# CITY OF SAN ANTONIO

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September 29, 2021

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SUBJECT: Audit Report of San Antonio Fire Department Mobile Integrated Healthcare Program

Mayor and Council Members:

We are pleased to send you the final report of the San Antonio Fire Department Mobile Integrated Healthcare Program. This audit began in January 2021 and concluded with an exit meeting with department management in July 2021. Management's verbatim response is included in Appendix B of the report. The San Antonio Fire Department management and staff should be commended for their cooperation and assistance during this audit.

The Office of the City Auditor is available to discuss this report with you individually at your convenience.

Respectfully Submitted,

Kevin W. Barthold, CPA, CIA, CISA
City Auditor
City of San Antonio

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# CITY OF SAN ANTONIO

# OFFICE OF THE CITY AUDITOR

Audit of San Antonio Fire Department

Mobile Integrated Healthcare (MIH) Program

Project No. AU21-016

September 29, 2021

Kevin W. Barthold, CPA, CIA, CISA
City Auditor

# Executive Summary

As part of our annual Audit Plan approved by City Council, we conducted an audit of the San Antonio Fire Department (SAFD), specifically the Mobile Integrated Healthcare Program. The audit objectives, conclusions, and recommendations follow:

**Determine if the Mobile Integrated Healthcare Program is monitored effectively to ensure performance measures, training requirements, operating procedures, fiscal processes, user access, and inventories are adequate.**

We evaluated the City's Mobile Integrated Healthcare program and determined that SAFD monitors the program effectively. SAFD provides MIH personnel and substitute paramedics with proper and adequate training and has written standard operating procedures for each program which includes the program's purpose and goals. Additionally, SAFD has adequate controls in place to ensure the MIH program's donation reimbursements are invoiced and documented accurately and timely.

However, there are opportunities to strengthen controls associated with standard operating procedure reviews, controlled substance documentation, and user access administration.

We recommend that the Fire Chief:

- Update standard operating procedures to reflect current processes and maintain the procedures with an annual review to include revised dates and signatures.
- Enhance the inventory process for controlled substances to ensure manual entry mistakes do not occur, including reviews for accuracy and completeness.
- Establish and enforce guidelines for periodically reviewing user access for systems and applications used by MIH personnel. Additionally, ensure that all cabinets containing patient data be secured and locked at all times.

San Antonio Fire Department Management agreed with the audit findings and has developed positive action plans to address them. Management's verbatim response is in Appendix B on page 8.

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# Background

The Mobile Integrated Healthcare (MIH) program provides healthcare to a growing population of 911 callers who do not necessarily need a quick emergency response. The program has emergency medical services (EMS) paramedics within the San Antonio Fire Department (SAFD) who provide medical assessment and preventive healthcare education to citizens and connects them with appropriate social services resources as needed. MIH is not designed to replace the existing EMS system for 911, which meets patients' needs that are serious and where a quick response is vital. Rather, MIH is a delivery system that works side by side with the existing EMS delivery system that allows paramedics to act in a proactive non-emergent capacity.

On October 1, 2014, SAFD began a six-month pilot MIH Program which focused on patients with a high-volume use of the 911 system called High Volume Utilizers (HVU). The SAFD reports that the MIH program has consistently demonstrated a reduction in 911 call volume by developing individualized care plans to ensure that the client has appropriate medical oversight through a dedicated primary care physician or other healthcare provider. The MIH paramedics also educate the client about their health issues, medication compliance, and other important life skills.

Funding for the MIH Program is from City of San Antonio general funds and annual contracts with the Southwest Texas Regional Advisory Council for Trauma (STRAC) to assist with personnel and equipment expenses.

In addition to the HVU initiative, the MIH Program has expanded and grown with the following programs utilizing eight SAFD paramedics:

**Haven for Hope Acute Care Station (H4H)** – This program improves care and treatment for clients at Haven for Hope by providing after-hours, non-emergent care for patients on site at the Acute Care Station. The program also helps reduce 911 calls and transports to the hospital by treating non-emergent cases on-site, and then referring those clients to CentroMed for follow-up care.

**Hospice** – The Hospice program focuses on providing care to patients in their home who are terminally ill. The MIH program shifts the paradigm of EMS from providing emergency therapy while transporting to the ER, to allowing the patient to die with dignity in their home.

