

PERFORMANCE AUDIT

Torrance State Hospital

February 2016



Commonwealth of Pennsylvania
Department of the Auditor General

Eugene A. DePasquale • Auditor General

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Commonwealth of Pennsylvania
Department of the Auditor General
Harrisburg, PA 17120-0018
Facebook: Pennsylvania Auditor General
Twitter: @PAAuditorGen
www.PaAuditor.gov

EUGENE A. DEPASQUALE
AUDITOR GENERAL

February 3, 2016

The Honorable Tom Wolf
Governor
Commonwealth of Pennsylvania
Harrisburg, PA 17120

Dear Governor Wolf:

This report contains the results of the Department of the Auditor General's performance audit of Torrance State Hospital (Torrance) that is operated by the Commonwealth's Department of Human Services (DHS). This audit covered the period July 1, 2011 through June 30, 2014, with updates through November 9, 2015. This audit was conducted under the authority of Section 402 of The Fiscal Code, 72 P.S. § 402, and in accordance with applicable 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 finding and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our conclusions based on our audit objective.

We performed this audit to determine whether Torrance effectively controlled overtime expenditures and administered overtime in accordance with Commonwealth policies and procedures. We found that lack of sufficient staff at Torrance led to significant overtime mandates, excessive overtime expenditures, and potentially less than optimal care for patients. We offer 6 recommendations to alleviate these deficiencies.

We also conducted procedures to determine the status of the implementation of corrective action to address our five prior audit findings and recommendations as presented in the audit report released on February 16, 2012. We found that Torrance adequately addressed the conditions noted in the prior audit findings.

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In closing, I want to thank the management and staff of Torrance and DHS for their cooperation and assistance during the audit. I am encouraged by their recent efforts to improve controls and their administration of overtime expenditures.

Sincerely,

A handwritten signature in black ink, appearing to read "Eugene A. DePasquale". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Eugene A. DePasquale
Auditor General

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Torrance State Hospital

Results in Brief

The purpose of this report is to communicate the results of our performance audit of the Torrance State Hospital (Torrance). We wanted to determine if Torrance effectively controlled overtime expenditures and administered overtime in accordance with Commonwealth policies and procedures. We also conducted procedures to determine the status of the implementation of our prior audit report findings and recommendations that were issued in our prior audit report of Torrance State Hospital dated February 16, 2012.

Our audit found that the Department of Human Services (DHS) and Torrance management did not address staffing shortages in a timely manner, which was the main contributing factor to excessive overtime hours and expenditures at the facility. We also found that doctor-ordered one-to-one patient observations, a significant number of employee separations, and a very high percentage of employees applying for and receiving Sick, Parental and Family (SPF) leave in accordance with the Family Medical Leave Act (FMLA), in combination with an increasing number of patient days at Torrance during the audit period, all contributed to the excessive overtime, including mandated overtime.

Our audit recommended that DHS/Torrance management continually monitor overtime costs and staff coverage needs; proactively work with employees and consider hiring a consultant to improve the work environment; continue to examine ways to reduce excessive overtime related to doctor-ordered one-to-one observations; ensure that adequate detection controls are in place to identify and correct overtime errors; and update Torrance's overtime control policy.

As a result of our procedures for determining the status of our prior audit findings, we concluded that Torrance management has satisfactorily resolved all five of the findings. We found the following: no evidence of any supervisory conflicts of interests or any actual or apparent endorsements of any psychiatrist's private company during the current audit period; Torrance has not used its contracted doctors to conduct training or attend training since our last audit; Torrance obtained reimbursement from the contractor for some of the time contracted personnel spent planning, conducting, or attending some training sessions during the prior audit; Torrance now requires the use of a sign-in and sign-out system to monitor hours worked by contracted personnel; and Torrance attempted to recruit private psychiatrists to become state employees after our last audit.

Torrance State Hospital

Background

The Torrance State Hospital (Torrance) is a public state-owned psychiatric hospital located in Westmoreland County, approximately 50 miles east of Pittsburgh. Torrance, which had 193 patients as of December 31, 2014, is certified by the federal Centers for Medicaid and Medicare Services (CMS) and provides inpatient services for individuals with severe and persistent mental illness. The hospital opened in 1919 and is one of six state hospitals operated by the Department of Human Services (DHS) through their Office of Mental Health and Substance Abuse Services (OMHSAS), Bureau of Community and Hospital Operations.

Torrance provides services to individuals in the following three distinct service categories:

1. Civil program - Individuals are generally admitted to Torrance as a referral from a community in-patient psychiatric hospitalization. If the treating physician at the community hospital determines that the patient requires longer term psychiatric treatment, the referral is initiated by the appropriate county program office.
2. Forensic program - Regional Forensic Psychiatric Center (RFPC) - The Forensic program provides active psychiatric treatment and/or psychiatric evaluation in a secure facility for persons that are involved with the county-based judicial/correction systems, and who will likely return to the judicial system. A person referred for admission to the RFPC must be in criminal detention by this system.
3. Sexual Responsibility and Treatment Program (SRTP) - On August 14, 2003, Act 21 was enacted into law.¹ The Act mandates that DHS provide mental health and sex-offense specific treatment for an identified population that had been adjudicated of certain sex-related crimes. The SRTP provides a safe and secure treatment environment that employs cognitive-behavioral and sex-offense specific interventions.

¹ 42 Pa.C.S. § 6401 *et seq.* (Act 21 of 2003, effective February 10, 2004).

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A chief executive officer (CEO) manages the day-to-day operations of Torrance. The CEO reports to the director of the Bureau of Community and Hospital Operations within DHS. A nine-member board of trustees advises and makes recommendations of hospital operations. Appointments to the board are made by the Governor and includes the Secretary of the DHS, who serves as an ex-officio member.²

² See 71 P.S. § 111.

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Finding

1

Lack of sufficient staffing at Torrance led to significant overtime mandates, excessive overtime expenditures, and potentially less than optimal care for patients.

Due to the serious nature of providing inpatient services to people with severe and persistent mental illness, it is expected that the number of employees needed to care for these patients is variable and will undoubtedly fluctuate. We also understand that an inpatient hospital facility that operates 24/7 will have some overtime costs due to these fluctuations. However, as part of our audit of the Department of Human Services' (DHS) Torrance State Hospital (Torrance), the Commonwealth's SAP Payroll Posting Detail reports indicated that Torrance had excessive overtime hours and expenditures for the following fiscal years ended during our audit period:

Table 1

Torrance Overtime Hours and Expenditures Comparison

Fiscal Year Ended	Overtime Hours	Overtime Expenditures	Regular Hourly Salary Expenditures	Overtime Expenditures Percentage
June 30, 2012	166,185	\$4,718,009	\$30,259,723	15.6%
June 30, 2013	147,920	\$4,238,719	\$28,915,398	14.7%
June 30, 2014	169,875	\$5,114,051	\$29,333,251	17.4%

Per unaudited Torrance Complement Reports, the total number of employees at the end of the fiscal years ended June 2012, 2013, and 2014 was 654, 637, and 646, respectively. Management entrusted with public resources is responsible for carrying out functions in an effective, efficient, and economical manner. As such, overtime should be utilized to supplement staffing needs for unique and non-routine situations, rather than to be an ongoing replacement of staffing shortages.

