



***Sexual Health Clinics – Community &
Health Services – Public Health Branch***

May 2019

TABLE OF CONTENTS

Section	Page No.
1.0 MANAGEMENT SUMMARY	2
2.0 INTRODUCTION.....	2
3.0 OBJECTIVES AND SCOPE	3
4.0 DETAILED OBSERVATIONS	4
4.1 QUALITY ASSURANCE	4
4.2 INCIDENT REPORTING.....	4
4.3 COMMUNITY NEEDS ASSESSMENT	5
4.4 CASH HANDLING.....	7
4.5 TRAINING	9

1.0 Management Summary

Audit Services has completed an audit of the Sexual Health Clinics program, which is under the Healthy Living division within the Public Health branch of the Community and Health Services department. The objectives of the review were to ensure: compliance with York Region Sexual Health policies and procedures and Ontario Public Health medical directives; effective security over client data and safety of sexual health staff; third party service provider contract compliance; and effective assessment and reporting of community needs. The audit scope included detailed discussions with management and staff, on site observations at sexual health clinics, and review of policies, procedures, Provincial medical directives, third party physician contracts, and the 2018 community needs assessment.

Our audit was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*.

Based on the work Audit Services performed, overall the Sexual Health Clinics program is being adequately managed and is compliant with internal policies and medical directives. Opportunities for control improvements have been noted and discussed in the body of this report. These opportunities include: ensuring quality assurance reviews are completed in accordance with policy; implementing a standardized peer review form; implementing a formalized tracking system for incidents reported; strengthening controls over cash handling and month end reconciliations; and strengthening the community needs assessment and reporting process.

It should also be noted that there were key areas identified during the audit where controls were strong and working effectively as designed. These areas include formally documented policies, procedures and medical directives, security of client data, safety of staff, and physician contract compliance.

Should the reader have any questions or require a more detailed understanding of the risk assessment and sampling decisions made during this audit, please contact the Director, Audit Services.

Audit Services would like to thank Sexual Health Clinics program staff and management for their co-operation and assistance provided during the audit.

2.0 Introduction

York Region's Sexual Health Clinics program includes sexual health clinic services, the sexual health phone line and health promotion initiatives. The Region operates six sexual health clinics: three main clinic sites in Newmarket, Richmond Hill, and Markham; two school-based clinics in Sutton and Keswick; and one clinic in Vaughan, which operates in partnership with the Community Health Centre.

In 2018, the Ministry released the new Ontario Public Health Standards, which provides new requirements to promote healthy sexuality. Sexual health clinics are no longer mandated and delivery is now based on local need. As a result of the new Standards, York Region Public Health completed a community needs assessment in 2018 titled "The New Ontario Public Health

Standards: Implications for the Sexual Health Clinics Program”. The report reviewed the current services and initiatives provided by the sexual health clinics program and concluded with a recommendation for the sexual health clinic program to continue to provide sexual health clinics, health promotion, and curriculum support and outreach services.

3.0 Objectives and Scope

AUDIT OBJECTIVES

The objectives of this engagement were to ensure:

- Compliance with York Region Sexual Health policies and procedures, and Ontario Public Health medical directives
- Continuous Quality Improvement process is adequately designed to support the branch’s objectives
- Security of client data
- Safety of staff
- Third party service provider contract compliance
- Integrity of community needs assessment and reporting

AUDIT SCOPE

The audit objectives were accomplished through:

- Discussions with management and staff on controls and processes
- On site observations at sexual health clinics
- Review of relevant documentation, including policies and procedures
- Review of data security and physical safety protocols
- Review of third party service provider agreements
- Review of the 2018 needs assessment report
- Review of the 2013 needs assessment report

4.0 Detailed Observations

4.1 *Quality Assurance*

Observation

Quality control reviews were not sufficiently completed and lacked consistency.

The Sexual Health Clinic Quality Assurance policies require the Program Manager to conduct retrospective documentation audits and field observation audits for all nurses working in the sexual health clinics, at a minimum twice per year. In addition, each nurse must request a peer review to be completed on a minimum of two client records per year.

Based on our discussions with staff and review of documentation supporting the quality control reviews, Audit noted the following:

1. Field observations were not always completed at the minimum of twice per year per nurse.
2. There is no standardized peer review form for the sexual health clinic. In addition, staff are not required to retain evidence or send results of the peer reviews to the Program Manager.

Recommendation

1. Ensure that all quality control requirements are completed with evidence maintained.
2. Develop and implement a standardized peer review audit form and update policy to require staff to retain documentation of the review.
3. Consider implementing a requirement to communicate peer review results with the Program Manager.