**Integrated Mobile Partners Action Crisis Team (IMPACT)** – This program is a collaboration between the SAFD and SAPD Mental Health Unit (MHU) with an emphasis on the homeless population.

**Texas Targeted Opioid Response (TTOR)** – This program reaches out to patients that have had a recent EMS response for Opioid overdose attempting to navigate them into rehabilitation options. Patients are issued and trained on the use of Opiate Overdose Kits including two doses of Narcan.

**Medication Assisted Treatment (MAT)** – This program starts immediate Medication Assisted Recovery via infield induction of Suboxone for patients with an addiction to opioids as a temporary bridge to get the patient to a detoxification bed and program.

**Program for Intensive Care Coordination (PICC)** – The PICC utilizes two MIH paramedics to work side by side with SAPD's MHU and Local Mental Health Authority to connect with individual's pre and post mental health crisis and emergency detention.

# Audit Scope and Methodology

The audit scope included Haven for Hope Acute Care Station (H4H ACS), Hospice, Medication Assisted Treatment (MAT), Texas Targeted Opioid Response (TTOR), and Program for Intensive Care Coordination (PICC) for October 2019 through April 2021.

To establish test criteria, we examined applicable City Administrative Directives and SAFD's standard operating procedures specific to the MIH program. Additionally, we reviewed the City ordinance that contains the agreement between Southwest Texas Regional Advisory Council (STRAC) and the City.

We interviewed MIH personnel and the SAFD Fiscal Manager to gain an understanding of the MIH program, including training requirements, patient eligibility, and performance measures. We also examined policies and procedures and the City's Administrative Directives pertaining to the financial management of related accounts receivable.

We tested the inventory process for controlled substances to ensure they are accounted for daily and all administered doses to patients are adequately documented. Additionally, we tested user access to determine if access to patient care documentation is secured physically and logically.

We relied on computer-processed data in SAP to validate internal orders, invoices, and expenses. Our reliance was based on performing direct tests on the data rather than evaluating the system's general and application controls. Our direct testing included verifying reimbursement invoices to STRAC are accurate, verifying correct internal order numbers were used to post journal entries, and verifying expenses are within budgeted amounts. We do not believe that the absence of testing general and application controls had an effect on the results of our audit.

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.

# Audit Results and Recommendations

## A. Standard Operating Procedures

MIH standard operating procedures (SOP) are not periodically reviewed to ensure they contain the most current and accurate information.

We identified outdated information within the Medication Assisted Treatment (MAT) program's SOP regarding dosage guidelines of the controlled substance Suboxone, which is administered to treat patients with Opioid withdrawal. While this program is evolving quickly as improvements are made, it is important to keep SOPs up to date.

SAFD could become non-compliant with laws and regulations or be liable for patient negligence if the SOPs are not accurate with current information and best practices.

### Recommendations

The Fire Chief should review and update, as needed, standard operating procedures to reflect current processes and maintain the procedures with an annual review, or more often, to include a history of revision dates and approvals.

## B. Documentation of Controlled Substances

The daily log sheets that document the inventory count for the controlled substance Suboxone have inaccurate and missing information.

We selected Suboxone inventory logs for the months of November/December 2019, June/July 2020, October 2020, December 2020, and January 2021 and identified the following issues:

- For the months June/July 2020 there was a date of 4/21/20 included. Also, the start and end times of the paramedics' shift was entered instead of the Suboxone start/end quantity.
- On 10/31/20, the paramedic entered a different start quantity from the previous day's ending quantity.
- For the month January 2021, there were fields left blank.
- When a dose of Suboxone is administered, the only identifier on the log sheet is the Tag number on the box and not the individual packet number, which makes it difficult to trace the exact Suboxone packet to the Patient Care Report.

Additionally, we verified the daily logs are not reviewed for accuracy and completion when they are turned in to the MIH office.

Per the UT Health San Antonio Office of the Medical Director Clinical Operating Guidelines (COGs), tracking usage and waste of Drug Enforcement Administration (DEA) controlled substances is the responsibility of the San Antonio Fire Department. The DEA may conduct unannounced audits and must be able to trace all movement of controlled substances from the time of receipt, into inventory, and to its final use or disposal.

While errors were identified, we believe these errors to be administrative in nature. We found no evidence to suggest possible fraud or misappropriation of controlled substances.

Lack of proper controls to account for a controlled substance could result in theft or loss.

