# **Doug A. Ringler, CPA, CIA**Auditor General

201 N. Washington Square, Sixth Floor • Lansing, Michigan 48913 • Phone: (517) 334-8050 • audgen.michigan.gov

April 11, 2019

The Honorable Winnie Brinks
Michigan Senate
Connie B. Binsfeld Building
Lansing, Michigan
and
The Honorable Jon Hoadley
Michigan House of Representatives
Anderson House Office Building
Lansing, Michigan

Dear Senator Brinks and Representative Hoadley:

Enclosed is the information that you requested related to staffing, overtime, and serious incidents at the Kalamazoo Psychiatric Hospital. We compiled this information from data provided by the Hospital. Although we have no reason to question its accuracy, we did not audit the data.

We appreciate the opportunity to assist you. If you have further questions, please do not hesitate to contact our office.

Sincerely,

Doug Ringler Auditor General

**Enclosure** 

Online: <a href="mailto:audgen.michigan.gov/report-fraud/">audgen.michigan.gov/report-fraud/</a>

Hotline: (517) 334-8060, Ext. 1650

### **Background, Information Requested, and Responses**

#### Background:

The Kalamazoo Psychiatric Hospital (KPH) operates under the jurisdiction of the Michigan Department of Health and Human Services (MDHHS) to provide inpatient psychiatric services for persons with severe mental illness.

The following table identifies KPH's appropriations, actual expenditures, and average patient census.

Fiscal	Expend	Average Patient		
<u>Year</u>	Appropriated	Actual	Difference	Census
2016	\$64.4	\$59.8	\$4.7	134
2017	\$65.7	\$61.9	\$3.8	142
2018	\$68.1	\$61.8	\$6.3	141

Direct care staff include employees in the following areas and occupations:

- Activity therapy
- Barber
- Clinical social worker
- Clinical director
- Dental
- Developmental disability
- LPN (nursing staff)
- Music therapy
- Nutrition
- Occupational therapy
- Physician
- Psychiatrist

- Psychologist
- Recreational therapy
- RN (nursing staff)
- RCA (nursing staff)
- Special education teacher
- Teacher aide

### Information Requested and Responses:

Identify the following information for KPH for fiscal years 2016, 2017, and 2018:

1. The total number of full-time equated (FTE) employees appropriated and the total number of FTE direct care nursing staff appropriated.

Response:

		Number of FTE Employees						
			Actual					
Fiscal	Total	Direct	Non-Direct					
Year	Appropriated	Care*	Care*	Total*	Difference			
2016	466.1	393.5	149.9	543.4	(77.3)			
2017	466.1	380.0	151.2	531.1	(65.0)			
2018	482.1	407.5	125.4	532.9	(50.8)			

<sup>\*</sup> Calculated based on actual hours charged including overtime. Appropriation acts do not break down FTEs by direct care and non-direct care.

#### 2. The average number of direct care workers employed.

Response:

	Fiscal Year			Overall
	2016	2017	2018	Average
Average number of direct care staff - Nursing Average number of direct care staff - Other	270.2 48.5	250.4 49.6	275.3 49.7	265.3 49.3
Total average number of direct care staff	318.7	300.0	325.0	314.6

Required staffing levels are dictated by the patient population and the patients' acuity levels, medical appointments, hospital stays, etc. However, KPH indicated that its minimum staffing levels for direct care nursing staff within each of its 8 housing units were as follows:

- 6:30 a.m. to 3:00 p.m. shift 1 registered nurse (RN), 1 licensed practical nurse (LPN), and 6 resident care aides (RCAs).
- 2:30 p.m. to 11:00 p.m. shift 1 RN, 1 LPN, and 6 RCAs.
- 10:45 p.m. to 6:45 a.m. shift 1 RN and 4 to 6 RCAs.

We estimated that KPH would need at least 268 to 280 direct care nursing staff based on the above minimum staffing levels, a utilization rate to factor in employee leave usage, and a 10% to 15% expected overtime rate. This estimate does not include staffing needed for patients with increased acuity levels (some patients require 1:1 supervision; some may require 3:1 supervision, etc.) or patients being transported to and attending medical appointments or hospital stays.

## 3. The total amount of overtime incurred and the percentage to total payroll for direct care workers and non-direct care workers.

