



# MICHIGAN

OFFICE OF THE AUDITOR GENERAL

## AUDIT REPORT



THOMAS H. MCTAVISH, C.P.A.  
AUDITOR GENERAL

The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

– Article IV, Section 53 of the Michigan Constitution

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Michigan  
*Office of the Auditor General*  
**REPORT SUMMARY**

*Performance Audit*  
*Center for Forensic Psychiatry*  
*Bureau of Hospitals and Administrative*  
*Operations*  
*Department of Community Health*

Report Number:  
391-0210-13

Released:  
January 2014

*The Center for Forensic Psychiatry, which is located in Saline, Michigan, conducts court-ordered competency and criminal responsibility examinations and provides treatment for individuals determined to be incompetent to stand trial or not guilty by reason of insanity. The mission of the Center is to provide quality mental health services to individuals and the Michigan court system. The Center was court-ordered to perform 8,932 examinations from October 1, 2010 through April 30, 2013. As of April 30, 2013, the Center had 219 patients.*

***Audit Objective:***

To assess the effectiveness of the Center's efforts to conduct competency and criminal responsibility examinations in accordance with court orders, selected sections of the Mental Health Code, and selected Center policies.

***Audit Conclusion:***

We concluded that the Center's efforts to conduct competency and criminal responsibility examinations in accordance with court orders, selected sections of the Mental Health Code, and selected Center policies were moderately effective. We noted two reportable conditions (Findings 1 and 2).

***Reportable Conditions:***

The Center did not have a process in place to ensure that examiners consulted with defense counsel when conducting competency examinations (Finding 1).

The Center did not submit court-ordered competency and criminal responsibility examination reports within 60 days of the court orders. Also, the Center did not notify or timely notify the courts when the Center was not going to complete court-ordered competency and criminal responsibility examination reports within 60 days of the court order (Finding 2).

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***Audit Objective:***

To assess the effectiveness of the Center's efforts to provide for the safety and security of its patients, staff, and visitors.

***Audit Conclusion:***

We concluded that the Center's efforts to provide for the safety and security of its patients, staff, and visitors were moderately effective. We noted one material condition (Finding 3) and two reportable conditions (Findings 4 and 5).

**Material Condition:**

The Center did not always ensure that its staff effectively observed patients (Finding 3).

**Reportable Conditions:**

The Center did not ensure that staff controlled access to and from security sensitive areas (Finding 4).

The Center did not ensure that staff completed incident report forms and documented action taken for all incidents identified by the Center (Finding 5).

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**Agency Response:**

Our audit report contains 5 findings and 6 corresponding recommendations. The Department of Community Health's preliminary response indicates that the Center agrees with all of the recommendations.

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A copy of the full report can be obtained by calling 517.334.8050 or by visiting our Web site at: <http://audgen.michigan.gov>



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THOMAS H. MCTAVISH, C.P.A.  
AUDITOR GENERAL

January 29, 2014

Mr. James K. Haveman, Jr., Director  
Department of Community Health  
Capitol View Building  
Lansing, Michigan

Dear Mr. Haveman:

This is our report on the performance audit of the Center for Forensic Psychiatry, Bureau of Hospitals and Administrative Operations, Department of Community Health.

This report contains our report summary; a description of agency; our audit objectives, scope, and methodology and agency responses and prior audit follow-up; comments, findings, recommendations, and agency preliminary responses; three exhibits, presented as supplemental information; and a glossary of abbreviations and terms.

Our comments, findings, and recommendations are organized by audit objective. The agency preliminary responses were taken from the agency's response at the end of our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a plan to comply with the audit recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,

  
Thomas H. McTavish, C.P.A.  
Auditor General



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BUREAU OF HOSPITALS AND ADMINISTRATIVE OPERATIONS  
DEPARTMENT OF COMMUNITY HEALTH**

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## Description of Agency

The Center for Forensic Psychiatry operates under the jurisdiction of the Department of Community Health and is located in Saline, Michigan. The mission\* of the Center is to provide quality mental health services to individuals and the Michigan court system. The Center conducts court-ordered competency and criminal responsibility examinations for the entire State of Michigan and provides treatment for individuals with serious mental illnesses\*. The Center's patients include those that are incompetent to stand trial, those that are not guilty by reason of insanity, and other mentally ill individuals that the other State psychiatric hospitals are unable to manage. The Center is accredited by the Joint Commission\* and is certified as a psychiatric hospital by the Centers for Medicare and Medicaid Services.

The Center consists of three divisions:

- a. The Evaluation Services Division conducts the court-ordered competency and criminal responsibility examinations. From October 1, 2010 through April 30, 2013, the Center was court-ordered to perform 4,793 competency examinations\*, 4,009 criminal responsibility examinations\*, and 130 other examinations (see Exhibit 1). The Center evaluates individuals for competency and criminal responsibility and provides opinions to the courts. The courts then make the final determination related to competency and criminal responsibility. For 18% of competency examinations and 8% of criminal responsibility examinations, the Center opined that the defendants were incompetent (see Exhibit 2) or not guilty by reason of insanity (see Exhibit 3), respectively.
- b. The Treatment Services Division provides inpatient and diagnostic services to individuals whom the courts have determined to be either incompetent to stand trial or not guilty by reason of insanity. The inpatient capacity of the Center's facility is 240 patients, and as of April 30, 2013, the Center had 219 patients.
- c. The Administrative Services Division provides administrative and support services, such as accounting, maintenance, and housekeeping for the other two divisions.