**Recommendation**

The Fire Chief should enhance the inventory process for controlled substances to ensure the daily logs' manual entry mistakes do not occur, including reviews for accuracy and completeness.

## C. Logical and Physical Access Administration

The SAFD does not periodically review user access in SharePoint or the patient database (Tablet Patient Care Report) to ensure only those with a business need have access.

During our review, we identified two users who no longer have a need to access to the MIH SharePoint site, which contains Health Insurance Portability and Accountability Act (HIPAA) data. We also identified approximately 20% of active user accounts in the STRAC patient database are inappropriate as they no longer work with the SAFD.

A City issued badge is required to enter the MIH office at Public Safety Headquarters. We determined approximately 450 COSA personnel have access to the MIH office where we observed patient records are stored in unlocked filing cabinets.

City Administrative Directive 7.8d *Access Control* requires that system access be restricted by job function for essential use only using the concept of least privileges. Access to COSA IT assets must be disabled upon separation and user access must be periodically reviewed for validity. Administrative Directive 4.7 Healthcare Data Protection Administrative Authority requires departments with

HIPAA covered components to take reasonable precautions with respect to the physical security of areas housing file cabinets holding protected health information.

The lack of periodic user access reviews increases the risk of potential unauthorized users, inappropriate access, and unauthorized modification of data. Unauthorized access of HIPAA data contained in unlocked cabinets could result in accidental or intentional disclosure and cause damage to the City and its employees.

**Recommendation**

The Fire Chief should enhance and enforce guidelines for periodically reviewing user access for systems and applications used by MIH personnel. Additionally, ensure that all cabinets containing patient data be secured and locked at all times.

# Appendix A – Staff Acknowledgement

Baltazar Vargas, CIA, CFE, Audit Manager
Holly Williams, CISA, CRISC, Auditor in Charge
Hedei Newcomb, CFE, Auditor

# Appendix B – Management Response

CITY OF SAN ANTONIO

SAN ANTONIO TEXAS 78283-3966

September 24, 2021

Kevin W. Barthold, CPA, CIA, CISA
City Auditor
San Antonio, Texas

RE: Management's Corrective Action Plan for Audit of San Antonio Fire Department Mobile Integrated Healthcare Program

The San Antonio Fire Department has reviewed the audit report and has developed the Corrective Action Plan below corresponding to the report recommendation.

| Recommendation | | | | | |
|---|---|---|---|---|---|
| # | Description | Audit Report Page | Accept, Decline | Responsible Person's Name/Title | Completion Date |
| 1 | **Standard Operating Procedures**<br><br>The Fire Chief should review and update, as needed, standard operating procedures to reflect current processes and maintain the procedures with an annual review, or more often, to include a history of revision dates and approvals. | 4 | Accept | Ramon Casanova Assistant Chief | Completed |
| | **Action plan: SAFD has begun the process updating MIH procedures to include an annual review to reflect the current changes in processes. The review will be performed before the start of each fiscal year.** | | | | |
| 2 | **Documentation of Controlled Substances**<br><br>The Fire Chief should enhance the inventory process for controlled substances to ensure the daily logs' manual entry mistakes do not occur, including reviews for accuracy and completeness. | 5 | Accept | Ramon Casanova Assistant Chief | Completed |

| Recommendation | | | | | |
|---|---|---|---|---|---|
| # | Description | Audit Report Page | Accept, Decline | Responsible Person's Name/Title | Completion Date |
| | **Action plan: SAFD Has streamlined the process to be more inline with the log and usage of controlled substance in EMS. Controlled substances are now audited everyday and secured in a locked box inside the office with limited personnel access.** | | | | |
| 3 | **Logical and Physical Access Administration**<br><br>The Fire Chief should enhance and enforce guidelines for periodically reviewing user access for systems and applications used by MIH personnel. Additionally, ensure that all cabinets containing patient data be secured and locked at all times. | 6 | Accept | Ramon Casanova Assistant Chief | Completed |
| | **Action plan: SAFD is working with the Chief of EMS to complete a full audit of personnel access to the EMS administration area. All cabinets in the EMS administration area that contain protected patient information have been secured, locked at all times and have limited personnel access.** | | | | |

We are committed to addressing the recommendation in the audit report and the plan of action presented above.

Sincerely,

Charles N. Hood
Fire Chief
San Antonio Fire Department

9/24/2021
Date

Maria Villagómez
Deputy City Manager
City Manager's Office

9/24/2021
Date