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Report to Management

Health Inspections – January 2001

Health Inspections wants to further increase its emphasis on education and focus its inspection resources on higher risk areas. Based on our initial survey, we concluded that the program is progressively identifying and addressing significant obstacles to achieving this goal. This report highlights some of Health Inspection's strengths and also identifies risks that will need attention.

Background

Organizationally, Health Inspections is located within the Environmental Health Section in the Disease Prevention and Control Division of the Health Department. The Environmental Health Section consists of Health Inspections, Food Handlers, Vector Control and Vital Records units.

Health Inspections is designed to provide education, assure safe food, prevent disease that can be acquired from food and water, improve safety in the workplace, reduce injuries and support other public health activities by incorporating prevention activities into the inspection process. Health Inspections enforces state and local environmental health laws and rules.

Under a delegation agreement with the State of Oregon, certified sanitarians working for Multnomah County perform onsite inspections at restaurants, childcare facilities, adult foster homes, schools, temporary restaurants, mobile units, hotels, pools, and other facilities to help prevent

harm to citizens. For new or reconstructed facilities, health inspectors review and approve plans.

In FY99-00 Health Inspections had approximately 21 employees and spent about \$1.46 million. Expenditures have slightly increased over the last four years while the number of inspectors has remained relatively constant. There are approximately 15 Environmental Health Specialists (inspectors), a supervisor, an Environmental Health manager, and a clerical manager who supervises eight clerical support people (including two Food Handler Unit employees). Four inspectors have lead positions and specialize in food, pools, temporary facilities, and childcare/communicable diseases.

One hundred percent of expenditures are recovered through licensing and plan review fees. Fees are established by Multnomah County ordinance in compliance with Oregon Administrative Rules. Inspection fees increased 5% in January 2001. A percentage of license fees collected are returned to the State.

	Full Food	Temporary	Pool/Spa	Child Care	Adult Foster Care	Mobile Units	Travelers	Warehouse
1994	2164	958	526	289	145	358	144	121
1995	2181	912	536	292	137	371	148	125
1996	2224	861	542	308	126	333	138	117
1997	2256	815	544	323	129	323	140	89
1998	2310	935	557	307	133	333	157	N/A

Source: Health Inspections Process Improvement Team Report, February 2000

Inspections

The table above illustrates the number and type of facilities that were inspected from 1994 through 1998. Not included in the table are plan reviews, schools, corrections, and other minor inspection responsibilities. According to the current Health Inspection's database, full food service inspections have increased to about 2,475 facilities as of December 2000.

Environment of Change

Two of the most significant changes in Health Inspections are changes in the inspections system and new data systems. The State is beginning to migrate from the 1976 to the 1999 Food Code. Thirty-eight other states have already modernized their food codes. The 1999 food code is expected to be implemented by January 2002. The switch to the new food code incorporates Hazard Analysis Critical Control Point (HACCP) principles into the inspection process. HACCP focuses more resources on higher risk situations and is closer to the Health Inspection's organizational values than the current code. The degree of change to the inspection procedure, the level of interaction with operators, inspection frequencies, the inspection scoring system, data collection, fees and overall workload is unknown as the State changes to the new code.

Health Inspections has also designed a new database. Working together with Washington County, Health Inspections employed a consultant to create a new database called First

Star. The new database went online in April 2000. The database collects information about inspection activity, billing and cash receipts. In addition to adjusting to First Star, Health Inspections, like the rest of the County, is adapting to the new SAP system.

Scope of Work Performed

Health Inspections was included in the FY2000-2001 audit schedule. We interviewed most of the environmental health inspectors and observed 11 inspections on six occasions. Interviews with inspectors included all lead and specialty area inspectors, and the supervisor. We interviewed the Environmental Health Program Manager several times and spoke with the manager of the Disease Prevention and Control Division. We obtained budget and financial trend information. Information systems were reviewed and available statistical data was obtained.

We reviewed the State Department of Health report of Environmental Health issued in February 2000. We also reviewed the most recent report of the Food Service Advisory Committee issued in February 1999 and an Environmental Health Process Improvement Team report issued in February 2000.

We performed a case study of a food borne illness outbreak that occurred during the audit. We obtained health inspection audits from other jurisdictions and researched risk-based inspection models.

During our survey, we decided not to assess whether there were too many or too few inspectors. Upcoming changes to the inspection model would likely make such an analysis of questionable value. The State Department of Health in their most recent evaluation felt that Health Inspections was appropriately staffed to perform the work under the current system.

Currently, scheduling practices and productivity would be difficult to evaluate because of the recent change to a new data system and the absence of historical data from the former information system maintained by ISD.

We ended our review in the audit survey stage. We observed that Health Inspections had been progressive in accomplishing their objectives and felt that the cost of further work exceeded expected benefits. Accordingly, our report includes less evidentiary support and more general observations than would a full performance audit. We conducted our work in accordance with the General Standards section of *Government Auditing Standards*.