For fiscal year 2011-12, the Center had operating expenditures of \$65.1 million, of which 90% were personnel costs. As of April 30, 2013, the Center had 491 employees.

\* See glossary at end of report for definition.

## Audit Objectives, Scope, and Methodology and Agency Responses and Prior Audit Follow-Up

### Audit Objectives

Our performance audit\* of the Center for Forensic Psychiatry, Bureau of Hospitals and Administrative Operations, Department of Community Health (DCH), had the following objectives:

1. To assess the effectiveness\* of the Center's efforts to conduct competency and criminal responsibility examinations in accordance with court orders, selected sections of the Mental Health Code, and selected Center policies.
2. To assess the effectiveness of the Center's efforts to provide for the safety and security of its patients, staff, and visitors.

### Audit Scope

Our audit scope was to examine the program and other records related to the Center for Forensic Psychiatry. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. Our audit procedures, which included a preliminary survey, audit fieldwork, report preparation, analysis of agency responses, and quality assurance, generally covered the period October 1, 2010 through April 30, 2013.

Our audit was not directed toward examining patient care or clinical decisions or opinions made by Center staff concerning patient treatment identified within a patient's individual plan of service or court-ordered examination or expressing conclusions on those clinical decisions or opinions; accordingly, we express no opinion on patient care or those clinical decisions or opinions. Also, our audit was not directed toward examining the processes or investigations of the Office of Recipient Rights at the Center; accordingly, we express no opinion on those processes or investigations. In

\* See glossary at end of report for definition.

addition, our audit report includes supplemental information obtained from the Center for Forensic Psychiatry and presented as Exhibits 1 through 3. Our audit was not directed toward expressing an opinion on this information and, accordingly, we express no opinion on it.

### Audit Methodology

We conducted a preliminary review to gain an understanding of the Center's operations and internal control\* in order to establish our audit objectives and methodology. Our preliminary review included interviewing Center, DCH, and Department of Technology, Management, and Budget staff; observing operations; reviewing selected policies and procedures and the Mental Health Code; examining patient case file documentation; analyzing the Center's expenditure and procurement card\* records; and touring the Center's facility.

To accomplish our first audit objective, we interviewed Center staff and reviewed Center policies, procedures, and laws related to the Evaluation Services Division. Also, we obtained, analyzed, and reviewed the information in the Evaluation Services Division's database to determine if the Center completed examinations in a timely manner. In addition, we randomly selected for review 40 court-ordered competency and criminal responsibility examinations to determine whether the Center issued interim letters when required, consulted with defense counsel, and included required information in the reports and related files. Further, we conducted interviews with State Court Administrative Office staff related to the impact of the Center's examinations of defendants on the courts.

To accomplish our second objective, we interviewed Center staff and reviewed selected Center policies and procedures. We observed pharmacy operations, including the distribution of medications to patients and controls over access to medications. We obtained and verified the tool inventories of maintenance staff. Also, we obtained and reviewed information from the security database, the incident\* reporting database, and reports related to the Center's monitoring of selected doors. In addition, we judgmentally selected and reviewed 14 videos obtained from the Center's security surveillance system. We also judgmentally selected a sample of 21 incidents documented by security personnel and/or contained in the security database or the

\* See glossary at end of report for definition.

incident reporting database to determine whether Center staff reported and appropriately resolved the incidents. Because we judgmentally selected the samples, the results cannot be projected.

When selecting activities or programs for audit, we use an approach based on assessment of risk and opportunity for improvement. Accordingly, we focus our audit efforts on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. Our limited audit resources are used, by design, to identify where and how improvements can be made. Consequently, we prepare our performance audit reports on an exception basis.

#### Agency Responses and Prior Audit Follow-Up

Our audit report contains 5 findings and 6 corresponding recommendations. DCH's preliminary response indicates that the Center agrees with all of the recommendations.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion at the end of our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require DCH to develop a plan to comply with the audit recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We released our prior performance audit of the Center for Forensic Psychiatry and Related Bureauwide Reimbursement Activities, Bureau of Hospitals, Centers, and Forensic Mental Health Services, Department of Community Health (39-210-03), in April 2005. The prior audit findings were related to Bureauwide reimbursement activities and were not within the scope of this audit; as a result, we did not follow up any of the prior audit recommendations.

COMMENTS, FINDINGS, RECOMMENDATIONS,  
AND AGENCY PRELIMINARY RESPONSES

## **EFFORTS TO CONDUCT COMPETENCY AND CRIMINAL RESPONSIBILITY EXAMINATIONS**

### **COMMENT**

**Audit Objective:** To assess the effectiveness of the Center for Forensic Psychiatry's efforts to conduct competency and criminal responsibility examinations in accordance with court orders, selected sections of the Mental Health Code, and selected Center policies.

**Audit Conclusion:** We concluded that the Center's efforts to conduct competency and criminal responsibility examinations in accordance with court orders, selected sections of the Mental Health Code, and selected Center policies were moderately effective.

Our audit conclusion was based on our audit efforts as described in the audit scope and audit methodology sections and the resulting reportable conditions\* noted in the comments, findings, recommendations, and agency preliminary responses section.

We noted two reportable conditions related to the Center's efforts to conduct competency and criminal responsibility examinations. In our professional judgment, these matters are less severe than a material condition\* but still represent opportunities for improvement in the Center's processes and internal control. The reportable conditions related to consultations with defense counsel and the timeliness of examination reports (Findings 1 and 2).

