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OFFICE OF THE STATE COMPTROLLER

October 4, 2006

Sharon E. Carpinello, RN, Ph.D.
Commissioner
Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Re: Report 2006-F-30

Dear Dr. Carpinello:

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 Office for Mental Health to implement the recommendations contained in our audit report, *Incident Management Practices at Selected Psychiatric Centers* (Report 2003-S-53).

Background, Scope and Objective

The Office of Mental Health (OMH) operates 27 psychiatric centers (Centers) that provide mental health services to an estimated 90,000 inpatients and outpatients annually. In the mental health field, an incident is defined as an event involving a client that has or may have an adverse effect on the life, health or welfare of the client and/or another person. The Centers are required to report all incidents promptly to OMH, and are also required to report certain types of incidents to various external parties, such as the Commission on Quality of Care and the client's next of kin or legal guardian. The Centers are also required to investigate all incidents promptly and thoroughly.

Our initial audit report, which was issued on June 6, 2005, examined incident management practices at five selected Centers. Our report found that the Centers were largely in compliance with the requirements for incident reporting and incident investigation. However, we recommended improvements in Center documentation practices, Center use of the automated incident reporting system, and OMH's monitoring of information on the reporting system. The objective of our follow-up, which was conducted in accordance with generally accepted government auditing standards, was to assess the extent of implementation as of August 29, 2006, of the four recommendations included in our initial report.

Summary Conclusions and Status of Audit Recommendations

We found that OMH officials have implemented the four recommendations contained in our initial audit report.

Follow-up Observations

Recommendation 1

Establish a policy requiring the Centers to maintain documentation identifying all the incidents subject to the family reporting requirement and positively affirming that the requirement was met for these incidents.

Status - Implemented

Agency Action - We verified that OMH has a policy and, in addition, OMH sent out an email on July 14, 2005 to all the Quality Assurance Directors and Risk Managers at all of the facilities, which stated that the facilities should ensure clinicians are aware of the policy and its need for documenting next of kin notifications in the clinical record.

Recommendation 2

Instruct Centers reporting serious incidents by telephone or email to maintain documentation of the notification in the incident file. Also instruct the Centers to use the Reporting system, whenever possible, for such notifications.

Status - Implemented

Agency Action - OMH sent out an email on July 14, 2005 to all the Quality Assurance Directors and Risk Managers at all of the facilities, which stated that all incidents that are required to be immediately reported to Central Office should be entered into the Reporting System. In addition, the email noted that when Central Office is initially notified by phone or fax, that this should be documented in the incident file.

Recommendation 3

Issue instructions to the Centers describing the correct process for entering investigation end dates on the Reporting System.

Status - Implemented

Agency Action - OMH sent out an email on July 14, 2005 to all the Quality Assurance Directors and Risk Managers at all of the facilities, which stated that the Special Investigation end date should reflect the date that the Special Investigation is completed by the Special Investigator, not the date it is reviewed and accepted by the special review committee.

Recommendation 4

Monitor the data on the Reporting System and take corrective action when the data indicates that Department expectations are not being met.

Status - Implemented

Agency Action - The Bureau of Quality Improvement at OMH, as well as the Risk Managers at all the Centers, monitor the data on the Reporting System. There is a multitude of reports available to analyze the data on the Reporting System. Employees at the Bureau of Quality Improvement at OMH were able to provide evidence of their monitoring and corrective action taken when needed.

Major contributors to this report were Todd Seeberger and Nicholas Angel.

We wish to thank the management and staff of the Agency for the courtesies and cooperation extended to our auditors during this process.

Very truly yours,

Al Kee
Audit Manager

cc: Lisa Ng, Division of the Budget
Ken Lawrence, OMH Internal Audit