Management Response

1. Agreed- All quality control requirements will be completed with evidence maintained. Implementation will be completed by Q4 2019.
2. Agreed- A standardized peer review audit form for the sexual health clinics program will be developed and the policy document will be updated to require staff to retain documentation of the review. Implementation will be completed in Q1 2020.
3. Agreed- A requirement to communicate peer review results with the Program Manager will be added to the sexual health clinics program peer review policy document update. Implementation will be completed in Q1 2020.

4.2 *Incident Reporting*

Observation

There is no formalized central tracking and monitoring system in place for incident reporting.

The Sexual Health Clinics Program Incident Reporting Policy requires that any staff member involved in an incident complete and submit an incident report to the Program Manager for follow-up and corrective action. The Program Manager is to document corrective action taken on the incident report and file a hard copy. We noted that while incident reports are completed and submitted as required, there is no process in place to ensure that the data is reviewed, followed up in a timely manner, and analyzed for longer term quality improvement purposes.

A centralized reporting and tracking system would help management monitor the frequency of incidents and identify trends, and may reduce the risk of missed follow-up.

Recommendation

Develop and implement a centralized tracking process for Sexual Health Clinics incident reporting to assist management with identification and monitoring of trends, timely corrective action, and quality improvement initiatives.

Management Response

1. Agreed – A centralized tracking process for Sexual Health Clinics incident reporting will be developed. Implementation will be completed in Q1 2020.

4.3 Community Needs Assessment

Observation

The New Ontario Public Health Standards: Implications for the Sexual Health Clinics Program (hereinafter the “2018 needs assessment”) is a report prepared in 2018 by the Region’s Public Health branch. It serves as the community needs assessment that was mandated by the province’s Ministry of Health and Long-Term Care (“the ministry”) in the new Standards. The previous Standards mandated sexual health clinics under all boards of health; the new Standards require boards to assess the needs within their communities, determine how those needs are being met by resources such as private medical clinics, and provide services to cover any gaps identified.

Audit reviewed the 2018 needs assessment prepared by the Public Health branch for the Medical Officer of Health, and noted the following:

1. The 2018 needs assessment was prepared by Public Health employees. This may lead to a perception that statements and findings contained in the report may contain an element of bias.
2. The evaluation of available community resources relied on a 2011 telephone survey of family practices and walk-in clinics around the Region. Given the length of time that has passed and the extent to which the community has grown, the information gathered in 2011 may be outdated and may therefore be no longer relevant when compared to services offered by the Region’s sexual health clinics in 2018.

In addition, an internal 2013 needs assessment that also relied on the 2011 physician survey data acknowledged several limitations with the survey data, including:

- concerns that the responses received “...may not be a true representation of general practitioners in York Region... the original sampling frame was inaccurate and unavailable at the time of survey administration.”
 - “...the comprehensiveness and frequency of services provided by these practitioners was not addressed, limiting the ability to accurately estimate the extent of service duplication.”
 - in some cases survey responses were provided by “nurses, office administrators, other staff” rather than physicians, “which may have affected the ability to respond to all questions accurately”.¹
3. The 2018 needs assessment includes assertions for which either there is no evidence provided to support the assertion, or the data gathered in the 2011 survey of health care providers appears to contradict the assertion. For example:
- That rapid point of care and anonymous HIV testing is a unique service in the sexual health clinics. This service was not included in the 2011 survey of health care providers and no other evidence is provided to support this assertion.
 - That offering medical services to individuals without an OHIP card is unique to the sexual health clinics. In the 2011 survey of health care providers in the community, 20% indicated that they also offer services to those without an OHIP card.
 - That pregnancy testing and PAP testing are services unique to the sexual health clinics. The 2011 survey of health care providers indicated that 95% of physicians perform pregnancy testing and 85% perform PAP testing.
 - That the sexual health clinic program is unique because it offers certain items and services at low or no cost; however, the 2011 health care provider survey did not include any questions related to the price of goods or services offered, and the assessment does not reference any other source to support this assertion.
 - That confidential services are unique to the sexual health clinics. All licensed physicians in Ontario are obligated legally and ethically to maintain a client’s confidentiality in accordance with Ontario College of Physicians and Surgeons policies and legislation such as the Personal Health Information Protection Act (PHIPA).
 - That a “positive space environment” is unique to the sexual health clinics; this assertion is subjective and no evidence is provided in the report to support it.

¹ All quotes taken from the April 2013 Needs Assessment of Sexual Health Clinic Services in York Region, prepared by York Region’s Infectious Diseases Control Division

4. The comparator data illustrating the increase in targeted HIV testing contains errors. In addition, the increase of 64% is stated as year-over-year; however, the figures that are provided to illustrate this increase compare a full twelve months of data from 2017 against data from only the first six months of 2016. By omitting data from the second half of 2016, the results of the year-over-year comparison may be skewed.