We reviewed the required elements and the supporting documentation necessary to complete the examination reports and considered other qualitative factors, such as the impact of consultation and timeliness on court scheduling, backlogs of examinations, and impact on the defendants' status.

In reaching our conclusion, we considered the two reportable conditions in conjunction with other areas reviewed and the impact of the qualitative factors described in the preceding paragraph. We believe that the results of our audit efforts provide a reasonable basis for our audit conclusion for this audit objective.

\* See glossary at end of report for definition.

## **FINDING**

### 1. Consultations With Defense Counsel

The Center did not have a process in place to ensure that examiners consulted with defense counsel when conducting competency examinations.

Without consulting defense counsel, examiners may not obtain all critical information needed to conduct thorough examinations, which could increase the risk that examiners will make an improper competency determination. The Center indicated that consultation with defense counsel can sometimes provide the examiner with information related to specific issues or concerns with the defendant's ability to assist in his or her defense, such as current and past psychiatric or medical concerns. In addition, defense counsel may provide the examiner with a listing of other sources of information, such as family members, legal guardians, or care providers with whom the examiner may need to consult.

Section 330.2028 of the *Michigan Compiled Laws* requires that competency examinations include consultation with defense counsel.

We noted that, for 8 (31%) of 26 randomly selected competency examinations, the Center did not provide documentation that examiners consulted with defense counsel. Further, only 1 of the 8 examination files contained documentation that the examiner attempted to contact defense counsel.

Although the law did not define specific exemptions in relation to defense counsel consultations, the Center believes that the law does not require consultation if the following three actions have occurred: (1) the examiner made attempts to contact defense counsel; (2) defense counsel did not make themselves available for consultation; (3) in the examiner's professional opinion, he or she has obtained sufficient evidence to support the competency opinion without consultation with defense counsel. The Center also indicated that staff need additional training on the importance of contacting defense counsel and documenting unsuccessful attempts to make contact. In addition, the Center indicated that management reviews of selected examination files did not specifically look for documentation of consultation with defense counsel.

## **RECOMMENDATION**

We recommend that the Center implement a process to ensure that examiners consult with defense counsel when conducting competency examinations.

## **AGENCY PRELIMINARY RESPONSE**

The Center agrees that it did not have a process in place to ensure that examiners always consulted with defense counsel when conducting competency examinations.

The Center's *Evaluation Services Standards for Forensic Reports* requires documentation of contact with attorneys. The Center informed us that, while all attorneys do not necessarily cooperate with an examiner's attempt to consult, Center staff are still required to make themselves available for consultation with defense counsel and to provide appropriate documentation of such efforts. The Center acknowledges that the Center needs to implement additional corrective action to ensure quality consistency.

The Center informed us that the Evaluation Services Division administration has conducted training to ensure consistency in forensic report standards, particularly regarding the statutory requirements and *Evaluation Services Standards for Forensic Reports*. The Center indicated that this review and training included a specific focus on the importance and requirement of attorney consultation. The Center also indicated that, since November 1, 2013, all competency reports have been administratively reviewed for compliance prior to mailing and that this review process continued through December 2013. The Center further indicated that, in January 2014, the Center continued to have regular supervisory review of selected reports for this specific criterion, along with the routine auditing of timeliness, productivity, and general quality of work product.

## **FINDING**

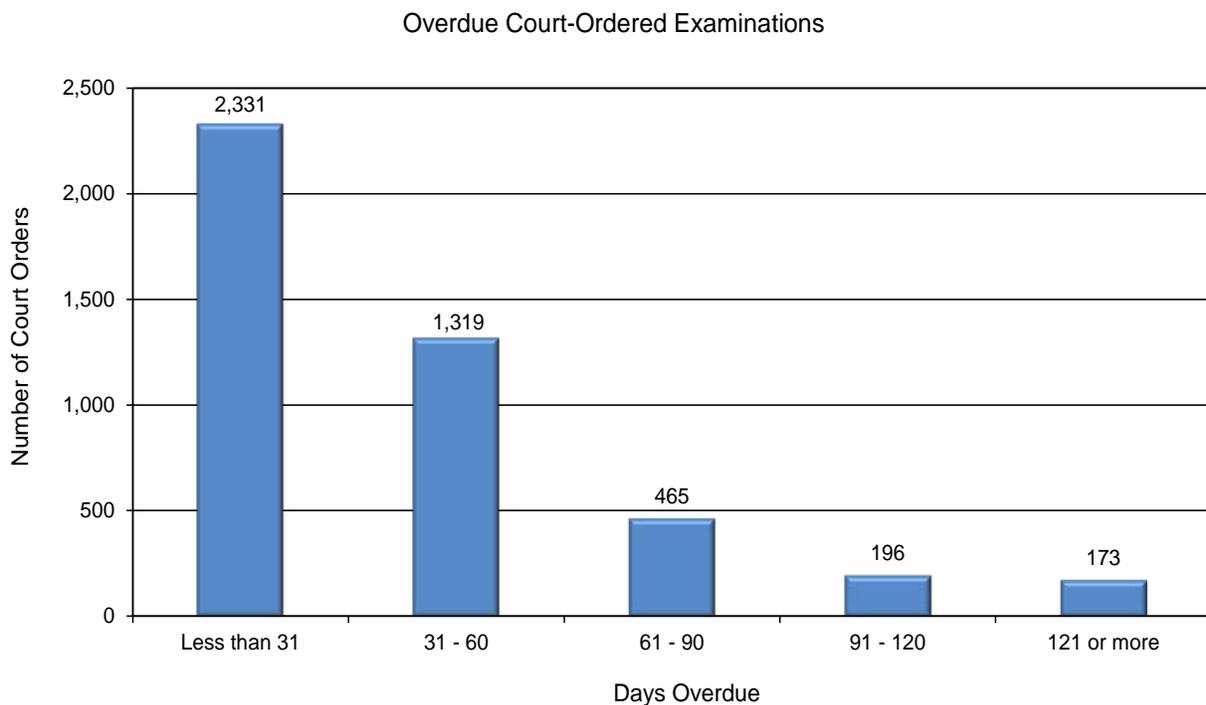
### **2. Timeliness of Examination Reports**