Response:

	Overtime Wages	Total Wages	Percentage of Overtime Wages To Total Wages
Fiscal Year 2016: Direct care Non-direct care	\$4,689,366 483,674	\$21,665,386 7,397,246	21.6% 6.5%
Total	\$5,173,040	\$29,062,632	17.8%
Fiscal Year 2017: Direct care Non-direct care	\$5,602,654 656,554	\$21,333,552 7,691,295	26.3% 8.5%
Total	\$6,259,208	\$29,024,847	21.6%
Fiscal Year 2018: Direct care Non-direct care	\$6,617,392 367,889	\$23,333,470 6,124,833	28.4% 6.0%
Total	\$6,985,281	\$29,458,303	23.7%

## 4. The total overtime hours worked and related number of employees for direct care workers and non-direct care workers.

Response:

	Overtime	Total	Percentage of Overtime to	Total Number of Staff Who	Hours Exc	ose Overtime eeded 25% of lar Hours
	Hours	Hours	Total Hours	Charged Hours	Number	Percentage
Fiscal Year 2016:						
Direct care	137,044	824,694	16.6%	341	139	(40.8%)
Non-direct care	14,583	314,232	4.6%	290	13	( 4.5%)
Total	151,627	1,138,926	13.3%	631	152	(24.1%)
Fiscal Year 2017:						
Direct care	158,626	790,302	20.1%	329	169	(51.4%)
Non-direct care	18,246	314,473	5.8%	285	20	( 7.0%)
Total	176,872	1,104,775	16.0%	614	189	(30.8%)
Fiscal Year 2018:						
Direct care	183,155	847,662	21.6%	374	226	(60.4%)
Non-direct care	11,139	260,792	4.3%	215	6	( 2.8%)
Total	194,294	1,108,454	17.5%	589	232	(39.4%)

#### 5. The number of direct care workers who worked double shifts.

Response:

		Fiscal Year	
	2016	2017	2018
Number of staff who worked:			
1 - 10 double shifts	25	30	15
11 - 25 double shifts	51	42	43
26 - 50 double shifts	87	61	81
51 - 100 double shifts	78	80	100
101 - 250 double shifts	40	64	77
251 - 260 double shifts	0	0	1
Total number of staff who worked			
at least 1 double shift	281	277	317
Total number of direct care staff	341	329	374
Total number of double shifts worked by direct care staff	15,329	18,078	21,888

For the purpose of this analysis, we considered a double shift to be 12 or more consecutive hours worked in one calendar day. Timekeeping records were not maintained in a manner to allow us to efficiently identify double shifts that involved more than one calendar day. However, we believe the table identifies most of the double shifts worked as it accounts for 78.3% of the total overtime hours.

## 6. The number of direct care workers who have taken a medical leave of absence and the overtime hours and double shifts worked for each person.

#### Response:

	Fiscal Year		
	2016	2017	2018
Direct Care Staff			
Number of direct care staff who charged time to FMLA	91	105	130
Number of direct care staff who charged 40 or more hours to FMLA	69	89	117
Number of direct care staff who charged 40 or more FMLA hours in any single pay period	40	51	73
Overtime Worked			
Number of overtime hours worked by direct care staff who			
charged 40 or more FMLA hours in any single pay period	16,479	25,137	34,496
Total number of overtime hours worked by direct care staff	137,044	158,626	183,155
Double Shifts Worked			
Number of double shifts worked by direct care staff who			
charged 40 or more FMLA hours in any single pay period	1,808	2,837	4,117
Total number of double shifts worked by direct care staff	15,329	18,078	21,888

We utilized time charged to Family Medical Leave Act (FMLA) to identify staff medical leave of absences. We determined that FMLA time can be used for extended or short-term medical related leave and identified FMLA usage for as little as 3 minutes. We did not evaluate whether FMLA usage was the result of working overtime or double shifts.

#### 7. The number of direct care workers who worked in positions outside of their qualifications.

#### Response:

Gathering this information would require observation of direct care staff on all shifts. Because each shift utilizes approximately 60 to 80 direct care staff, this was not feasible.

However, based on discussions with KPH staff and our review of daily assignment work sheets for July 2018, we noted that KPH utilized RNs to fill LPN positions when necessary. Our analysis indicated that KPH employed an average of 12.3 LPNs per day during fiscal year 2017. Minimum staffing levels required 16 LPNs per day. Also, union contract language allows LPNs to be utilized as RCAs if they were previously employed as an RCA.