The SAP reports further indicated that: 1) the Nursing Services Psychiatry Adult unit, 2) the Sexual Responsibility and Treatment Program (SRTP) unit, and 3) the Forensic unit combined had the most overtime expenditures with 82 percent, 79 percent, and 80 percent of the total overtime costs for fiscal years June 30, 2012, 2013, and 2014, respectively. Since most of the overtime expenditures were in these three units, we focused our review of

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overtime concerns on these direct patient care employees.³ We found that short staffing, mandated overtime, and many employees using FMLA leave were the main causes of excessive overtime costs.

Several direct patient care employees working excessive overtime

The SAP reports also revealed that a significant number of employees were paid for more than 800 hours of overtime in one fiscal year during our audit period. In fact, we noted a total of 26 employees that earned more in overtime than their base salaries for a given fiscal year, including seven employees that were paid more in overtime than their base salaries for all three fiscal years. Below is a summary of the number of employees with more than 800 hours of overtime during the period as follows:

Table 2

Torrance Direct Patient Care Employee Overtime Summary

Fiscal Year Ended	No. of Employees with > 800 Hours of Overtime	Total Overtime Hours	Total Overtime Dollars	Average per Employee	No. of Employees Paid More in Overtime Than Their Base Salary
June 30, 2012	47	53,127	\$1,423,198	\$30,281	9
June 30, 2013	22	26,222	\$716,037	\$32,547	7
June 30, 2014	27	33,989	\$997,376	\$36,940	10

Note: We calculated base salaries using hourly wages on the unaudited Torrance Salary Complement Report for the applicable state fiscal year. We did not include overtime-straight paid to physicians and psychiatrists for on-call hours due to the requirements for 24/7 physician/psychiatrist coverage. The highest amount of overtime paid to one individual occurred in 2014 when one employee earned \$72,830 in overtime having a base salary totaling \$42,640.

To put the numbers in table 2 above in perspective, 800 hours of overtime in addition to a normal 2,000 hour work year, is equivalent to working 8 hours a day, 7 days a week, 50 weeks a year (assuming 2 weeks of vacation). Working this number of hours in direct patient care is not only excessive but also causes

³ Direct patient care employees for audit purposes included Aide Trainees, Psychiatry Aides, SRTP Aides, Forensic Security Employee Trainees, Forensic Security Employee 1's and 2's, Licensed Practical Nurses (LPN's), Forensic Registered Nurse (RN) Supervisors, Forensic RN's, RN Supervisors and RN's.

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tired and overworked employees that can lead to less than optimal care for patients because staff are more prone to accidents and oversights, putting patients at risk for improper treatment or even injury.

Short staffing – a major issue

We asked upper management at DHS’s Office of Mental Health and Substance Abuse Services (OMHSAS) if they have hired additional staff in the past as a result of excessive overtime. They replied that they have not seen a material reduction in overtime from past efforts to hire additional staff. Management further stated that when they hired ten forensic security employees about four years ago, overtime was reduced for about a year, but then increased again when all ten employees applied for and were granted Sick, Parental and Family (SPF) leave in accordance with the federal Family and Medical Leave Act (FMLA) of 1993⁴ (further addressed later).

During the audit period July 1, 2011 through June 30, 2014, significant vacancies continued at Torrance even though total patient days increased 8 percent during this period. In particular, the patient days for the SRTP and Forensic units increased 39 percent and 29 percent, respectively. This was also a time when DHS management allowed Torrance’s total positions to be reduced and had vacancies on their salary complement reports in total and for direct patient care employees as follows:

Table 3

Complement and Vacancies at Torrance (Unaudited)

Salary Complement Date	Total Complement	Vacancies of Total Employees	Vacancies of Direct Patient Care Employees
July 5, 2011	703	75	35
June 28, 2012	688	34	24
June 28, 2013	688	51	23
June 30, 2014	688	42	25

⁴ 29 U.S.C. § 2601 *et seq.*; related regulations can be found at 29 CFR Part 825. *See also* <http://webapps.dol.gov/elaws/elg/fmla.htm>.

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We also noted, per information provided by Torrance management, a significant number of employee separations during our audit period as follows:⁵

Table 4

**Torrance Employee Separations
and Direct Patient Care Employee Separations (Unaudited)**

Fiscal Year Ended	Total Employee Separations		Direct Patient Care Employee Separations	
	Number	Percent of Total Positions	Number	Percent of Total Separations
June 30, 2012	78	11%	46	59%
June 30, 2013	88	13%	44	50%
June 30, 2014	88	13%	46	52%

In addition to an unfilled complement and high levels of separations, OMHSAS management indicated that in 1998, there was a philosophical movement by DHS to increase the visual observations of certain patients. This was due to the fact that nationally accepted methods of treatment at facilities like Torrance were moving towards eliminating night medications, seclusion, and restraints in an attempt to shorten patient stays and improve their well-being. According to Torrance management, the visual observations are ordered by a physician for a 24-hour period.

For example, if 5 patients need one-to-one observation for the day, the facility will need 15 additional employees in order to cover all three shifts which may require overtime. The Torrance monthly overtime reports sent to OMHSAS for the fiscal year ended June 30, 2014, revealed the facility had 89,200 hours of one-to-one patient coverage ordered and 52,558 hours (59%) resulted in overtime. According to the Torrance Chief Operating Officer, during a June 24, 2015, interview, Torrance management has started to meet with the doctors to explore ways to reduce one-to-one and two-to-one observations, possibly using group observations.

⁵ We did not include the separation of annuitants or interns in our totals.

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SPF absences cause more overtime

SPF leave is a paid or unpaid absence from work, with benefits, due to one or more of the following:

1. A serious health condition of an employee that makes the employee unable to perform the functions of the employee's job.
2. A serious health condition of a family member when the employee is attending to the medical needs of the family member.
3. For the birth of a son or daughter, and to care for the newborn child.
4. For adoption or foster care placement of a child. This leave can be taken on an intermittent basis during the initial 12 weeks of absence.⁶

FMLA regulations⁷ require qualifying employers to provide at least 12 weeks (three months) of leave, with or without pay, with benefits within a 12-month period as long as the employee was employed at least one year and worked at least 1,250 hours during the previous 12-month period. During our audit period, the commonwealth bargaining unit agreements that covered the Torrance direct patient care employees allowed for six months of family care leave.⁸

DHS's records of SPF open cases from July 2009 to August 2015 revealed that the number of Torrance's monthly open SPF cases have ranged from 94 to 316 and reached an all-time high of 316 in July 2015, or approximately 48 percent of total employees. By comparison, of the five other state mental health hospitals during this same time period, the next highest peak of open SPF cases was

⁶ Management Directive 530.30 Amended, "Sick, Parental and Family Care Absence, Military Exigency Absence and Military Caregiver Absence Policy," December 11, 2013. *See* http://www.oa.pa.gov/Policies/md/Documents/530_30.pdf.