The Center did not submit court-ordered competency and criminal responsibility examination reports within 60 days of the court orders. Also, the Center did not notify or timely notify the courts when the Center was not going to complete court-ordered competency and criminal responsibility examination reports within

60 days of the court order. Delays related to untimely examinations could potentially affect the scheduling of the courts and delay the resolution of criminal charges, which could impact the defendants' jail and treatment time.

Our analysis and review of examination records disclosed:

- a. The Center did not meet the 60-day completion deadline for 4,484 (67%) of 6,654 examinations ordered and completed from October 1, 2010 through April 30, 2013:



Section 330.2028 of the *Michigan Compiled Laws* requires completion of the examination and a written report within 60 days of the court order.

- b. The Center did not notify or timely notify the courts that it would not complete examinations within the 60-day completion deadline for 25 (78%) of

32 randomly selected examinations that exceeded the 60-day completion deadline. We noted:

- (1) For 15 (47%) of the 32 examinations, the Center did not notify the courts that the Center would not complete the examinations within the required 60 days.
- (2) For 10 (31%) of the 32 examinations, the Center did not timely notify the courts. For these 10 examinations, the Center informed the courts that it would not meet the deadline an average of 20 days after the 60-day deadline had passed.

The Center's manual entitled *The Evaluation Unit: A Survival Guide* stipulates that an examiner sends an interim report to the judge and both attorneys prior to the 60-day deadline when the examiner will not be submitting the competency and criminal responsibility report within 60 days. The purpose of the interim report is to request permission from the court to delay issuance of the competency and criminal responsibility report and provide an estimated date of completion. The manual also provides that, when the examiner meets with defendants close to or after the 60-day deadline, the examiner can send an e-mail indicating that the report will be late but the examiner must then submit the competency and criminal responsibility report within one week of the 60-day deadline. Otherwise, the examiner must file an interim report.

The Center believes that its ability to submit reports in a timely manner was impacted by delays in receiving court orders, defendants missing scheduled appointments, and the lead time needed for scheduling bond defendants. The Center informed us that management reviews of examination files did not specifically look for documentation notifying courts when examiners would not submit examination reports within the required 60 days.

## **RECOMMENDATIONS**

We recommend that the Center submit court-ordered competency and criminal responsibility examination reports within 60 days of the court orders.

We also recommend that the Center timely notify the courts when the Center is not going to complete court-ordered competency and criminal responsibility examination reports within 60 days of the court order.

### **AGENCY PRELIMINARY RESPONSE**

The Center agrees that it did not always submit court-ordered competency and criminal responsibility examination reports within 60 days of the court orders and did not always notify or timely notify the court when the Center could not complete reports within 60 days of the court order.

The Center informed us that it is in the process of addressing a combination of systemic, resource, and individual performance issues to significantly improve the number of examinations completed before the 60-day deadline and to ensure that, when interim letters are necessary, staff consistently issue the letters before the deadline. The Center also informed us that its database now provides a dashboard view of evaluations in process to each examiner, which serves as a prompt for the timely issuance of reports and, when applicable, interim letters. In addition, the Center informed us that it now enters and tracks mailing dates of interim letters and that the Center has enhanced managerial oversight of timeliness.

## **EFFORTS TO PROVIDE FOR THE SAFETY AND SECURITY OF PATIENTS, STAFF, AND VISITORS**

### **COMMENT**

**Background:** The Center operates under policies and procedures established by the Department of Community Health (DCH) in addition to policies and procedures developed by the Center. These policies and procedures were designed to have a positive impact on the safety and security of the Center as well as to help ensure that patients receive proper care and services. Although compliance with these policies and procedures contributes to a safe and secure Center, the nature of the Center's population and environment can be unpredictable. Therefore, compliance with the policies and procedures will not entirely eliminate the safety and security risks.

**Audit Objective:** To assess the effectiveness of the Center's efforts to provide for the safety and security of its patients, staff, and visitors.

**Audit Conclusion: We concluded that the Center's efforts to provide for the safety and security of its patients, staff, and visitors were moderately effective.**

Our audit conclusion was based on our audit efforts as described in the audit scope and audit methodology sections and the resulting material condition and reportable conditions noted in the comments, findings, recommendations, and agency preliminary responses section.

