Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

November 7, 2022

JLAC Received 11-7-22

Joseph A. Ladapo, MD, PhD State Surgeon General 4052 Bald Cypress Way, Bin A-00 Tallahassee, Florida 32399

Dear Dr. Ladapo:

Pursuant to this office's procedures for external audits, we are to update you on the status of corrective actions taken since June 1, 2022, when the Office of the Auditor General published Report Number 2022-200, *Audit of COVID-19 Data Collection and Reporting.*

We are pleased to announce that at six months after publication, management reports one of the corrective action plans made in response to recommendations from the Office of the Auditor General have been closed and four are still in progress. We will update you on the status of the remaining open corrective actions again approximately six months from the date of this letter.

If I may answer any questions, please let me know.

Sincerely,

Michael J. Bennett, CIA, CGAP, CIG

Michael Benett

Inspector General

MJB/akm Enclosure

cc: Melinda M. Miguel, Chief of Inspector General, Executive Office of the Governor Samantha Perry, CPA, Office of the Auditor General Kathy DuBose, Staff Director, Joint Legislative Auditing Committee Cassandra G. Pasley, BSN, JD, Chief of Staff Kenneth A. Scheppke, MD, FAEMS, Deputy Secretary for Health Mike Mason, Assistant Deputy Secretary for Health Melissa Jordan, MS, MPH, Assistant Deputy Secretary for Health Michele Tallent, Deputy Secretary for Operations Brittany B. Griffith, Assistant Deputy Secretary for Operation Mark Lander, Interim Deputy Secretary for County Health Systems Mark H. Boehmer, CPA, Director of Auditing



Status of Corrective Action Plans



Report Number: AG-2022-200
Report Title: Audit of COVID-19 Data Collection and Reporting

Report Date: June 1, 2022 Status As Of: November 7, 2022

No. Finding

To evaluate the completeness of the death records in the Merlin system (Merlin), used by the Department of Health (Department) to collect COVID-19 data, we compared Merlin death records to Bureau of Vital Statistics (Vital Statistics) death records where COVID-19 was included as a cause or contributing factor of death and identified differences between the records.

Recommendation

f We recommend that Department management take steps to ensure the accuracy and completeness of information regarding reportable diseases and outbreaks such as COVID-19.

Corrective Action Plan

There are several reasons why COVID-19 deaths counted by Vital Statistics are different from COVID-19 deaths counted in Department's surveillance reports.

Vital Statistics deaths for COVID-19 are determined by the certifying physician completing the death certificate. For it to be considered a COVID-19 death within Vital Statistics records, COVID-19 needs to be listed on the death certificate either as an immediate cause, underlying cause, or a significant condition contributing to death. Additionally, Vital Statistics deaths are counted in the jurisdiction where the individual died and not where the individual lived.

systems with identical or near identical demographic are also included in the national case definition, but symptom and exposure criteria. Vital Statistics deaths on a recent positive COVID-19 laboratory test result, surveillance purposes are classified using a national case definition that classifies a COVID-19 case based COVID-19 associated deaths counted for public health information (name, address, birth date, gender epidemiologists who matched records in the two data matching was performed manually by four trained individual lived and not where they died. During the associated surveillance death. In addition, a COVIDcertificate for the death to count as a COVID-19 COVID-19 does not need to be listed on the death ace/ethnicity) time period of interest, Vital Statistics and surveillance 19 surveillance death is reported based on where the

Continues on next page.

Status of Corrective Action Plan

In progress

The Department has continued to expand electronic case reporting and has added close to 500 new facilities since July 2022. Additionally, the Department continues to match with the Vital Statistics database and works alongside Vital Statistics staff to improve the epidemiology staff knowledge of the registry. Lastly, the Department is continuing to modernize systems that allows for more timely capturing of death data as it becomes available.