⁷ 29 C.F.R. § 825.100(a).

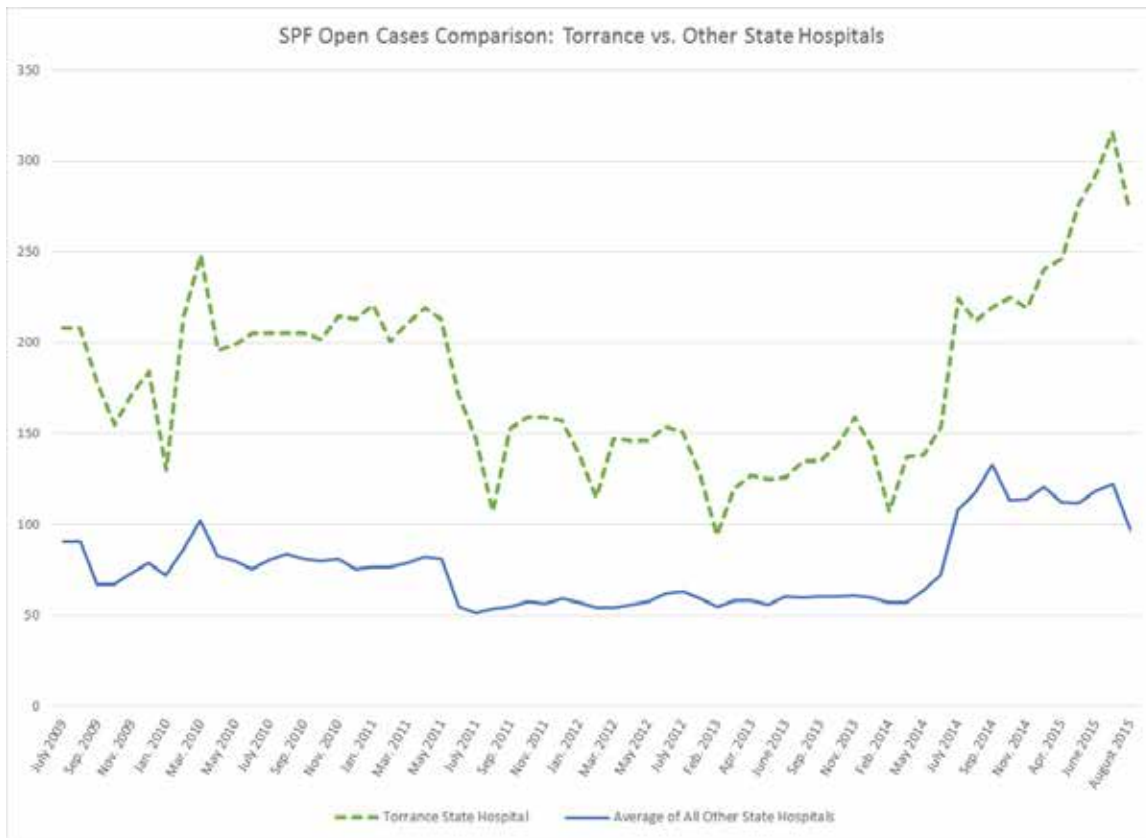
⁸ Pennsylvania State Corrections Officers Association (PSCOA) arbitration award for July 1, 2014, to June 30, 2017, reduced the more generous SPF leave of six months to the 12 weeks provided in accordance with the FMLA.

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203 in July 2015 occurring at Wernersville State Hospital. Chart 1 below compares the number of SPF open cases at Torrance to the average of the other five state hospitals indicating that the problems with SPF open cases and overtime restrictions at Torrance date back as far as July 2009:

Chart 1

Comparison of Torrance SPF Cases
(Unaudited)



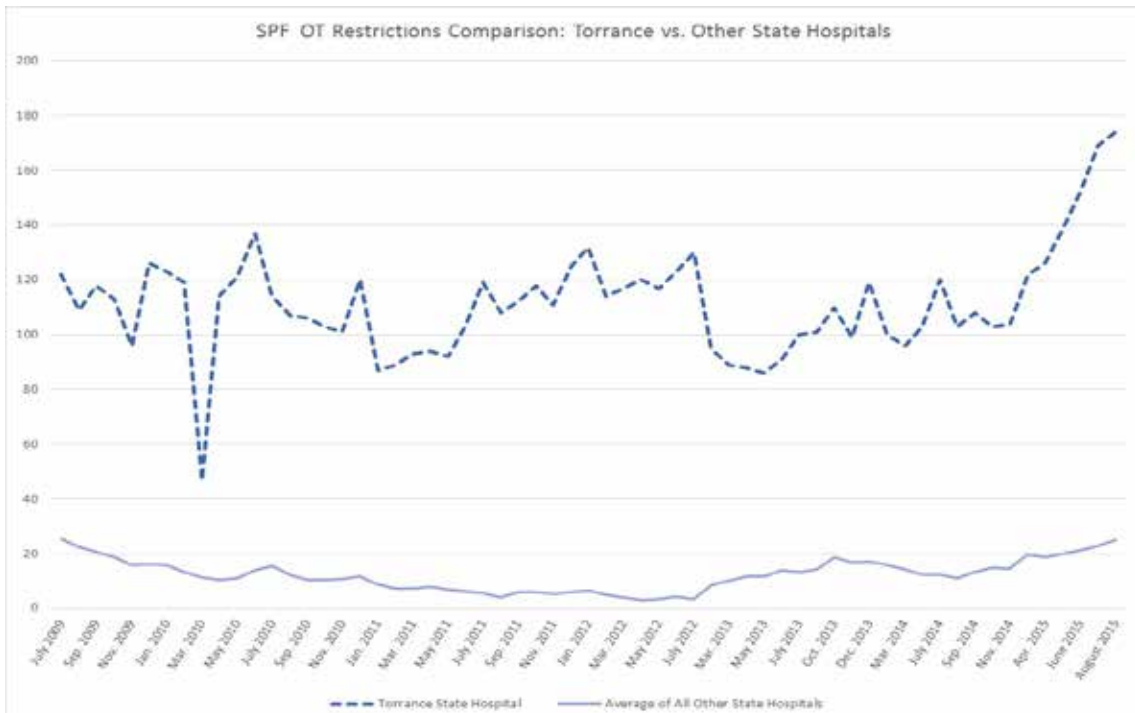
Within the SPF open cases, certain cases contain orders for overtime restrictions. OMHSAS management stated that they have seen SPF orders from physicians that seem to be written to protect the employee from having to work mandated overtime. For example, they noted one SPF order stating that the employee cannot be mandated to work overtime but can work overtime if they so choose. Other SPF orders state that the employee cannot

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work more than eight hours per day but the employee can work on their days off as overtime.

It should also be noted that SPF leave can be used intermittently, allowing employees to take unexpected leave on any given day. Based on DHS's records, the number of monthly overtime restrictions at Torrance from July 2009 through August 2015 have ranged from 86 to 174 with the peak of 174 being in August 2015, or approximately 27 percent of Torrance employees. By comparison, of the five other state hospitals during this same time period, the next highest peak of overtime restrictions was 103 in August 2015 at Wernersville State Hospital. Chart 2 below compares overtime restrictions at Torrance to the average of the five other state hospitals, indicating an ongoing and recently growing problem at Torrance.