We noted one material condition and two reportable conditions related to the Center's efforts to provide for safety and security. In our professional judgment, the material condition is more severe than a reportable condition and could impair management's ability to operate the Center effectively or could adversely affect the judgment of an interested person concerning the effectiveness of the Center. The material condition related to the Center not always ensuring that its staff effectively observed patients (Finding 3). We considered the condition to be material based on qualitative factors related to the potential for harm to patients, staff, and visitors. Also, in our professional judgment, the reportable conditions are less severe than a material condition but still represent opportunities for improvement in the Center's processes and internal control. The two reportable conditions related to access to security sensitive areas\* (Finding 4) and the completion of incident report\* forms (Finding 5).

We reviewed other areas related to safety and security, including medication controls and tool inventory. Also, we considered other qualitative factors, such as the unpredictable nature of the patients served by the Center; the broad definition for incidents, which results in a large number of documented incidents; and observation of various physical security measures, such as fences, metal detectors, and security pass cards required for access to restricted areas.

In reaching our conclusion, we considered the material condition and reportable conditions, the additional safety and security areas reviewed and observed, and the large number of incidents documented compared to the exceptions noted in our judgmentally selected sample. We believe that the results of our audit efforts provide a reasonable basis for our audit conclusion for this audit objective.

\* See glossary at end of report for definition.

## **FINDING**

### **3. Patient Observation**

The Center did not always ensure that its staff effectively observed patients. The Center's failure to ensure that staff properly observed patients increased the risk that staff would not observe changes in a patient's behavior that could result in harm to the patient, other patients, visitors, or staff.

The Center maintains surveillance videos for approximately 30 days. We judgmentally selected for review 14 videos from the period May 30, 2013 through June 25, 2013 that showed activity near the nurses' stations located at the main entrances to the patient units. For 8 (57%) of the 14 videos that we reviewed, we observed Center staff engaged in activities other than observing patient behavior, such as congregating, reading the newspaper, and using cellular telephones. One of the Center's surveillance system videos recorded a situation in which a staff person was using a cellular telephone and was not observing the patients in the area. The staff person did not observe a patient approaching and that patient initiated an attack on the staff person.

The Center's Nursing Standard Operations Procedure Manual regarding staff coverage for dayrooms, hallways, interview rooms, and bathrooms requires employees to diligently observe patients' behavior to ensure quality care and treatment. In addition, the Center's policy regarding staff excluded items states that staff cannot bring cellular telephones into patient accessible areas.

The Center indicated that it had not properly educated new staff regarding patient observation. Also, the Center informed us that management did not consistently enforce these policies when management noted violations.

## **RECOMMENDATION**

We recommend that the Center ensure that its staff more effectively observe patients.

## **AGENCY PRELIMINARY RESPONSE**

The Center agrees that it can improve on patient observation within the nurses' station of each patient unit, as in the 8 instances cited. The Center indicated that, although there are no performance measures that directly assess patient

observation, the Center typically has client injury rates that are below national averages. In addition, the Center believes that it typically intervenes before patients' behavior becomes dangerous, resulting in low rates of use of seclusion and restraint (used only when patients are imminently dangerous and if less restrictive interventions have failed). The Center informed us that it continues to recognize the importance of effective patient observation. The Center also informed us that it is developing additional education which stresses the dangers to patients and staff of complacency and distraction and is reviewing duties associated with specific job assignments in order to enhance patient observation.

## **FINDING**

### **4. Access to Security Sensitive Areas**

The Center did not ensure that staff controlled access to and from security sensitive areas\*. There is an increased risk that patients could injure themselves or others if allowed into security sensitive areas during unsupervised times.

At 253 separate times during the period January 23, 2013 through May 14, 2013, the Center monitored the security status of 14 interior doors that lead from patient living areas to unsupervised areas within the Center. We noted that there were 209 (83%) instances when the Center had not secured one or more of the 14 doors. We also noted that the Center had not identified the 11 doors leading to kitchens and dining rooms within the patient units as being security sensitive and, therefore, did not have a formal process to monitor the security status of the doors. In the kitchen, patients could obtain access to contraband\*, such as knives and electrical cords. During a tour of the Center's facility, we observed that Center staff had left a door to one of the unit kitchens open.

The Joint Commission's 2012 *Comprehensive Accreditation Manual for Hospitals* (Standard EC.02.01.01, Element 8) requires the Center to control access to and from areas that the Center identifies as being security sensitive. The Center's Nursing Department policies require that staff assigned to the nurses' station control all entry to and exit from the patient living areas. In addition, the Center's Nursing Standard Operations Procedure Manual recommends that staff lock the doors to ensure patient safety.

\* See glossary at end of report for definition.

The Center informed us that some Center staff either ignored or were unaware of the risks of leaving certain doors to security sensitive areas unsecured.

### **RECOMMENDATION**

We recommend that the Center ensure that staff control access to and from security sensitive areas.

### **AGENCY PRELIMINARY RESPONSE**

The Center agrees that its staff did not always secure access to and from areas identified as security sensitive. While the Center agrees that security sensitive doors should always remain secure, the Center indicated that patients likely were not present at many of the times the doors were noted as being unsecured because the Center only allows patients in those areas at specified times throughout the day. In January 2013, the Center was cited during a Joint Commission survey for leaving security sensitive doors unsecured. Subsequent to this citation, the Center implemented regular monitoring of selected doors via the Center's Integrator system, with the results described in the finding. The Center indicated that staff left these specific doors open to allow for easier entry to and from the staff break room. This is a deviation from the Center's existing policy and the Center indicated that it has been addressed via education and ongoing monitoring, with significant improvement attained.

