlined in provider contracts with the Department.

   The Office of Residential Services concurs with the recommendation. The Regional Offices will be made aware of this recommendation and instructed to ensure that program monitors address this issue as a part of their monitoring efforts.

2. Emergency Medical Drills – Recommendation that the Office of Residential Services ensures that residential facilities conduct emergency drills in accordance with the Department's Health Services Manual

   The Office of Residential Services concurs with the recommendation. The Regional Offices will be made aware of this recommendation and instructed to ensure that program monitors address this issue as a part of their monitoring efforts.

3. Sick Call Process - Recommendation that the Department explore the feasibility of changing this process from a manual to an electronic process.

   The Office of Residential Services concurs with the recommendation. The Office will be available to work with other entities in the Department to address changing to an electronic process. It is suggested that the actual implementation of this recommendation may best rest in a joint effort between the Office of Health Services and the MIS Office.

4. Medical Staff's Vacation and Absences - Recommendation that the Office of Residential Services monitor the compliance of the guidelines related to medical staff's vacation and absences contained in the contracts with the Department.

   The Office of Residential Services concurs with the recommendation. The Regional Offices will be made aware of this recommendation and instructed to ensure that program monitors address this issue as a part of their monitoring efforts.

5. Nursing Protocols – Recommendation that the office of Residential Services ensure medical treatment protocols are timely reviewed and approved at residential facilities.

   The Office of Residential Services concurs with the recommendation. The Regional Offices will be made aware of this recommendation and instructed to ensure that program monitors address this issue as a part of their monitoring efforts.

6. Records Maintenance - Recommendation that the Office of Residential Services ensure Individual Health Care Records at residential facilities comply with the Department's Health Services Manual.

   The Office of Residential Services concurs with the recommendation. The Regional Offices will be made aware of this recommendation and instructed to ensure that program monitors address this issue as a part of their monitoring efforts.

Thank you for the opportunity to provide a response to this audit. If you have any questions about our responses please do not hesitate to contact me.

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

INTEROFFICE MEMORANDUM

DATE: 1/23/13

TO: **Michael Yu, Director of Internal Audit**
Office of the Inspector General

FROM: Rosemary Haynes, RN, CCN/M
Nursing Services Director – Detention Services
Office of Health Services

SUBJECT: Response to the Audit of Medical Services in Selected Residential Facilities

The Office of Health Services concurs with the OIG recommendations. Additional comments below:

6. Records Maintenance: As stated in the report, the main purpose of the Individual Health Care Record is to document the health care provided to a specific youth. To that end, the record provides evidence of effective continuity of care to determine whether essential medical and dental services have been provided. Due to the importance of this function, the Office of Health Services recommends Technical Assistance for the program identified as not having the Individual Health Care Record organized and readily available upon request during the audit.

7. Scope of the Authority for Evaluation and Treatment: To address the recommendation that the department continue with the goal of updating rules, policy and procedures, the Office of Health Services has submitted the draft Administrative Rule to General Counsel for scheduling an upcoming rule workshop for 63M-2.

The Office of Health Services is always available to provide Technical Assistance upon request for the medical services conducted in Residential Programs. Thank you for the opportunity to respond to this audit.