Chart 2
Comparison of Torrance Overtime Restrictions
(Unaudited)



Torrance State Hospital**Mandated overtime problems are far reaching**

Mandated overtime is unscheduled overtime that is supposed to be used for unforeseeable emergent circumstances. It is a term that is normally used in the healthcare field to describe healthcare facilities requiring their employees to work in excess of an agreed to, predetermined and regularly scheduled daily work shift. Due to recent laws passed to limit mandated overtime, specifically Act 102 of 2008⁹ (Prohibition of Excessive Overtime in Healthcare) mandates that any health care facility “may not require an employee to work in excess of an agreed to, predetermined and regularly scheduled daily work shift.”¹⁰

During our audit, we interviewed rank and file direct patient care employees, some of whom indicated that Torrance is short staffed and has been for years, contributing to poor employee morale, and a tired, fearful staff where employees are afraid to go to work because they are not sure when they will get back home if they are mandated to stay to work overtime. This affects the employees’ personal and family lives, making it difficult to plan for appointments, provide childcare, etc.

In addition, Torrance nursing management indicated that direct patient care coverage is often short staffed, and overtime is normally anticipated in order to complete the work schedules, many times resulting in mandated overtime. Torrance rank and file employees and nursing management both indicated that chronic staff shortages has contributed to employees seeking SPF leave, which, in turn, causes additional overtime and starts the vicious cycle leading to overtime hours spiraling out of control. We believe this causes employee stress and potentially can negatively affect patient care and safety, which Act 102 was intended to help alleviate.

⁹ 43 P.S. § 932.1 *et seq.* (effective July 1, 2009); related regulations can be found at 34 Pa. Code §§ 225.1 - 225.10 (adopted July 19, 2014). *See also*

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=614498&mode=2>.

¹⁰ 43 P.S. § 932.3(a). It is important to note that on November 9, 2015, the Pennsylvania Superior Court in *Roman v. McGuire Mem.*, 2015 Pa. Super. 232, 2015 WL 688310, in an unpublished opinion affirmed a trial court’s decision that Roman, a “direct care worker” at a residential care home could make out a claim of wrongful termination in violation of public policy under Act 102 and affirmed her award of \$121,869.93 in back pay and lost benefits and ordered reinstatement to her former position. McGuire Memorial has appealed the matter to the Supreme Court of Pennsylvania.

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DHS management should have addressed the staff shortages more timely, which could have limited the amount of mandated overtime and the number of employees applying for and obtaining SPF leave. Additionally, both rank and file employees and DHS/Torrance management will need to work together to get the overtime issues under control and improve the work environment at Torrance. These problems can best be overcome with good faith efforts, effective management, and a proactive commitment by both parties to work together to solve the problems at hand.

After the start of our audit on April 1, 2015, the Torrance Chief Executive Officer (CEO) sent an email on May 1, 2015, to the DHS OMHSAS Director of Community and Hospital Operations requesting an increase of 36 direct care nursing employees. The CEO stated the reason for the request was to reduce the amount of mandatory overtime due to doctor-ordered one-to-one and two-to-one (visual) observations, and SPF leave and employee call-offs. DHS management later represented to us that an additional 10 direct care nursing employees has been approved and that 20 of the 46 new employees were to start on November 9, 2015. We have not verified this representation or the recent hiring of the 20 new employees, since this occurred after our fieldwork completion date.

This decision to hire additional staff may only result in a temporary reduction in overtime, if new hires decide to join the cycle of obtaining SPF leave. However, OMHSAS management stated that their hands are tied by the confidentiality provisions of the FMLA; therefore, management's only course of action is to hopefully hire itself out of this problem.

Deficiencies noted in overtime expenditure testing

As part of our audit, we selected and tested 20 of 199 employees in the direct patient care units noted in footnote 1 who worked overtime for the two week pay period March 29, 2014 to April 11, 2014. For these 20 employees, we identified 79 instances in which these employees worked and earned overtime pay. Based on testing these 79 instances, we found that Torrance administered and paid overtime in accordance with bargaining unit agreements

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and commonwealth policy and procedures with two exceptions.¹¹ In one instance, an employee was wrongly overpaid for an extra one-half hour of overtime during the two week period and another was underpaid using a time and one-half rate rather than the appropriate double time rate.

The two exceptions net to a total underpayment of \$65. Torrance management and timekeeping personnel agreed with our calculations and stated they will correct the overtime payment errors. We believe that due to the complexities involving the application of different overtime rates based on variable work schedules and multiple bargaining unit agreements, DHS and Torrance management lacked adequate internal controls, specifically detection controls, to find and fix these errors before we brought it to their attention.

Additionally, we noted that the overtime policy at Torrance is outdated. We obtained a copy of the Torrance Overtime Control Policy, dated March 1, 2006,¹² and inquired of Torrance management as to its applicability. Torrance management as well as the DHS OMHSAS Director of Community and Hospital Operations dismissed the policy as being outdated and in need of revision regarding reference authorities, employees eligible for overtime compensation, and procedures for overtime related to nursing employees. It is generally accepted that policies and procedures such as the Overtime Control Policy should be up to date in order to maintain a sound system of internal controls.

In summary, we conclude that direct patient care employees working large numbers of hours of overtime causes tired and overworked employees that can lead to less than optimal care for patients because staff are more prone to accidents and oversights, putting patients at risk for improper treatment or even injury.

¹¹ Management Directive 505.7 Amended, "Personnel Rules," November 9, 2010. See http://www.oa.pa.gov/Policies/md/Documents/505_7.pdf.

¹² Torrance State Hospital Policy No. 10-02, "Policy/Procedure for Overtime Control," March 1, 2006.

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Recommendations

We recommend that DHS/Torrance management:

1. Continually monitor overtime costs and staff coverage needed to ensure staff vacancies are filled as soon as possible and staff coverage is adequate in the most economical manner, especially as new direct care patient employees are starting at Torrance.
2. Proactively work with employees to address issues that are causing employees to be fearful of coming to work because they may be mandated to work overtime.
3. Consider hiring a consultant to work with DHS/Torrance to develop a plan to reduce this overtime cycle and improve the working environment of Torrance.
4. Examine ways to reduce excessive overtime related to doctor-ordered patients' one-to-one and two-to-one visual observations.
5. Ensure that adequate detection controls are in place to timely identify and correct overtime errors.
6. Revise Torrance's outdated Overtime Control Policy to ensure overtime hours are accurately applied and paid.

Agency's Response and Auditors' Conclusions

Torrance's response to this finding and its recommendations are located in the *Agency's Response and Auditors' Conclusions* section of the audit report.

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Status of Prior Audit Findings



Our prior audit of Torrance State Hospital covered the period July 1, 2009 through March 9, 2011, with updates through early December 2011 and contained 5 findings and 18 recommendations. On the pages that follow, we provide the status of these findings.