Certain doors (including the unit kitchen doors) are not controlled by the Integrator system. The Center indicated that it added these doors to the unit rounds completed by unit supervisors and unit nurses, and random audits are conducted to ensure that these doors are closed. The Center also informed us that staff have been educated about the importance of securing these doors, and signs will be added to remind staff to secure them.

### **FINDING**

#### 5. Completion of Incident Report Forms

The Center did not ensure that staff completed incident report forms and documented action taken for all incidents\* identified by the Center. The Center's failure to ensure that staff complete incident report forms and document action

\* See glossary at end of report for definition.

taken could result in designated management personnel not being notified of the incident and related action and, therefore, not having the opportunity to ensure that the incident was properly resolved and that the risk of recurrence was appropriately addressed.

We judgmentally selected 21 incidents documented by security personnel and/or contained in the security database or the incident reporting database. Our review disclosed:

- a. Center staff did not complete an incident report form for 11 (85%) of the 13 incidents that we reviewed from security personnel or the security database. Also, for 4 (36%) of the 11 incidents, the Center did not document the action taken to resolve the incident and/or to prevent recurrence.
- b. Center staff did not document the action taken to resolve the incident and to prevent recurrence for 1 (13%) of the 8 incidents that we reviewed from the incident reporting database.

The Center's patient incident reporting policy states that it is the responsibility of the Center's staff to report all incidents on an incident report form and to document on the form what interventions or actions took place, including actions or plans to prevent recurrence.

The Center indicated that staff sometimes communicate incidents verbally or through the security reporting process and that the Center had not properly educated all staff regarding the incident report policies and procedures.

### **RECOMMENDATION**

We recommend that the Center ensure that staff complete incident report forms and document action taken for all incidents identified by the Center.

### **AGENCY PRELIMINARY RESPONSE**

The Center agrees that its incident reporting process for incidents not related to a particular patient (i.e., the sorts of incidents tracked in the security database) needs to be improved. The Center informed us that these incidents are currently reported

on a DCH form designed to be used for reporting patient incidents and that the relevant policy and training focus primarily on patient incident reporting. The Center indicated that it is in the process of developing a form specifically designed for reporting occurrences that pose potential environmental risks and developing associated policy and procedures. The Center also indicated that it will train staff on the new form, policy, and procedures. In addition, the Center informed us that, in the interim, staff have been reminded of the existing requirement that an incident report be completed for occurrences that pose potential environmental risks, as well as for patient incidents.

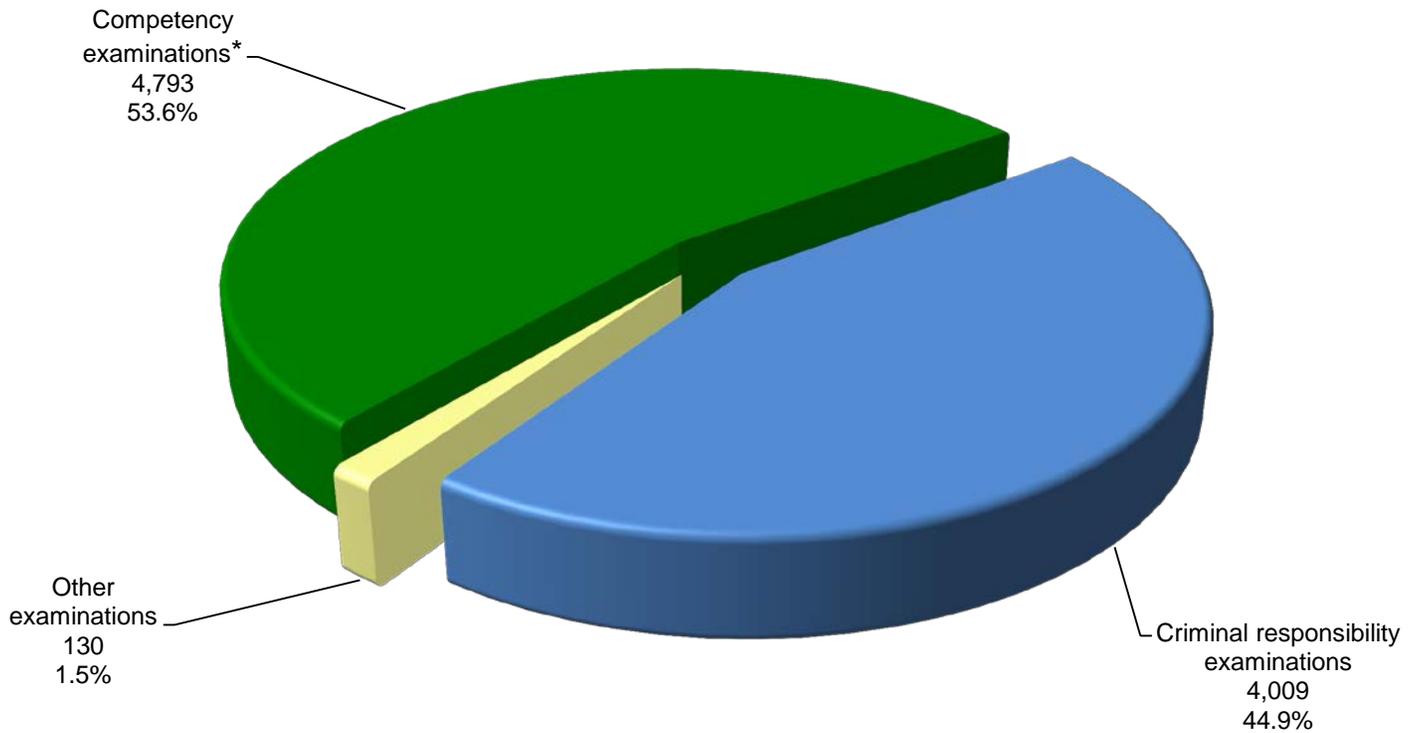
The Center also agrees that it should improve documentation of the actions taken to resolve and prevent recurrence of reported incidents. The Center indicated that development of a new form and processes for reporting incidents not related to a particular patient, as described in the preceding paragraph, will allow centralized tracking of the follow-up to these incidents and that ensuring that appropriate documentation has occurred will be an aspect of this tracking.



