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September 28, 2004

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner
Department of Health
Corning Tower, Empire State Plaza
Albany, NY 12237

Re: Report 2004-F-24

Dear Dr. Novello:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law, we have followed up on the actions taken by officials of the Department of Health (Department) to implement the recommendations contained in our audit report, *Oversight of Emergency Medical Services* (Report 2002-S-5).

Background, Scope and Objective

Pre-hospital emergency medical care and the safe and effective transportation of sick and injured people are essential public health services. The mission of the Department's Bureau of Emergency Medical Services (Bureau) is to ensure that all ambulance and advanced life support first response services (Services) in New York State provide quality and competent pre-hospital emergency medical services. The Bureau is comprised of a central office and four regional offices. To accomplish its mission, the Bureau determines whether Services operating in the State meet certain requirements with respect to their vehicles, equipment and staffing as defined in the New York State Public Health Law (Law) and the New York Codes, Rules and Regulations (NYCRR). Services that meet the requirements receive an operating certificate from the Bureau. Operating certificates are valid for two years, after which the Services are responsible for renewing their certifications. The Bureau also conducts inspections and investigations to determine whether Services and emergency medical service personnel are complying with various requirements.

Our initial audit report, which we issued on February 21, 2003, examined the Bureau's ability to certify, inspect and investigate Services in a timely and thorough manner according to the Law, NYCRR, and Bureau policies and procedures. We found that 228 of the 1,190 (19 percent) emergency medical service providers that we tested were not recertified on time, and a number of inspections were not timely or complete. We also determined that investigations were not always performed in the required manner and were not always timely. We recommended that the Department's oversight of emergency medical services be strengthened in a number of ways. The objective of our follow-up, which we conducted in accordance with Generally Accepted

Government Auditing Standards, was to assess the extent of implementation, as of September 13, 2004, of the 12 recommendations included in our initial report.

Summary Conclusions and Status of Audit Recommendations

We found that Department officials have made significant progress in correcting the problems we identified. Of the 12 initial audit recommendations, 9 recommendations have been implemented, 1 recommendation has been partially implemented, and 2 recommendations have not been implemented.

Follow-up Observations

Recommendation 1

Develop a system to identify and track certification lapse periods, and take appropriate corrective action to address identified non-compliance.

Status - Implemented

Agency Action - The Bureau has developed a new tracking system. One of its capabilities is to identify Services whose certifications are about to lapse. Policies adopted in December 2003 also detail what steps the Bureau's regional offices are to take for Services that are not in compliance with certification requirements. Using the tracking system, we analyzed four counties (Albany, Erie, Allegany and Herkimer) to determine whether they had any Services that were not certified as of February 29, 2004. We found that these counties had no uncertified Services.

Recommendation 2

Direct regional offices to send reminder letters to Services approaching expiration of their operating certificate, and issue Statements of Deficiency (SODs) to Services that are operating without a valid operating certificate.

Status - Implemented

Agency Action - The Bureau revised its policy regarding certifications and inspections. Effective December 2003, regional office staff are required to make contact with a Service if its renewal application has not been received by the middle of the month in which the Service's certification will lapse. The policy suggests telephone contact with the Service, followed up by a written notice. The Bureau has held two staff training sessions, in December 2003 and March 2004, addressing the revised policy, including information on certifications, inspections and investigations. We reviewed a July 30, 2004 report from the Bureau's tracking system, and found that 15 Services had lapsed certifications. The regional offices had issued seven SODs, certifications had been received subsequently for two others, and another two had surrendered their certifications. The regional offices were researching the status of three others and the one remaining Service was under enforcement measures

administered by the Bureau. We, therefore, concluded that SODs were being issued timely in accordance with Bureau policies for lapsed certifications.

Recommendation 3

Routinely notify the appropriate Department Medicaid office of periods when Services operate without a valid operating certificate.

Status - Not Implemented

Agency Action - Bureau officials informed us that they regularly work with Medicaid and share information, but they do not routinely notify Medicaid when Services fail to register timely. They indicated that, although most Services bill Medicaid, some do not, making the process for tracking Medicaid providers more difficult. However, when the Bureau determines that a Service is severely deficient for violations of the Law, including the failure to obtain a proper certification, it will notify the local Medicaid office that the Service is non-compliant.

Recommendation 4

Determine that certification applications are complete before approving them.