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**Prior Finding
One**

Torrance State Hospital paid almost \$414,000 a year to contract for a psychiatrist while inappropriately collaborating with him and the private company he owns. Torrance also paid \$351,000 a year for a contracted chief medical officer who supervised the psychiatrist's work but who himself is employed by the psychiatrist's private company, thus creating an apparent conflict of interest. (Resolved)

During the prior audit, we reported there were ties between Torrance and a contracted psychiatrist, which created the appearance of conflicting interests that potentially compromised the hospital's supervisory role over that contracted psychiatrist. Specifically, we found the clinical supervisory role of the chief medical officer was compromised by his concurrent employment with the contracted psychiatrist's private company. We also found that Torrance's administrative supervision of the contracted psychiatrist appeared to be compromised when Torrance and its chief executive officer collaborated with the psychiatrist at various events and the contracted relationship was undisclosed. These events sometimes gave the appearance that Torrance was inappropriately endorsing the private company of the contracted psychiatrist.

We recommended that Torrance: ensure that any real, apparent, or potential conflicts of interest are eliminated that compromise the role of supervising its contracted doctors; and its contracted personnel disclose their contracted relationship in public documents; not contract for a chief medical officer but should have one on staff; and avoid any actual or apparent endorsement of the contracted psychiatrist's private company.

Status as of this audit

We determined that Torrance eliminated any supervisory conflicts of interest and any actual or apparent endorsements of the psychiatrist's private company described in the prior audit report. Torrance's Chief Executive Officer (CEO) and Chief Operating Officer indicated during interviews that the chief medical officer resigned from the psychiatrist's private company shortly after our last audit report was issued. The prior CEO also ensured and we

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verified that all mentions of Torrance were removed from the psychiatrist's private company's website. Additionally, Torrance terminated the contract of the psychiatrist in question effective June 8, 2012. The CEO also represented that Torrance has not sponsored or hosted any conferences or seminars since our last audit report. Nothing came to our attention during this review period which would indicate that Torrance has endorsed any private companies of contracted personnel.

The chief medical officer position is still a contracted position held by the same individual as in our last audit. Torrance's CEO indicated that prior to and after our last audit he approached the chief medical officer about becoming a state employee, but he declined. Torrance's response to our prior audit stated that the chief medical officer position has been a contracted position for over ten years and should the position become vacant, all efforts will be made to fill the position with a commonwealth employee.

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**Prior Finding
Two**

Torrance State Hospital spent at least \$30,000 for contracted doctors to conduct training that was not part of the contract. Conducting the training took time away from patient care, often promoted one doctor's private business, and was not cost effective. (Resolved)

During the prior audit we reported that Torrance paid contracted doctors to plan and conduct training that was not part of the contract. For example, we found that the private company of a contracted psychiatrist provided training to Torrance employees and other non-Torrance employees on two occasions. Although registration to the training was free to Torrance employees, Torrance paid two contracted psychiatrists approximately \$18,000 to plan and perform the training to avoid paying \$4,550 in registration fees for its employees that attended the training. Torrance provided the space, meals, refreshments and training materials totaling approximately \$6,750 for one of the trainings mentioned above in October 2010 and did not seek reimbursement. We also found several other instances where the contracted psychiatrist was paid by Torrance to attend and conduct training seminars in which he also represented his private company.

We recommended that Torrance: immediately cease using its contracted doctors to conduct training; find sources of specialized training for its employees other than its contracted doctors; seek reimbursement from the contractor for any time that contracted personnel spent planning, conducting, or attending training sessions; and seek reimbursement for the approximately \$6,750 spent to provide food and training materials for the October 2010 training.

Status as of this audit

We determined that Torrance has not used its contracted doctors to conduct training since our last audit. Torrance also obtained reimbursement from the contractor for time the contracted personnel spent planning, conducting, or attending some training sessions.

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Torrance's Chief Executive Officer stated during interviews that Torrance has not used contracted personnel to train staff since our last audit. Torrance now contracts with private companies to train staff when the need arises. We reviewed a list of all trainings (maintained by Torrance and unaudited) conducted for Torrance personnel from January 2015 through September 2015. Nothing came to our attention which would indicate that a private company owned by contracted personnel was used to train Torrance employees.

After our last audit, representatives from Torrance, the Department of Human Services Office of Mental Health and Substance Abuse Services, and the prior contractor met on February 28, 2012, to discuss reimbursements for specific costs including payments made for time contracted personnel spent planning and conducting training sessions. We received documentation that the contractor reimbursed Torrance \$18,428 for the hours two contracted psychiatrists were paid to plan and perform training for Torrance employees and other non-Torrance employees through one of the psychiatrist's private company.

Torrance did not seek reimbursement for the food and training materials for the October 2010 training as we recommended. The Torrance Chief Operating Officer indicated that the only reimbursements sought were through the prior contractor for training expenses determined to be not related to specialized training. Although Torrance management has not sought reimbursement for the food and training materials, we consider the prior finding to be resolved since there were no training issues noted during the current audit period.

Torrance State Hospital**Prior Finding
Three****Torrance State Hospital did not effectively monitor the working hours of its contracted doctors and likely paid for hours they did not work. (Resolved)**

During the prior audit we concluded that Torrance did not have a reliable timekeeping system to monitor the working hours of its contracted doctors. Contracted doctors were required to call-in and call-out to the human resources department at the beginning and end of their shift. Torrance's Chief Operating Officer (COO) would compare the call logs to the doctor's time cards and approve the time cards for payment. We found that the use of a call in and out system created the potential for doctors to abuse the system by saying they were on hospital grounds when they called but they may have been elsewhere.

We also found that the COO routinely approved contracted doctor's time cards even if the doctor did not make the required call or if there was a discrepancy from the call log to the time card. We looked at time cards and call logs for 12 different weeks between January 2010 and March 2011 and found that for 10 of 12 doctors the call logs did not match the time cards but they were paid for their time card hours anyway. We found one instance where a contracted psychiatrist's time card reported he worked 13 hours in a day; however, the call log showed he only worked five hours that day. The psychiatrist was also conducting a retreat for his private company during the additional 8 hours he reported on his time card. The COO approved the time card for the 13 hours resulting in the hospital inappropriately paying the contractor \$1,349.

We recommended that Torrance: implement all necessary measures to ensure it pays only for hours contracted personnel actually work, including to stop using the call-in/call-out system and monitor the effectiveness of sign-in/sign-out sheets; document in writing its procedures to verify the work hours of its contracted personnel; cease approving and paying for hours reported unless physicians followed proper procedures; obtain a refund from the contractor for the \$1,349 paid for the services of a psychiatrist when he was reportedly conducting a retreat at his private company; determine the propriety of continuing to

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contract with the noted psychiatrist in view of the numerous questions raised.

Status as of this audit

We found that Torrance now requires the use of a sign-in and sign-out system to monitor hours worked by contracted personnel. Torrance also received a refund from the contractor for the hours the psychiatrist reported while conducting a retreat at his private company. Torrance terminated the contract for services of the psychiatrist in question throughout the prior report effective June 8, 2012.