# SUPPLEMENTAL INFORMATION

CENTER FOR FORENSIC PSYCHIATRY  
Department of Community Health

Number of Competency and Criminal Responsibility Examination Orders Received  
October 1, 2010 Through April 30, 2013

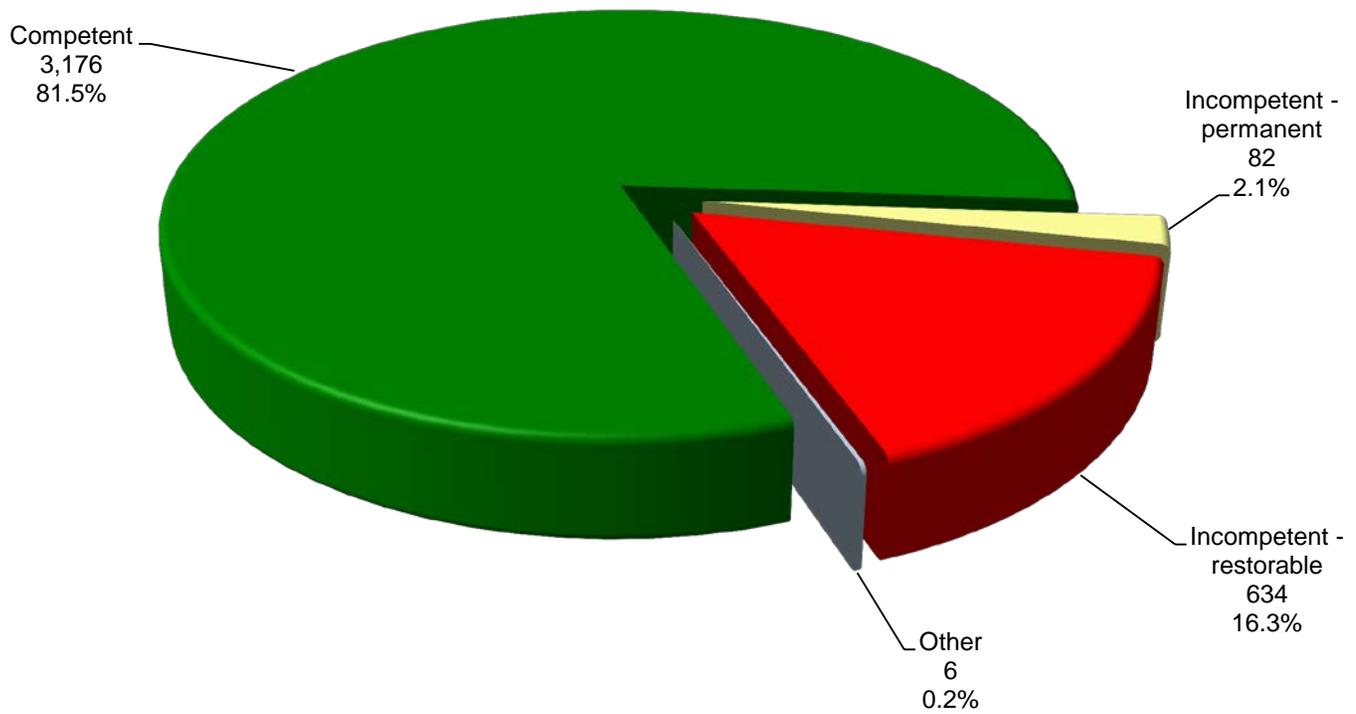


Source: Prepared by the Office of the Auditor General from data obtained from the Center for Forensic Psychiatry.

\* See glossary at end of report for definition.