Recommendation

1. Determine the frequency with which a community needs assessment will be prepared to ensure that shifts in community demographics and changes in the availability of services offered by private health care providers are considered on a regular basis. Consider updating the community needs assessment every four years to align with each new term of Council.
2. Ensure that information disclosed in all needs assessments is current and relevant, including physician and client survey data.
3. Ensure that all information contained in needs assessments is directly tied to and supported by survey data. Ensure that any statements or claims not related to survey data are appropriately referenced.
4. Consider the use of an external resource to either prepare all needs assessments or, at a minimum, to review all needs assessments prepared internally.

Management Response

1. Agreed – The frequency to implement a community needs assessment will be determined and then implemented. A new community needs assessment will be developed with updated methodology. Implementation will be completed by Q4 2020.
2. Agreed - Information disclosed in all needs assessment will be current and relevant including physician and client survey data. Implementation will be completed by Q4 2020
3. Agreed – All information contained in a needs assessment will be directly tied to and supported by survey data. Any statements or claims not related to survey data will be appropriately referenced. Implementation will be completed by Q4 2020.
4. Agreed – The use of an external resource will be considered to review needs assessment reports prepared internally for the Sexual Health Clinics Program. Implementation will be completed by Q4 2020.

4.4 Cash Handling

Observation

Cash handling processes are not sufficiently segregated and lack management oversight.

The Region's sexual health clinics provide services free of charge; additional items, such as birth control and certain vaccines, are available to clients for a fee. Clinics are equipped to process debit and credit card sales using a countertop payment terminal, and a cash float is maintained for cash sales. All transactions are entered in Hampson, the clinics' recordkeeping software; in

addition, transactions are tracked in an Excel worksheet. Transaction reports are generated in Hampson daily and reconciled to cash and debit/credit card receipts.

Based on our site visits and interviews with staff, Audit Services noted that cash handling duties are not appropriately segregated, sales receipts are not always generated, and management does not receive all information related to reconciliations. This may increase the risk of loss and decrease the effectiveness of management oversight.

Recommendation

1. Implement an appropriate segregation of duties for the sales, cash handling, and reporting functions.
2. Ensure that all clients receive a payment receipt as proof of purchase, including those who pay with cash. Receipts should be produced in duplicate, with one copy to the client and one copy for the Region's records.
3. Ensure that all reconciliations are provided to management for review and signoff prior to submission of month end transaction reports to Finance.
4. Ensure that supporting documentation for cash sales is included in the month end submission to Finance.
5. Ensure that the reconciled Hampson report is included with the month end reports to Finance.
6. Ensure that management approval is evident on the month end reports submitted to Finance.
7. Develop and implement a policy and corresponding procedures to ensure that instances of non-payment by clients are handled consistently across all clinics, including a mechanism to track and report all occurrences and periodic review by management.

Management Response

1. Agreed - Appropriate segregation of duties for the sales, cash handling and reporting functions will be implemented. Implementation will be completed in Q1 2020.
2. Agreed - All clients will receive a payment receipt as proof of purchase, including those who pay with cash. Receipts will be produced in duplicate, with one copy to the client and one copy for the Region's records. Implementation will be completed in Q4 2019.
3. Agreed- All reconciliations will be provided to management for review and sign off prior to submission of month end transaction reports to Finance. Implementation will be completed in Q4 2019.
4. Agreed - Supporting documentation for cash sales will be included in the month end submission to Finance. Implementation will be completed in Q4 2019.

5. Agreed - Reconciled Hampson reports will be included with month end reports for Finance. Implementation will be completed in Q4 2019.
6. Agreed - Management approval (signature) will be evident on the month end reports submitted to Finance. Implementation will be completed in Q4 2019.
7. Agreed – A policy and corresponding procedure will be developed to ensure that instances of non-payment by clients are handled consistently, including a mechanism to track and report all occurrences. Management will review occurrences monthly. . Implementation will be completed in Q1 2020.

4.5 Training

Observation

Not all clinic staff are up-to-date with required training.

All staff on the Sexual Health Clinics and Harm Reduction Team must complete annual training in certain areas such as CPR, WHMIS, and mask fit testing. During our review of training records, we noted that several staff members did not complete mandatory WHMIS and mask fit testing training requirements in 2018.

Recommendation

Strengthen oversight and enforcement measures to ensure that all mandatory training is completed and tracked annually as required.

Management Response

1. Agreed – Mandatory training requirements will be tracked and reviewed semi-annually with staff so that management can ensure compliance. Implementation will be completed by Q4 2019.

Original signed by

Katherine Chislett
**Commissioner, Community &
Health Services**

Original signed by

Dr. Kurji
Medical Officer of Health

Original signed by

Antonio Bianchi
Acting Director, Audit Services