Torrance established written procedures requiring contracted personnel to use a sign-in and sign-out system beginning January 23, 2012. Contracted personnel are required to sign-in and sign-out at the beginning and end of their shifts at a monitored location at the hospital. The daily sign-in and sign-out sheets are maintained in a building that is staffed 24 hours a day, each day and also has video surveillance. Torrance's COO or the Sexual Responsibility and Treatment Program Director is responsible for approving the time cards and invoices submitted by the contractor for payment. They ensure the hours listed on the time cards and invoices agree with the daily sign-in and sign-out sheets.

We reviewed the invoices, time cards, and daily sign-in and sign-out logs for two weekly periods (February 8, 2014 to February 14, 2014 and June 15, 2014 to June 21, 2014) to determine that the hours listed on the invoices and time cards submitted by the contractor agreed to the daily sign-in and sign-out sheets and also to determine if there is evidence of approval of the invoices prior to payment. We found that for the two weekly periods all 28 invoices reviewed were approved by Torrance management and the sign-in and sign-out sheets agreed to the time cards and to the invoices. Additionally, we found that the contracted doctors were required to sign-in and sign-out in 97 instances. We found that in all 97 instances contracted personnel signed-in, however there were three instances where contracted personnel failed to sign-out. The COO represented that in these cases he will not approve the time cards until he verifies the hours worked are accurate. He indicated that in these three instances he would have looked at

Torrance State Hospital

video surveillance, card swipe logs or doctor patient logs to verify the doctor was at the hospital at the time indicated on the time cards prior to his approving the time card. He stated he did not indicate what verification method he used on the sign-in and sign-out sheet and therefore we could not verify. However, these three instances appear to be isolated incidents and the COO has indicated that in the future he will document how he verifies the hours if contracted personnel fail to sign-in or sign-out. As such, the sign-in and sign-out procedures are deemed to be adequately designed and functioning.

After our last audit, representatives from Torrance, Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services, and the prior contractor met on February 28, 2012, to discuss reimbursements for specific costs including the \$1,349 Torrance paid the contractor for the time a psychiatrist was conducting a retreat for his private company. We received documentation that the contractor reimbursed Torrance the \$1,349.

Torrance State Hospital

**Prior Finding
Four**

Torrance State Hospital spent at least \$42,000 in taxpayer dollars for Liberty-contracted professionals to travel to conferences when it was not Torrance's responsibility to pay. Some of the conferences were out of state or in Canada. (Resolved)

During our prior audit, we reported that Torrance paid for continuing education expenses of Liberty-contracted personnel, including time and travel expenses, when it was the contractor's responsibility to pay for the training. We found that five contracted doctors attended a one day training in which Torrance paid the doctors their hourly wage totaling \$7,289 to attend the training. We also found that four contracted personnel in Torrance's sexual responsibility and treatment program attended several conferences in which Torrance paid for the employee's time, travel expenses, and registration fees totaling \$35,089. Some of the conferences were held out-of-state even though at the time the Governor had called upon agencies to eliminate out-of-state travel.

We recommended that Torrance: immediately cease paying all expenses for unallowable continuing education courses for Liberty-contracted professionals; obtain a refund from Liberty for the more than \$42,000 in continuing education and travel expenses; and conduct a thorough review to determine and collect from Liberty any other inappropriately paid education or travel expenses incurred by Liberty-contracted professionals.

Status as of this audit

We determined that Torrance has not sent contracted personnel to training or conferences since our last audit and Torrance also obtained reimbursement from the contractor for some of the continuing education and travel expenses identified in the prior audit.

Torrance's Chief Executive Officer stated during interviews that Torrance has not sent contracted personnel to training since our last audit. We reviewed a list of all trainings (maintained by Torrance and unaudited) conducted from January 2015 through September 2015. Nothing came to our attention which would

Torrance State Hospital

indicate that contracted personnel attended any of these trainings. It should be noted that effective June 2014, Torrance no longer contracts with Liberty and has agreed to terms with a new contractor.

After our last audit, representatives from Torrance, the Department of Human Services Office of Mental Health and Substance Abuse Services, and the prior contractor met on February 28, 2012, to discuss reimbursements for specific costs including payments made for continuing education and travel expenses. Torrance indicated in its response to our prior audit that the interpretation from the Department of General Services supports that if Torrance determined specialized training is needed, Torrance may send contracted personnel to that training with the expectation that time and associated expenses will be paid. We received documentation that the contractor reimbursed Torrance \$8,735 for costs that were not considered specialized training required by Torrance.

Torrance State Hospital

**Prior Finding
Five**

Torrance State Hospital paid more for contracted psychiatrists because it had difficulty recruiting its own psychiatrists. Part of the problem was that Torrance's lax monitoring and special treatment of contract doctors made the contracted jobs more attractive than staff jobs. (Resolved)

During our prior audit, we found that Torrance was paying more for contracted rather than on-staff psychiatrists. Torrance paid an hourly rate of \$169 for six contracted psychiatrists while on-staff psychiatrists were paid an hourly rate of \$94, which included benefits and incentives. We also found that Torrance as well as other state hospitals were having difficulty in recruiting staff psychiatrists. Human resources personnel at Torrance and other state hospitals, and mental health professionals in the private sector indicated the difficulty in hiring was in part due to the compensation state hospitals offered being relatively low compared to the private sector, as well as an overall shortage of psychiatrists in Pennsylvania and nationwide.

We recommended that Torrance: work with the Department of Human Services to research and analyze recruitment methods and compensation packages in Pennsylvania and other states, and develop a long-term solution to its psychiatric vacancies; monitor the contractor more closely and strictly until a long-term solution is found for the recruitment difficulties.

Status as of this audit

Torrance attempted to recruit private psychiatrists to become state employees after our last audit. Torrance provided documentation showing that it sent 93 letters dated February 17, 2012, to licensed psychiatrists in Pennsylvania inquiring about their interest in becoming Torrance employees. Torrance also sent letters dated February 21, 2012, to seven universities in Pennsylvania that had psychiatric programs to inquire about any student's interest in becoming a Torrance employee once they became licensed. Interviews with Torrance's Chief Executive Officer (CEO) indicated that the letters generated only one response and that person never applied through Civil Service.

Torrance State Hospital

The CEO indicated that the main obstacle to hiring staff psychiatrists continues to be the pay scale offered by the commonwealth which is currently being reviewed by the Governor's Office of Administration.

As we discussed earlier in prior finding number three, Torrance is more closely monitoring the contractor regarding hours of service.

Torrance State Hospital

Agency's Response and Auditors' Conclusions



We provided a draft copy of our audit finding and related recommendations to DHS/Torrance State Hospital for its review. On the pages that follow, we include their response in its entirety. Following the agency's response is our auditors' conclusions.