#### 8. How many serious incidents involved direct care workers on overtime?

Response:

We analyzed serious incidents as follows:

### 1) Incidents resulting in a serious patient injury

KPH's patient serious injury reports for calendars years 2016, 2017, and 2018 disclosed 160 incidents in which a patient was injured and required medical treatment, including 8 (5%) sentinel events. A sentinel event is an unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness.

- Sentinel event incidents We reviewed the 8 sentinel event incidents for which 48 direct care staff were identified on the incident reports as being directly involved. We noted that 9 of the direct care staff were working overtime, including 7 who were working a double shift, when the incident occurred. Based on the investigations conducted by KPH and reviewed by the Joint Commission, none of the staff directly involved with these incidents were determined to be a contributing factor to the incidents.
- Non-sentinel event incidents We reviewed 29 non-sentinel event incidents for which 120 direct care staff were identified on the incident reports as being directly involved. We determined that 24 of the direct care staff were working overtime, including 17 who were working a double shift, when the incident occurred. We did not evaluate whether working overtime or double shifts was a contributing factor to these incidents.

#### 2) <u>Incidents resulting in a serious **staff** injury</u>

Our analysis of KHP's log of work related injuries and illnesses and payroll records identified the following number of incidents that involved direct care staff who were injured, resulting in the employee missing at least one day of work or being placed on restricted duty. We did not evaluate whether working overtime or double shifts was a contributing factor to the incidents.

	Number of		of Incidents aff Who Worked	Wo	ork Days
Calendar Year	Incidents in Which Staff Were Injured	Overtime the Day the Injury Occurred	Double Shift the Day the Injury Occurred	Missed Due to the Injury	On Restricted Duty Due to the Injury
2016	56	22	14	1,980	454
2017	51	20	12	2,226	480
2018	61	32	23	1,914	519
Total	168	74	49	6,120	1,453
Percent o	f total incidents	44.0%	29.2%		

#### 9. An accounting of mandated overtime vs. voluntary overtime.

#### Response:

State timekeeping records do not indicate whether overtime is voluntary or mandatory. However, based on KPH's electronic records of voluntary and mandatory overtime assignments, we calculated the following breakdown of voluntary and mandatory hours worked, by direct care nursing staff:

	Calendar Year 2017		Calendar Year 2018			
	Overtime	Percent of	<u> </u>	Overtime	Percent of	
	Hours	Total	FTEs	Hours	Total	FTEs
RCAs:						·
Voluntary	81,616	65.4%	39.2	83,522	61.4%	40.2
Mandatory	43,110	34.6%	20.7	52,506	38.6%	25.2
Total	124,727		60.0	136,028		65.4
LPNs:						
Voluntary	8,716	75.0%	4.2	10,151	84.8%	4.9
Mandatory	2,903	25.0%	1.4	1,820	15.2%	0.9
Total	11,619		5.6	11,971		5.8
RNs:						
Voluntary	13,342	64.4%	6.4	11,796	61.8%	5.7
Mandatory	7,389	35.6%	3.6	7,304	38.2%	3.5
Total	20,731		10.0	19,100		9.2
Total:						
Voluntary	103,674	66.0%	49.8	105,469	63.1%	50.7
Mandatory	53,402	34.0%	25.7	61,630	36.9%	29.6
Total	157,076		75.5	167,099		80.3

Note: Recorded voluntary and mandatory overtime totals varied from State payroll records and daily assignment work sheets because of variances in how KPH staff recorded overtime on the electronic daily assignment work sheets and changes in staffing needs during a shift.

Nursing staff may volunteer to work overtime. However, if shifts are not covered by volunteers, overtime can be mandated. For RCA staff, KPH informed us that it will attempt to call in staff before mandating overtime. Union contract language prohibits KPH from mandating that an employee work more than 16 consecutive hours or 2 consecutive shifts and does not limit the amount of overtime staff can volunteer for. Although we identified instances in which staff worked more than 16 consecutive hours, none of those instances involved mandatory overtime.

# 10. Assigned outside positions - The number of direct care workers assigned tasks outside their job descriptions.

#### Response:

Gathering this information would require observation of direct care staff on all shifts. Because each shift utilizes approximately 60 to 80 direct care staff, this was not feasible.

Based on discussions with KPH staff and our review of staffing records for July 2018, we did not identify any assignments of tasks outside the employees' job descriptions. As mentioned in Response 7, we noted that KPH utilized RNs to fill LPN positions when necessary. Also, union contract language allows LPNs to be utilized as RCAs if they were previously employed as an RCA.