CENTER FOR FORENSIC PSYCHIATRY  
Department of Community Health

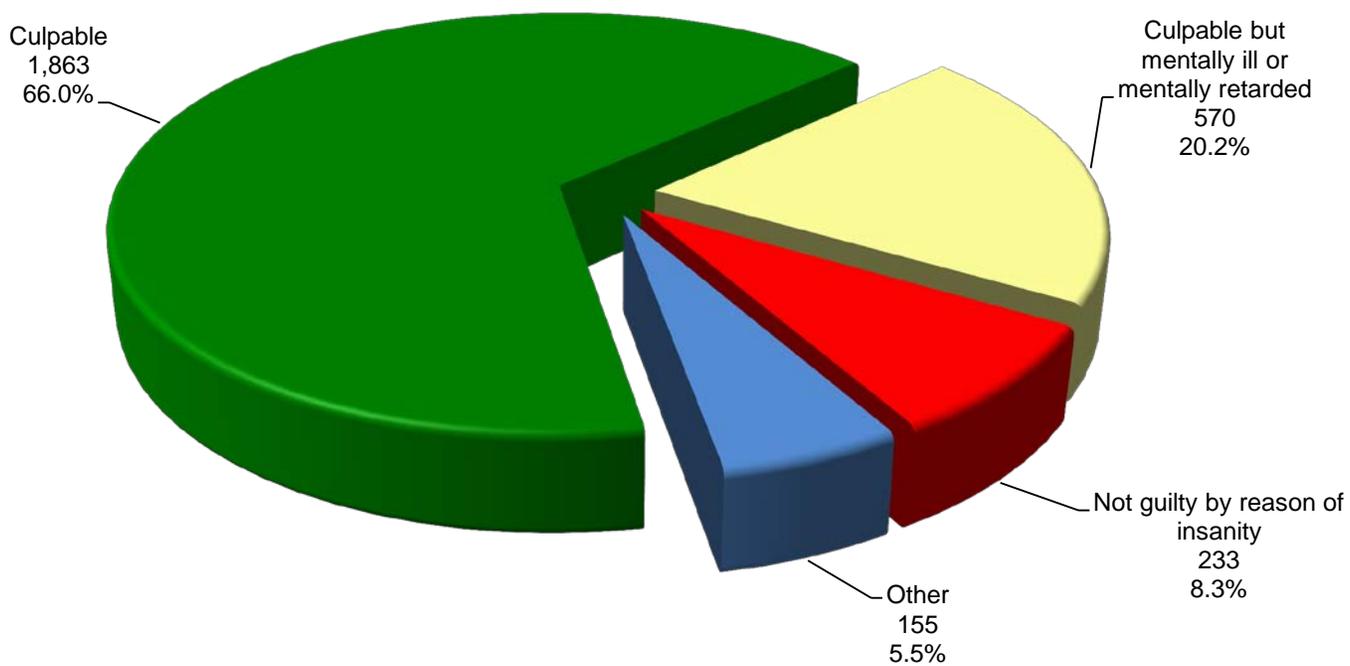
Types of Opinions Rendered Related to Competency Examinations  
October 1, 2010 Through April 30, 2013



Source: Prepared by the Office of the Auditor General from data obtained from the Center for Forensic Psychiatry.

CENTER FOR FORENSIC PSYCHIATRY  
Department of Community Health

Types of Opinions Rendered Related to Criminal Responsibility Examinations  
October 1, 2010 Through April 30, 2013



Source: Prepared by the Office of the Auditor General from data obtained from the Center for Forensic Psychiatry.

# GLOSSARY

## Glossary of Abbreviations and Terms

competency examination	An examination conducted to provide an opinion on whether a defendant to a criminal charge is competent to stand trial. An opinion of incompetent would result if the examiner, based on evidence obtained, believed that the defendant is incapable because of his or her mental condition of understanding the nature and object of the proceedings against him or her or the defendant is incapable of assisting in his or her defense in a rational manner.
contraband	Property that is not allowed in the Center by State law, rule, or policy. This includes items such as weapons, alcohol, glass or metal containers, cellular telephones, or knives.
criminal responsibility examination	An examination conducted to provide an opinion related to the claim of the defendant's insanity at the time of the alleged offense and whether the defendant was mentally ill or mentally retarded at the time of the alleged offense. An individual is legally insane if, as a result of mental illness or as a result of being mentally retarded, the defendant lacks substantial capacity either to appreciate the nature and quality or the wrongfulness of his or her conduct or to conform his or her conduct to the requirements of the law.
DCH	Department of Community Health.
effectiveness	Success in achieving mission and goals.
incident	An occurrence that disrupts or adversely affects the course of treatment or care of an individual or the ward/living unit management or the hospital administration or a significant event that warrants reporting for organizationwide patient safety purposes. Incidents include, but are not limited to,

death of a patient, injury or harm to patients, abuse or neglect of patients, attacks on other persons, and events resulting in restraints or occurrences that pose potential environmental risks or abnormalities for a patient regardless of whether or not these can be linked to specific patients.

incident report

A mechanism to document and report events of an unusual nature involving patients. Events requiring an incident report include, but are not limited to, patient deaths, serious injuries to patients, employee misconduct, known or suspected abuse or neglect of a patient, patient suicide attempts, and patient escape attempts.

internal control

The plan, policies, methods, and procedures adopted by management to meet its mission, goals, and objectives. Internal control includes the processes for planning, organizing, directing, and controlling program operations. It also includes the systems for measuring, reporting, and monitoring program performance. Internal control serves as a defense in safeguarding assets and in preventing and detecting errors; fraud; violations of laws, regulations, and provisions of contracts and grant agreements; or abuse.

Joint Commission

An independent, not-for-profit organization that accredits and certifies more than 20,000 health care organizations and programs in the United States. Joint Commission accreditation and certification are recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

material condition

A matter that, in the auditor's judgment, is more severe than a reportable condition and could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment

of an interested person concerning the effectiveness and efficiency of the program.

mission The main purpose of a program or an entity or the reason that the program or the entity was established.

performance audit An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.

procurement card A credit card issued to State employees for purchasing commodities and services in accordance with State purchasing policies.

reportable condition A matter that, in the auditor's judgment, is less severe than a material condition and falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the audit objectives; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.

security sensitive area Any area of the Center in which a patient should not be allowed without supervision.

serious mental  
illness

A diagnosable mental, behavioral, or emotional disorder affecting an individual that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria as specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by DCH. The diagnosis also resulted in functional impairment that substantially interferes with or limits one or more major life activities.