Anticipated Completion Date: June 30, 2023

Recommendation

Corrective Action Plan

Status of Corrective Action Plan

Because of the differences in the process used to classify COVID-19 Vital Statistics deaths compared to COVID-19 associated surveillance deaths, differences in the number of deaths reported by the two systems are expected. If COVID-19 testing was not performed, occurred more than 30 days before the death, was not reported to the Department, or could not be matched to a Vital Statistics record because of data quality deficiencies, the death would not be counted as a COVID-19 associated surveillance death included in the Department's COVID-19 surveillance reports.

supplementation purposes. additional data sources will be explored for move forward in data modernization and science, electronically. Getting these data through eCR will will provide complete medical records for cases and expanding electronic case reporting (eCR), which response progressed, this greatly helped in capturing more timely and complete data on COVID-19 deaths. between Merlin, the database where surveillance data completeness of laboratory test results reporting. The response, the Department expanded electronic diseases and conditions. During the COVID-19 complete data. Lastly, as the Department continues to give the Department another resource of timely and The Department is also working towards implementing are kept, with the Vital Statistics database. As the Department also established electronic linkage laboratory reporting, which improved the quality and to capture timely and complete data for reportable The Department is constantly exploring opportunities

2 Certain COVID-19 data included in Merlin did not appear complete or contained anomalies that would limit the accuracy and usefulness of reported information.

Recommendation

We recommend that Department management take appropriate actions to ensure that public health data collected and reported is accurate and complete. Such actions should include the performance of edit checks and analyses, where practical and available, to detect errors, inconsistencies, and outliers in the data and efforts to resolve any issues noted.

Corrective Action Plan

The Surveillance Section (Section) within the Bureau of Epidemiology (Bureau) is pursuing the implementation of data quality practices that our data systems can perform in an automated fashion as opposed to a manual process. Such practices include the rejection and auto-correction of incomplete or inaccurate data. Implementing these automated data quality practices is a top priority for the Section.

However, it should be noted that most data quality issues the Department experienced during the COVID-19 pandemic originated from laboratories that submitted inaccurate or incomplete data to the Department. Challenges included receiving data from many new laboratories and other facilities with limited experience in reporting laboratory test results to the Department prior to the COVID-19 pandemic. The Department relies on laboratories and other facilities conducting COVID-19 tests to report their patients' test results with complete and accurate data. The Department continues to work with laboratories to ensure that COVID-19 test result data is reported timely and accurately.

The Department no longer recommends that county health departments (CHD) perform investigations, or contact, every reported case of COVID-19 (i.e., all COVID-19 positive individuals). On January 11, 2022, the Bureau provided updated COVID-19 case investigation recommendations to CHDs which were aimed at improving the Department's response to COVID-19 investigations in high-risk congregate settings. The Bureau continues to monitor investigations in high-risk congregate settings weekly. Conducting routine case interviews and contact tracing for all COVID-19 cases is no longer an objective for the Department, nor is it part of the Department's guidance.

Continues on next page.

Status of Corrective Action Plan

In progress.

The Section is continuing to modernize data systems and implement an automated data quality process that will alleviate staff burden and improve timeliness of data quality measures. Additionally, the section is exploring data sharing opportunities with external partners that will assist in person matching. This can improve the quality and completeness of demographics data collected for cases. It is important to note that most demographic data quality issues stem from a lack of data received from laboratories and medical facilities.

Anticipated Completion Date: June 30, 2023

Previously Reported as Complete.

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in accordance with Department contact tracing guidance.

positive individuals were

Department records did not always evidence that COVID-19

contacted, or timely contacted,

guidance and appropriately

management ensure that contact tracing activities are conducted in accordance with Department

We recommend that Department

documented in Department

records

Recommendation

Corrective Action Plan

Status of Corrective Action Plan

caseloads. number of case investigators available to offset CHD contact tracing. The Department also hired a large contacts to the Department through the application for about their COVID-19 infection and provide close electronically, as well as answer survey questions obtain their COVID-19 test results securely and mobile application, which enabled Florida residents to in November 2020, the Department went live with a COVID-19 contact and case follow-up monitoring, and Prevention Text Illness Monitoring system to facilitate access to the Centers for Disease Control and list in Merlin. Also in 2020, the Department provided hosted a statewide training on the utilization of the recently implemented COVID-19 contact tracing task Furthermore, on June 23, 2020, the Department and contact follow-up attempts and outcomes. the Department added the ability to document case an effort to address the documented findings. In 2020, Bureau completed a number of corrective actions in Prior to the above-mentioned guidance update, the

experienced similar challenges with contact tracing. be noted that other jurisdictions in the United States per week, especially when case data are oftentimes Successfully, contacting tens of thousands of persons period, they averaged at 63,000 cases per week. case counts peaked at 427,000, and throughout the disease count in 2019. After the audit period, weekly higher than the average weekly total reportable they averaged at 23,000 cases per week, 39 times counts peaked at 80,000, and throughout the period, investigations. During the audit period, weekly case during surges proved to be persistent barriers to case number) along with the volume of reported cases contact information (e.g., name, address, phone including case reports with missing or inaccurate Despite these corrective actions, data quality issues inaccurate or incomplete, is very challenging. It should Contact tracing is a very resource intensive activity.