Status - Implemented

Agency Action - The Bureau has made changes to its application review process to diminish errors. Each regional office now assigns the application review process to a single specifically-trained staff person, eliminating the potential for having untrained staff reviewing applications. In addition, the central office re-trained its data entry staff to review applications for completeness and accuracy prior to inputting the data from the applications. Previously, the data entry clerks were only responsible for entering the data from the applications.

Recommendation 5

Update, expand and recommunicate Bureau policies and expectations regarding inspection frequency, completeness and proper record keeping practices.

Status - Implemented

Agency Action - The Bureau has revised its policies regarding the frequency of inspections and notices of deficiency, effective July 2003. In addition, the Bureau held two training sessions on inspections and investigations, in December 2003 and March 2004, to inform regional office staff about the revisions, and help ensure that Services can meet their obligations under the Law.

Recommendation 6

Take steps at both the central office and regional office levels to strengthen monitoring of compliance with inspection requirements so that inspections are timely, complete and properly documented.

Status - Implemented

Agency Action - The Bureau has revised its policy governing inspections and has developed an inspection tracking system. The inspection tracking system provides central office staff with inspection data for each region and on a statewide basis. These reports are reviewed by central office administration and used by the Bureau directorate at quarterly program meetings to monitor regional office inspection and investigation activities. In addition, the Bureau initiated full inspections at all regional offices in February 2002, and, as of July 2004, has completed 1,189 inspections of a total of 1,234 certified agencies.

Recommendation 7

Train regional office personnel in the use of the Inspection Reporting Database.

Status - Implemented

Agency Action - Bureau staff provided basic training on its tracking system at each of the four regional offices. Training included data input for ongoing inspections and investigations. Central office staff provided training to the New York City Regional Office in April 2002 and to the other regional offices in May 2003.

Recommendation 8

Develop formal investigation policies and procedures that adequately convey investigation requirements, including but not limited to, timeframes for completing investigations, investigation protocol and timeframes for completing such protocol. Determine the need to provide training to investigators on such policies.

Status - Implemented

Agency Action - The Bureau has updated its Emergency Medical Services (EMS) Operations Manual, including its investigations protocol. The revised investigative protocol, which became effective July 2003, includes more detailed timeframes for competing investigations. In addition, the Bureau conducted training in December 2003 that included a session on the investigation process.

Recommendation 9

Develop a system that enables the central office and the regional offices to accurately and efficiently monitor compliance with investigation protocol and timeframes.

Status - Implemented

Agency Action - The Bureau's tracking system enables regional and central office staff to track investigations and determine whether they have accounted for all their cases. In addition, the Bureau has updated its Staff Manual for Investigations that establishes specific time frames for regional office staff to follow.

Recommendation 10

Conduct a feasibility study to explore expansion of the scope of DCJS background checks for all individuals providing emergency medical services.

Status - Not Implemented

Agency Action - Department officials told us that, while they had intended to explore with the Division of Criminal Justice Services (DCJS) the expansion of the scope of background checks, upon further review, they concluded they could not support this effort. They believe these checks would not benefit the EMS program. They cite the cost of the checks and potential damage to recruiting efforts as their main concerns. About two years ago, the Bureau obtained a computer list of DCJS records which it matched to its EMS records. The Bureau identified one or two EMS staff that had minor youth violations. Officials state they have plans to conduct a similar match again, but have not set a time frame for this to be done.

Recommendation 11

Institute access controls that will prevent changes or deletion of database information by unauthorized users.

Status - Implemented

Agency Action - The tracking system, which exists on the mainframe, allows regional office and support staff access to inspection and investigations data. The system also provides specific reports to regional offices so they can track their cases. Access is limited and does not allow regional office staff to change or delete data from the database.

Recommendation 12

Establish adequate record keeping practices at the central and regional offices that will allow for effective oversight of the SOD process.

Status - Partially Implemented

Agency Action - The Bureau has nearly completed an SOD case tracking system. This new tracking system is currently being tested. Regional office staff have been trained in its use, which will allow both regional and central office management staff to track the issuance of SODs, and the receipt of plans of corrections and closure. Regional offices currently submit copies

of SODs and plans of correction to the central office for review and record keeping. When completed, this system will allow for better oversight of this process and permit the central office to monitor consistency among regional offices in issuing SODs.

Major contributors to this report were John Buyce, Joel Biederman and Don Wilson.

We would appreciate your response to this report within 30 days, indicating any actions planned to address the unresolved issues discussed in this report. We also thank the management and staff of the Bureau for the courtesies and cooperation extended to our auditor during this process.

Very truly yours,

Frank J. Houston
Audit Director

cc: Robert Barnes, Division of the Budget