



MULTNOMAH COUNTY Auditor's Office

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503-988-3320

Audit

Follow-Up

Report

**March
2007**

LaVonne Griffin-Valade, Multnomah County Auditor

Craig Hunt, Principal Auditor

Corrections Health

Background

The Auditor's Office issued the report "Corrections Health: Improve management practices for cost-effective care" in September 2005. The purpose of the original audit was to determine whether staffing and scheduling of nurses were well managed and if electronic medical records would improve the efficiency and effectiveness of Corrections Health.

There have been significant changes in Corrections Health since the audit was completed. The FY07 adopted budget reflects a reduction of \$2.24 million from FY06 actual expenditures. In response, Corrections Health has redesigned operations, cutting back on staffing and some services. Corrections Health will no longer have an accreditation function and has cut other services such as mental health discharge planning.

In November 2006, the District Attorney's Office issued a report on Multnomah County jails that proposed privatizing Corrections Health services. The DA's report, budget cuts, and other redesign changes have combined to create a more uncertain environment for staff. As a result, more staff transferred to other areas in the Health Department or resigned than was needed to meet budget reductions.

Scope and Methodology

We followed up on all of the audit recommendations made in the Corrections Health audit to gauge progress made since September 2005. To accomplish this, we interviewed managers and reviewed management reports. We examined budget and expenditure data as well as detailed payroll information. We also reviewed revised procedures and shift assignment descriptions as well as various program statistics and the District Attorney's report, "Independent Review of Policy and Procedures of Correctional Facilities Operated by the Multnomah County Sheriff's Office" issued in November 2006. We performed this follow-up in accordance with generally accepted government auditing standards.

Accomplishments

Overall, Corrections Health has made significant progress to address the audit's recommendations. Most recommendations have been resolved but several remain in progress and should be monitored. Steps taken by management to address recommendations are summarized below as are the areas that need further attention. We commend the efforts of Corrections Health in responding to the audit and improving their program under difficult circumstances.

Mental Health

The audit reported that management of mental health care was weak. Based on our interviews with managers during the follow-up, we believe that the management of mental health had improved considerably. Extensive changes have been made in Mental Health Administration which include:

- Corrections Health hired a new manager who has dedicated more time to the mental health function than in the past and supervision has improved.
- A more proactive approach to providing mental health care has resulted from a new referral system put in place to prioritize and assign work. The referral system captures important data and better reflects workload than the former appointment list system.
- Mental Health Administration now uses a different mix of skills to accomplish their work. Roles and responsibilities are now defined.
- Staff changes were made to better reflect workload at facilities.
- Management emphasizes a teamwork approach and reports improved job satisfaction.
- Mental Health Administration no longer has the responsibility of providing coverage at the Juvenile Detention Facility and no longer carries out discharge planning.

Work Shifts and Staffing

The audit reported that staffing was not always based on workload or inmate access. Corrections Health has done extensive work to address staffing and workload issues as part of their redesign efforts. Shift assignment descriptions were evaluated and changes were made to better match staff to workload. For example, management stated that the times of day that inmates arrived in booking were studied and staffing levels were adjusted to meet those needs. Management also plans to further develop some of the more generic shift assignment descriptions to better describe workload for some posts.

Reductions in staffing were made at the Juvenile Detention Center, Inverness Jail, and the booking function. The number of dental clinic days per week was reduced by one day at Inverness Jail and dental staff changed their hours to better match inmate access.

Corrections Health has redesigned its system of care to give more responsibility to inmates for managing their own health. Instructions were developed for inmates at Inverness Jail to guide appropriate use of their medical services. Inmates with a low risk of medication abuse are allowed to keep their own medications. The redesigned care system also emphasizes use of more over-the-counter medications. With the redesign, there has been a reduction of medication rounds from four to two per day at Inverness Jail.

For 24/7 nursing operations, Corrections Health has decided to staff with the same 1.4 FTE post factor that they were using when the audit was conducted. A 1.4 factor does not add extra staff to shifts for anticipated absences, but rather adds .4 FTE to cover seven days a week instead of five. Even without staffing for anticipated absences as recommended in the audit, we observed a reduction of overtime for nurses in FY06 and FY05 from FY04 levels.

Overtime

The audit found that overtime was not sufficiently monitored or controlled and that existing overtime procedures were not always followed. As shown in Exhibit 1 below, after the audit was released, overtime decreased in FY05 and again in FY06 from FY04 levels. Overtime as a percentage of total personnel costs went from 5.0% at the time of the audit to 3.4% in FY06. The number of instances of mandatory overtime decreased from 61 in FY04 to 22 in FY06. Overtime increased recently during FY07 because of staff leaving and the resulting vacancies.