Torrance State Hospital

Audit Response from DHS/Torrance State Hospital



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

JAN 27 2016

The Honorable Eugene A. DePasquale
Auditor General
Department of the Auditor General
229 Finance Building
Harrisburg, Pennsylvania 17120

Dear Mr. DePasquale:

Thank you for providing the draft findings of the audit report titled Performance Audit, Torrance State Hospital, 2015. In this response, we first provide our general comments, which we believe are necessary to consider when drawing any conclusions. Following those general comments, we provide specific comments to each recommendation included in the draft finding. We ask that you consider our general and specific comments and incorporate those points into the final Performance Audit report.

Finding One - Lack of sufficient staffing at Torrance led to significant overtime mandates, excessive overtime expenditures, employees using FMLA Leave, and potentially less than optimal care for patients.

GENERAL COMMENTS

The Department of Human Services (DHS) understands and agrees with the concerns noted in the audit report related to overtime at Torrance State Hospital (TSH). DHS believes that staffing, while one of the causes of overtime, is not the only cause.

Other contributing factors include higher than average use of FMLA/Sick, Parental, and Family (SPF) leave, unexpected call offs and constant visual observations (CVOs), and the time required to recruit and hire new employees following the State Civil Service rules and processes.

As a result, addressing overtime issues at TSH in the long term will ultimately require addressing all of these issues. In the interim, DHS is implementing some steps we believe will help address the issue. Specifically, DHS has already increased its complement at TSH by 33 positions and is also working on a policy to address more efficient and effective patient CVOs.

Torrance State Hospital

Audit Response from DHS/Torrance State Hospital

The Honorable Eugene A. DePasquale 2

SPECIFIC COMMENTS

Auditor General (AG) Recommendation 1: Continually monitor overtime costs and staff coverage needed to ensure staff vacancies are filled as soon as possible and staff coverage is adequate in the most economical manner, especially as new direct care patient employees are starting at Torrance.

DHS Response:

DHS agrees with this recommendation and already constantly monitors overtime costs. TSH reports every month to DHS' Office of Mental Health and Substance Abuse Services, Bureau of Hospital Operations & Community Operations (OMHSAS).

AG Recommendation 2: Proactively work with employees to address issues that are causing employees to be fearful of coming to work because they may be mandated to work overtime.

DHS Response:

DHS will work with employees to address these issues. Please note, however, because TSH is a 24/7 psychiatric health care facility that has the responsibility to provide quality patient care and continuity of care, there is an inherent need, at times, to mandate that employees work overtime. The process of mandating overtime falls under the legal requirements of Act 102 of 2008.

It may also be helpful to put the use of mandatory overtime in perspective. By analyzing data for the period July 1, 2013 - June 30, 2014, DHS has calculated the amount of mandatory overtime (MOT) hours vs. total overtime hours in our three (3) units. In the Nursing Services Psychiatry Adult unit, mandatory overtime accounted for approximately 1.7% of the total overtime. In the Forensic unit, mandatory overtime accounted for 4.3% of the total overtime. In the Sexual Responsibility and Treatment Program unit, there was a relatively small amount of mandatory overtime totaling 14 hours for the entire fiscal year.

DHS is also implementing a contract for Certified Nursing Assistants (CNAs) to be used as needed to fill absences and it is the DHS' expectation that this contract along with the hiring of additional staff noted above will help reduce the amount of mandatory overtime. DHS will also develop a hospital policy to address the appropriate use of CVOs. This policy will be completed by March 31, 2016.

AG Recommendation 3: Consider hiring a consultant to work with DHS/Torrance to develop a plan to reduce this overtime cycle and improve the working environment of Torrance.

Torrance State Hospital

Audit Response from DHS/Torrance State Hospital

The Honorable Eugene A. DePasquale 3

DHS Response:

DHS is confident that the steps it is currently implementing will help address overtime issues noted in the audit. Should these steps fail to address the issue at TSH, DHS will consider hiring a consultant.

AG Recommendation 4: Examine ways to reduce excessive overtime related to doctor-ordered patients' one-to-one and two-to-one visual observations.

DHS Response:

DHS agrees with this recommendation and has already implemented several steps in this area. TSH management meets with doctors on a routine basis to explore ways to reduce one-to-one and two-to-one observations. These discussions have been incorporated into our routine meetings that happen every Tuesday through Friday mornings. At times, special meetings have been scheduled to discuss particular problems, trends and rationale for doctors ordering CVOs. To date, these meetings have had mixed results and as a result, a policy is being developed to establish efficient and effective practices for patient observations. Another solution to be reviewed is the possibility of grouping individuals that require CVOs in a specific location, which will allow for decreased staffing.

AG Recommendation 5: Ensure that adequate detection controls are in place to timely identify and correct overtime errors.

DHS Response:

DHS agrees with this recommendation and has already corrected the two exceptions identified in the draft finding, which resulted in \$65 of overtime underpayments.

Please note that there are multiple steps to inputting and checking the payroll information. Overtime is entered into the SAP system by the time advisors by comparing two (2) forms that have to be signed by a supervisor and the Overtime Manager confirming the overtime has been worked. Once these forms have been received and compared, the overtime is entered for the appropriate time and paid at the appropriate rate. The day after the overtime inputs are entered into the system, the time advisors will run a payroll audit, which will indicate any errors within the current payroll period. The timekeeping supervisor has the ability to run this audit to recheck any errors retroactive to the beginning of the payroll year. The third step of these checks is completed by the central timekeeping unit in Harrisburg to ensure that payments are accurate.

AG Recommendation 6: Revise Torrance's outdated Overtime Control Policy to ensure overtime hours are accurately applied and paid.

Torrance State Hospital

Audit Response from DHS/Torrance State Hospital

The Honorable Eugene A. DePasquale 4

DHS Response:

DHS agrees with this recommendation and will create a new Overtime Control Policy.

Thank you for the opportunity to respond to this draft finding. Please contact Mr. David R. Bryan, Manager, Audit Resolution Section, Bureau of Financial Operations, at 717-783-7217, or via email at davbryan@pa.gov, if you have any questions regarding this matter.

Sincerely,



Jay Bausch
Deputy Secretary for Administration

c: Mr. John M. Lori
Ms. Janet B. Ciccocioppo
Mr. Mark Suda
Mr. David Bryan, Manager, Audit Resolution Section

Torrance State Hospital

Auditors' Conclusions to DHS/Torrance State Hospital Response

We acknowledge DHS's agreement with the concerns identified in the finding. We also commend DHS for already starting to take steps toward resolving excessive overtime, such as hiring additional staff and developing a policy to address the one-on-one and two-on-one visual observations. However, these concerns have existed for several years and it will take an ongoing dedicated effort by management to significantly improve not only excessive overtime, but also the environment and culture that exists at Torrance.

In DHS's response, management generally agrees with the recommendations. We do, however, want to clarify the response to recommendation 2. Although we agree that the percentages of mandated overtime would not be high, by using the percentages DHS provided in its response, which we did not validate, the amount of mandated overtime hours would still exceed 3,200 hours, or more than 400 8-hour shifts. Additionally, it should be noted that employees who volunteer to work overtime for one shift in the Nursing Services Psychiatry Adult unit and the SRTP unit cannot be mandated to work overtime for the subsequent 48 hours, per their union agreements. As such, employees may volunteer to work overtime on a Friday in order to avoid being mandated to work overtime on the weekend. Situations such as this artificially deflate the number of mandated overtime hours because it temporarily decreases the pool of employees available that can be mandated to work overtime. A similar agreement on mandated overtime is not in place in the forensic unit union contract.