Program Strengths

Personnel

During our survey work we observed highly professional and committed staff. During our observations, inspectors spoke of and employed an education-based approach to their inspections. Inspectors that we observed focused on high-risk violations during food inspections to emphasize prevention of food borne illnesses. We found that sufficient training opportunities were available for inspectors.

Health Inspections has strong institutional knowledge and experience combined with a progressive manager who has provided effective leadership for needed changes. The Environmental Health manager began work with the section in February 1999. Eight of the current inspectors have been with inspections

nine or more years. Also during this time four new health inspectors have been hired.

New Food Code

The change to the 1999 Food Code should improve food safety in Multnomah County primarily because higher risk facilities will receive more attention. Even before it became clear that the State would adopt the 1999 Food Code, Health Inspections had decided to focus more resources on inspections of higher risk facilities in addition to the inspections already required by the State. The impact was anticipated to increase short-term costs, but result in long-term savings as operator knowledge increased, violations were reduced and food safety was improved.

Process Improvement Team

In February 2000, a group of health inspectors met with their supervisor and the Environmental Health manager to “identify if the current structure supports the current and future work of the department.” The Process Improvement Team (PIT) identified a number of issues and significant movement was made towards addressing them. For example, increased supervisory support needed for both clerical staff and the Vector Control Unit (freeing up supervision resources for Health Inspections) was implemented. As a result, evaluation and monitoring of inspectors and their work should improve. The report also said that there were inadequate data resources to support program direction and evaluation. Extensive efforts have been made to improve data resources. Progress has also been made towards developing needed policies and procedures.

Regulatory Oversight

Health Inspections is required by statute to have a Food Service Advisory Committee (FSAC). The FSAC currently meets every other month. The purpose of the FSAC is to oversee the operations of Health Inspections, and to improve communication between the food

industry and the County. The FSAC is made up of nine members from the industry and six members who represent consumers. The FSAC provides a report to the Board of County Commissioners every other year. Their last report was issued in February 1999.

The State also provides an onsite evaluation once every three years. The last report issued February 2000 generally showed positive results. The State reviewed inspection frequencies and went on inspections with all of the inspectors. The report noted that inspection frequencies in some areas needed to improve but stated the program was adequately staffed.

Complaint System

The complaint system appeared to be operating well. We performed a detailed case study on a food borne illness outbreak that originated through the complaint system. Health Inspections performed very well, quickly responding to the outbreak and assessing its cause. Most complaints do not lead to a food borne illness investigation but are included in the inspection process.

Other

We reviewed the cash receipting process and controls appeared adequate. There is some concern for inspectors collecting cash in the field, but it is not a frequent occurrence. A written procedure would address this concern. Health Inspections is also working to strengthen methods to reduce the number of re-inspections and to improve collections.

Program Risks

Data Systems

Although extensive effort has been directed towards improving data capacities, our biggest area of concern in Health Inspections is the new data system First Star. Health Inspections expected the State to develop a new system that was Y2K compliant. When this did not

occur the Program, along with Washington County, financed the design of a new system. As is usual with a new system, adjustments are still being made. The new First Star information system has much potential and Health Inspections has accomplished a great deal in a short amount of time.

Concerns

- **Health Department capacity to provide timely LAN support for the system** During our survey, First Star was inoperable for a week because of problems with the LAN. Lack of support places a considerable constraint on the successful use of the system and is beyond the control of Health Inspections to resolve.
- **Inability to fully utilize management information generated from inspection related activities** Health Inspections currently relies on a contractor to create new management reports in First Star. Ideally, Health Inspections should be able to query the data at will and create their own reports. Management will need to have time to develop the expertise to fully tap the system's potential. Without using the new system's data to its fullest extent, its integrity and completeness will remain in question.
- **Some inspectors have not yet developed confidence in First Star** Since multiple inspectors are capturing data, it is critical that Health Inspections is vigilant to track the system's accuracy and timely correct any problems.
- In addition to working with the new First Star system, Environmental Health seems to be struggling with the changeover to the new SAP system.

Scheduling

Health Inspections compresses inspections during the months of December and June rushing to complete State required restaurant quotas. This practice, known as “crunch time,” does not meet the program’s educational objective. According to some inspectors, quantity is emphasized over quality during “crunch time.” Most likely, this year’s rush to meet quotas is more onerous because of time spent developing and adjusting to the new database. Inspectors adjusting to scheduling their own work may be another reason. But whatever the cause, Health Inspections should strive to reduce or eliminate “crunch time” with better scheduling over the year.

There has already been some movement to address scheduling issues by having inspectors set monthly goals and through better tracking of work performed. Health Inspections has also recently set an average number of daily inspections that should be performed in a 10-hour day. Finally, because the program recently decided not to perform water inspections, approximately one-half FTE should be freed up to help meet workload requirements.

Supervision

Until December 2000, the Health Inspections supervisor was also responsible for Vector Control. This increased the risk that management’s ability to measure inspector’s work quality as well as their productivity would be insufficient. In addition, evaluations for some inspectors had not been performed in several years.