	FY04	FY05	FY06
Overtime Hours	9,300	8,200	6,300

Source: Auditor's Office Payroll Database rounded to nearest 100 hours

We could not isolate the reduction of overtime to particular causes such as better use of the on-call pool. However, indications are that the reduction is attributable to increased vigilance over overtime use.

We found that management appears to be monitoring overtime better than at the time of the audit. Overtime reports are produced that show actual to budgeted costs by month. Overtime slips are completed, reviewed and approved by management. Corrections Health also has the capacity to track an individual's overtime although it is not routinely monitored. The Overtime Pay/Comp Time Approval procedure has been revised. To better ensure that absences are controlled, revised procedures have been developed for vacation and holiday leave and requests for time off.

Sick Leave

The audit found that sick leave use was not adequately monitored. Since the audit, Corrections Health has revised a procedure that lays out how employees are required to report sick time and how managers should respond. Management also monitors employee's available sick leave time. When available sick leave drops below 24 hours for an employee, the employee is notified and a meeting with their supervisor is held with the purpose of examining the causes of their sick leave and determining if the program can be of assistance.

Sick leave is also monitored in the aggregate and trended over time. Regular sick leave is distinguished from FMLA leave. Management reports that regular sick time for nurses has decreased under the new sick leave policy although total sick leave hours per FTE including FMLA have increased slightly.

Workload and Performance Standards

The audit found that workload measures and performance standards were needed. Since the audit, shift assignments have been studied and revised. Corrections Health is in the process of incorporating daily performance expectations into shift assignment descriptions. For example, a nurse working at Inverness Jail on the day shift at the east post is responsible, on average, for managing the medications of 175 inmates, conducting 8-10 evaluations and processing 10 provider orders. Corrections Health will be meeting with the management team to discuss these measures.

Corrections Health also tracks and reports on numerous statistics that help measure workload and develop performance standards. For example, the number of bookings, medical request forms, dental visits, mental health visits, and suicide watches are all reported monthly.

Areas Needing Further Attention

Electronic Medical Records (EMR)

The Auditor's Office recommended that Corrections Health develop a plan to implement electronic medical records. After completion of the audit, the Board chose not to purchase a FY07 program offer for an EMR system. Corrections Health is submitting another offer for FY08. The EMR/Pharmacy project offer in FY08 is for a stand-alone system and has potential to increase efficiency, reduce the likelihood of errors, and help with data collection and management reports.

Medical charting and pharmacy operations remain paper-based. In the current system, paper charts are continually transferred between jail facilities as inmates move. Information in the medical charts is transcribed multiple times from hand-written notes. For pharmacy operations, hand-written doctor's orders for medication go to an office clerk who also transcribes that information. Aside from inefficiencies, there is a higher likelihood for errors with the current system than the EMR/pharmacy proposal.

Electronically maintaining records of all medical encounters should make medical charting more efficient and capture important data to produce management reports. With EMR, charts should be electronically available at all facilities eliminating the need for transport. Retrieval and analysis of data by Corrections Health should be possible as needed at any location. The electronic pharmacy component should reduce the risk of transcription and medication administration error.

Scheduling System

The audit recommended that Corrections Health develop a system to manage the on-call pool and to consider implementing an automated scheduling system. To address these recommendations, Corrections Health has been investigating the Sheriff's Office's new scheduling system and initially participated in the planning stages of the project. Corrections Health plans on developing procedures when a new system is put in place.



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March 12, 2007

To: LaVonne Griffin-Valade, County Auditor
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Multnomah County Auditor's Office

From: Lillian Shirley, RN, MPH, MPA
Director Multnomah County Health Department

A handwritten signature in black ink that reads "Lillian Shirley".

Subject: Corrections Health Audit Follow-Up

Multnomah County Health Department would like to thank the Multnomah County Auditors Office, LaVonne Griffin-Valade and Craig Hunt for the thoughtful recommendations and thorough audit follow-up. We appreciate the professional review of our program and the acknowledgment of all the program improvements accomplished since the 2005 Auditors Report. Below are a few points for clarification in the report.

Mental Health

- Mental Health Administration no longer has the responsibility of being the administrator at the Juvenile Detention Facility.
- Despite losing the discharge planning position, medical and mental health staffs continue to make release plans for the most ill and have designed a procedure for linking acute mentally ill uninsured to the Westside health clinic.

Work Shifts and Staffing

- With the redesign, there is a consolidation of medication rounds with most medications dispensed two times a day enabling nurses to have more time to evaluate health problems. At Inverness Jail this resulted in a reduction in nursing positions.

Workload and Performance Standards

- The Corrections Health Management Team continues to develop and monitor these performance measures for quality improvement.

Scheduling System

- Corrections Health plans on researching the feasibility of partnering with the Sheriff's Office and the Department of Community Justice to integrate into this scheduling program.