



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

February 23, 2021

Rick Lowe, Chief Internal Auditor  
Office of Internal Audit Services  
George W. Romney Building  
111 South Capitol Avenue, 8<sup>th</sup> Floor  
Lansing, Michigan 48913

Dear Mr. Lowe:

In accordance with the State of Michigan, Financial Management Guide, Part VII, attached are the summary table identifying our responses and corrective action plans to address recommendations contained within the Office of the Auditor General's Performance Audit of Kalamazoo Psychiatric Hospital.

Questions regarding the summary table or corrective action plans should be directed to me at 517-241-4237 or MyersP3@michigan.gov.

Sincerely,

***Pam Myers***

Pam Myers, Director  
Bureau of Audit

PM:wb

Enclosure

c: Office of the Auditor General  
House Fiscal Agency  
Senate Fiscal Agency  
Executive Office  
DHHS, David Knezek  
DHHS, Farah Hanley

House Appropriations Committee  
House Standing Committee  
Senate Appropriations Committee  
Senate Standing Committee  
DHHS, Emily Schwarzkopf  
DHHS, Robert Hill

PERFORMANCE AUDIT OF  
KALAMAZOO PSYCHIATRIC HOSPITAL

DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

AUDIT RESPONSE

Approved: *Farah A. Hanley*  
Farah A. Hanley, Senior Deputy Director  
Department of Health and Human Services

Date: 02/23/21



## **AUDIT REPORT SUMMARY**

DEPARTMENT: State Hospital Administration

AUDIT PERIOD: August 1, 2017 through July 31, 2019

REPORT DATED: July 28, 2020

### **DISPOSITION OF AUDIT RECOMMENDATIONS**

CITATIONS COMPLIED WITH	CITATIONS TO BE COMPLIED WITH	CITATIONS DHHS DID NOT AGREE WITH
Finding 1		
Finding 2		
Finding 3		
	Finding 4 (04/30/2021)	
	Finding 5 (2/28/2021)	
Finding 6		

**Audit Response**  
**Performance Audit**  
**2019 OAG Kalamazoo Psychiatric Hospital**  
**Department of Health and Human Services**  
**August 1, 2017 through July 31, 2019**

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Recommendation 1: Admissions procedure controls need improvement.

We recommend that KPH improve its controls to ensure timely completion of admissions activities.

Response

KPH performs audits of all admission assessments twice per month to ensure assessments are completed in a timely manner, any deviations identified are followed up on. KPH's goal for completion rate is 90% or above and is a key performance indicator reported to leadership monthly. The psychiatric evaluation timeline has changed to ensure compliance with the MCL.

A guardian may sign a consent for a photograph, but at the time of the attempt to photograph the patient may be uncooperative. KPH has developed a process to follow up on any initial refusals to ensure failed attempts are documented in the record and the standard operating procedure (SOP) will be reviewed for any necessary modifications. KPH conducted a review of patients for which a consent has been received and developed a process where the KPH Health Information Management Department coordinates with the Social Work Department to follow up with patients after an initial refusal to be photographed for a second attempt.

Recommendation 2: Processes regarding abuse and neglect allegations need improvement.

We recommend that KPH, in conjunction with ORR, improve its processes to respond to abuse and neglect allegations.

Response

KPH now meets with the ORR director on a weekly basis to improve communication between ORR staff and KPH to ensure timely responses to allegations of abuse and neglect in compliance with the Michigan Mental Health Code and KPH standard operating procedure (SOP). In addition, KPH staff developed a tracking mechanism to ensure timely response on ORR investigations.

Recommendation 3: Improved access controls over patient data needed.

We recommend that KPH improve its controls over Avatar user roles.

Response

KPH developed a methodology to annually review user access roles to ensure that role privileges are consistent with each user's current job responsibilities. A review of every role, including the needs for each role, was completed during fall of 2019.

Recommendation 4: Incident reporting processes need improvement.

We recommend that KPH design and implement controls to ensure that incident reporting is completed as required.

Response

KPH will review internal processes and standard operating procedures (SOPs) pertaining to incident reporting and make sure there are controls in place to ensure timely completion. In addition, KPH will review its processes to ensure they align with other state psychiatric hospitals. KPH implemented a new tracking system during October 2019 to review all incident reports and report to administration, on a daily basis, any required reports that have not been completed by staff in the previous 24 hours.

KPH is continuing to review methods of tracking the required witness statements from staff to balance the need for timely statements, with the difficulties of differing schedules for disciplines. KPH is continuing to work with MDHHS State Hospital Administration to review incident reporting differences between the state hospitals.

Recommendation 5: Improved controls needed over keys.

We recommend that KPH improve controls over its keys.

Response

KPH transitioned to a new tracking system for keys. The new tracking system eliminates the hard copy card catalog and requires quick response (QR) code scanning. KPH continues to believe that soldering key rings would create an undue burden on KPH's locksmith, unnecessary additional costs, and will provide no added value when discrepancies in a staff person's key inventory would be identified and addressed during their respective inventory audit.

KPH placed the key audit on hold for several months due to the risk of COVID-19 infection, but recently initiated a key audit to review the status of any access keys and ensure reconciliation between keys and logs. There will be key audits periodically, with a minimum frequency of annually, to ensure ongoing compliance.

Recommendation 6:     Sentinel event review processes need improvement.

We recommend that KPH improve its reporting and follow-up of its sentinel events.

Response

KPH has improved the process for documenting the notification of Sentinel Events to MDHHS management to ensure that there are Morbidity and Mortality reviews of any sentinel events within the timeframe set by policy. In addition, MDHHS has maintained documentation that shows the time of submission as allowed by the restrictions of the submission portal.