During our survey, Environmental Health hired a full-time manager for Vector Control and moved the supervisor to almost full time for Health Inspections. According to the program manager, the supervisor’s duties will include monitoring the

work quality by going out in the field with inspectors, determining whether inspectors are consistently citing violations, and monitoring the productivity of inspectors using First Star.

Planning

Based on the high level of change in the organization, we felt there was a need for more strategic planning. Health Inspections began looking at inspection risk factors in January 2000. According to the program manager, strategic planning was delayed due to the development of the new information system. The program manager plans to resume work on strategic planning in January 2001. We would urge the Program to set aside time for planning to meet this objective.

Closures

Although Health Inspections does not emphasize an enforcement model, there are times when temporarily closing a facility is necessary for safety or license fee collection purposes. There does not appear to be many instances where a facility would be closed. However, when necessary, Health Inspections will need full authority to do so.



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January 22, 2001
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Dear Ms. Flynn,

The Health Inspections unit and Health Department Administration appreciate the professional expertise and analysis performed by the Multnomah County Auditor Office. The concerns identified in the survey are extremely valuable and merit amelioration by management and the work unit. The following plan is provided to address the issues identified:

- **Health Department capacity to provide timely LAN support for the system.** On the departmental level, Health Department administration is working to enhance the capacity of the Information Services unit to better meet the needs of the organization. Enhanced capacity strategies include the desire to: 1) increase the Personal Computer to Information Services support personnel ratio to be more in alignment with appropriate industry benchmarks and 2) analyze current practices to assure maximization of resources. On the program level Health Inspections is currently working with Information Systems to create contingency plans to overcome the LAN issues identified.
- **Inability to fully utilize management information generated from inspection related activities.** The necessity to independently contract for a software programmer to develop the First Star database required significant resource allocation to alpha and beta testing of the program. As this process nears completion as a dedicated activity additional efforts can be transferred to management utilization of the reporting capabilities. The Health Inspections management team is currently working on incorporating Food Handlers into the First Star database and further development of management reports and management expertise to enhance program analysis and planning.
- **Some inspectors have not yet developed confidence in First Star.** Validation and verification of data in the First Star system is being addressed by committing resources to acquiring contracted technical support and dedicated management and staff time to assuring consistency of primary data while enhancing outcome measure availability. The transition to SAP during the development and implementation phase of First Star has made data validation particularly challenging. The Health Department Business Services unit recognizes the potential fiscal impact and is providing dedicated support to validating data and promoting non-duplicated data entry.

- **Scheduling.** It is the fervent desire of management to eliminate “crunch time” by review of activities and appropriate planning. The First Star system creates immediate reports for management and inspectors that provides a status of inspections by county or inspector including a list or number of complete, incomplete and complaint inspections for any time period desired. The computer system allows inspectors to adjust their schedule. The supervisor has provided each inspector with a completion quota and an assurance feedback loop. Health Inspections considers prevention of food borne illness a high priority and has initiated food borne illness complaint investigations onto each inspector’s schedule as a high priority. In the last two quarters inspectors reviewed one-hundred-thirty-four food borne illness complaints. As the Auditor survey process identified, the procedures in place seem to assure response to food borne outbreaks in a timely and professional manner.
- **Supervision.** Vector Control and one supervisor provided Health Inspection supervision for the timeframe of the survey. The Process Improvement Teamwork performed in February of 2000 indicated a need for enhanced supervisory capacity. This capacity need was addressed by hiring a full time supervisor for Vector Control on December 4, 2000 providing for full time supervision of the Health Inspections unit. Additional capacity to assure that inspection consistency and appropriate standardization occurs will be created by having a full time supervisor and expanding the role of the “Food Lead” Environmental Health Specialist to include review of inspection activities.
- **Planning.** Management recognizes the criticality of strategic planning to implement the focal items identified in the Process Improvement Team report: 1) enhanced management and supervisory capacity 2) adoption of the Federal Drug Administration 1999 food code, 3) provision of inspections based upon establishment risk, 4) greater inclusion of facility operators and the community in the dialogue to improve services and 5) development and implementation of ordinances that support enforcement activities. Strategic planning will be a primary focus of 2001.
- **Closures.** Current Multnomah County ordinances do not clearly identify the enforcement mechanisms for temporary closure of facilities in the event of a food safety issue or license fee collection in the event of license expiration. A dialogue with the Health Department County attorney to identify the best strategy for enforcement ordinance development was initiated in 2000. The anticipated legislative changes to the food statutes in the 2001 legislature will support the development of an ordinance that will allow appropriate enforcement of necessary closures and expired licenses. This process will be initiated with the conclusion of this legislative session. Again, the insights provided by the Auditors office are valuable and appreciated by the Health Inspections unit. It is the desire of the Health Inspections unit to continue to improve the program and services. If any further clarification is desired, please do not hesitate to contact me.

Sincerely,

Lila Wickham, MS, R.N., MANAGER
Environmental Health