Torrance State Hospital**Appendix A****Objective, Scope, and Methodology**

The Department of the Auditor General conducted this performance audit in order to assess Torrance State Hospital's (Torrance) effectiveness of controlling overtime expenditures and administering overtime in accordance with Commonwealth policies and procedures and to follow-up on certain prior audit findings.

We conducted this 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 finding and conclusions based on our audit objective.

Objective

Our audit objective was to evaluate whether Torrance effectively controlled overtime expenditures and administered overtime in accordance with Commonwealth policies and procedures.

We also conducted procedures to determine the status of the implementation of our prior audit report findings and recommendations as presented in the audit report released on February 16, 2012.

Scope

This audit covered the period July 1, 2011 through June 30, 2014, with updates through November 9, 2015.

Torrance management is responsible for establishing and maintaining effective internal controls to provide reasonable assurance of compliance with applicable laws, regulations, contracts, grant agreements, and administrative policies and procedures.

In conducting our audit, we obtained an understanding of Torrance's internal controls, including any information system controls that we considered to be significant within the context of our audit objective. For those internal controls that we determined to be significant within the context of our audit

Torrance State Hospital

objective, we also assessed the effectiveness of the design and implementation of those controls as discussed in the *Methodology* section that follows. Any deficiencies in internal controls that were identified during the conduct of our audit and determined to be significant within the context of our audit objectives are included in this report.

Methodology

To address our audit objective, we performed the following procedures:

- We interviewed Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) and Torrance employees responsible for approving and monitoring overtime at Torrance. These employees included the OMHSAS director of the Bureau of Community and Hospital Operations and two human resource analysts; the Torrance chief executive officer (CEO), chief operating officer, chief nurse executive, chief forensic executive, and facilities human resource officer.
- We interviewed four of approximately 368 direct patient care employees on staff as of July 1, 2015 in order to obtain an understanding of the overtime issues at Torrance from a staff employee's perspective.
- We reviewed federal regulations, Commonwealth Management Directives, DHS and Torrance policies and procedures, and various bargaining unit agreements to determine the adequacy of Torrance's overtime controls, and policy and procedures.
- We reviewed the Torrance SAP Payroll Posting Detail of overtime hours and overtime expenditures and reconciled the dollar values by each cost center to the SAP expenditure data files that were received from the Pennsylvania Office of the Budget that were previously determined to be reliable as part of the audit of the Commonwealth's CAFR to verify the completeness and reliability of the Torrance overtime expenditures.
- We reviewed the Torrance Monthly Overtime Report Forms Summary for the period July 2013 through June 2014; Torrance Detailed Salary and Wage Complement Reports for fiscal years ended June 30 2011, 2012,

Torrance State Hospital

2013, 2014, and 2015; Torrance listing of employee separations from July 1, 2011 through June 30, 2014; and DHS reports of SPF open cases and overtime restrictions for all months the reports were available from July 2009 through August 2015.

- We randomly selected 20 of 199 Torrance employees in direct patient care cost centers who were paid overtime on pay date April 25, 2014 (pay period March 29, 2014 to April 11, 2014). We reviewed all relevant work schedules, staff coverage sheets, sign-in/out sheets, overtime approval and justification reports, and employee pay statements to verify all overtime was justified, approved, and accurately calculated in accordance with the applicable bargaining unit agreement.

To address the status of Finding No. 1 in our prior audit, we performed the following procedures:

- We reviewed an email dated June 13, 2012, in which Torrance formally notified the medical services contractor of the termination of their contract with psychiatrist in question, effective June 8, 2012.
- We interviewed the Torrance CEO who represented to us that the chief medical officer resigned from the contracted psychiatrist's private company and that all mention of Torrance were removed from the company's website.

To address the status of Finding No. 2 in our prior audit, we performed the following procedures:

- We reviewed a Torrance listing of all trainings conducted for Torrance personnel from January 15, 2015 through September 29, 2015 noting that the trainings were conducted by private companies that had no connection to Torrance-contracted personnel.
- We reviewed invoices dated April 2012 from the medical services contractor to Torrance to determine if the amount of credits agreed with the recommended reimbursements to Torrance identified in our prior audit report.

Torrance State Hospital

- We interviewed the Torrance CEO who represented to us that private companies are now contracted to train staff when the need arises.

To address the status of Finding No. 3 in our prior audit, we performed the following procedures:

- We reviewed a letter dated January 5, 2012, from Torrance to the medical services contractor detailing new sign-in and sign-out procedures for the contracted professionals.
- We reviewed all 28 invoices for the contracted medical professionals for two one-week periods (February 8 to 14, 2014, and June 15 to 21, 2014), and the corresponding sign-in and sign-out sheets, time cards, and purchase orders to determine accuracy and proper approval of the invoices.

To address the status of Finding No. 4 in our prior audit, we performed the following procedures:

- We reviewed a Torrance listing of all paid trainings from January 15, 2015 through September 29, 2015, and determined that no contracted personnel appeared to have attended any of the trainings at the expense of Torrance.
- We reviewed all of the five paid invoices dated April 2012 from the medical services contractor to Torrance to determine if the total amount of credits agreed with the recommended reimbursements identified in our prior audit report.
- Interviewed the Torrance CEO who stated that Torrance has not sent contracted personnel to training since our last audit.

To address the status of Finding No. 5 in our prior audit, we performed the following procedures:

- We reviewed a letter dated February 17, 2012, that Torrance sent to 93 licensed psychiatrists in Pennsylvania; and a letter dated February 21, 2012, that Torrance sent to seven Pennsylvania universities documenting efforts that Torrance has taken to recruit on-staff psychiatrists.

Torrance State Hospital

- We reviewed vacancies for psychiatrist positions that Torrance posted on Pennsylvania's JobNet website from March 7, 2012 through August 10, 2015 documenting that Torrance has made attempts to hire on-staff psychiatrists.

- We interviewed the Torrance CEO who represented that the main obstacle to hiring staff psychiatrists continues to be the pay scale offered by the Commonwealth which, he indicated, is currently being reviewed by the Governor's Office of Administration.

Torrance State Hospital

Appendix B

Audit Distribution List

Upon its release, this report was distributed to the following Commonwealth officials:

The Honorable Tom Wolf

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The Honorable Randy Albright

Secretary of the Budget
Office of the Budget

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State Treasurer
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Department of Human Services

The Honorable Sharon Minnich

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Deputy Secretary
Department of Human Services

Mr. R. Brad Snyder

Chief Executive Officer
Torrance State Hospital
Department of Human Services

Mr. Philip E. Mader

Director
Bureau of Community and Hospital
Operations
Department of Human Services

Mr. John O' Donnell

Chief Operating Officer
Torrance State Hospital
Department of Human Services

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Torrance State Hospital
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Torrance State Hospital

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