4

Neither the Division of Emergency Management (Division) nor the Department reconciled the reported number of COVID-19 tests administered at State-led testing sites to laboratory results reported to the Department. Additionally, Division records did not always evidence that the Division reconciled the number of COVID-19 tests invoiced by laboratories to the number of tests reported in Division situation reports.

Recommendation

We recommend that Department management take steps to ensure that data regarding declared Statewide emergencies such as COVID-19 is subject to adequate review and control to promote complete and accurate reporting and appropriate payment of contractor invoices, as applicable.

Corrective Action Plan

artment The Department has the ability to match patient level
electronic testing data to testing data reported in
Merlin. The matching would allow us to determine
gencies completeness of public health reporting of data and
ect to can also serve as a way to verify that the invoice is
rol to accurate.

The Department will draft standard language requiring electronic data management and reporting of patient level demographic information for auditing purposes in contractual agreements for testing paid for by the Department. The Department will share the standardized language with the Division and the Department of Management Services (DMS).

Controls over access to Merlin need improvement to reduce the risk of unauthorized disclosure, modification, or destruction of Department data.

0

We recommend that Department management enhance information technology (IT) access controls to ensure that periodic Merlin user access privilege reviews are performed and documented in Department records and ensure that Merlin user access privileges are promptly deactivated upon a user's separation from Department or contracted

employment.

The Department will review options and implement a new process to promptly deactivate Merlin accounts when users are separated from the Department. The Department will work to identify a way to be notified promptly of an employee's separation.

However, it is important to note that to access Merlin, users must be on the Department's IT network and have an active Department user login. As soon as a user is separated from the Department, they cannot access Merlin because they are unable to access the Department's IT network, even if it is still showing the Merlin account as active. A user must be a current Department employee to access Merlin.

Status of Corrective Action Plan

In progress.

The Department has the ability to match patient level electronic testing data to testing data reported in Merlin. The matching would allow us to determine completeness of public health reporting of data and can also serve as a way to verify that the invoice is accurate.

The Department will draft standard language requiring electronic data management and reporting of patient level demographic information for auditing purposes in contractual agreements for testing paid for by the Department. The Department will share the standardized language with the Division and DMS.

Anticipated Completion Date: December 31, 2022

In progress

The Section has taken multiple steps to reduce the risk of unauthorized users in Merlin. A message has been added to the homepage that reminds CHDs to follow the steps for deactivating users who are no longer with the Department, the auto-expire rule has been reduced from 90-days to 30-days, and a monthly list of active users for each CHD is sent out.

Anticipated Completion Date: June 30, 2023

12 Month Response Submitted as Follows

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

JLAC Received 5-26-23

May 26, 2023

Joseph A. Ladapo, MD, PhD State Surgeon General 4052 Bald Cypress Way, Bin A-00 Tallahassee, Florida 32399

Dear Dr. Ladapo:

Pursuant to this office's procedures for external audits, we are to update you on the status of corrective actions taken since June 1, 2022, when the Office of the Auditor General published Report Number 2022-200, *Audit of COVID-19 Data Collection and Reporting*.

We are pleased to announce that at 12 months after publication, management reports two of the corrective action plans made in response to recommendations from the Office of the Auditor General have been closed and three are still in progress. We will update you on the status of the remaining open corrective actions again approximately six months from the date of this letter.

If I may answer any questions, please let me know.

Sincerely,

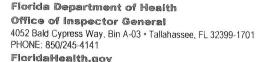
Michael J. Bennett, CIA, CGAP, CIG

Michael /Bennath

Inspector General

MJB/akm Enclosure

cc: Melinda M. Miguel, Chief of Inspector General, Executive Office of the Governor Samantha Perry, CPA, Office of the Auditor General Kathy DuBose, Staff Director, Joint Legislative Auditing Committee Cassandra G. Pasley, BSN, JD, Chief of Staff Kenneth A. Scheppke, MD, FAEMS, Deputy Secretary for Health Mike Mason, Assistant Deputy Secretary for Health Melissa Jordan, MS, MPH, Assistant Deputy Secretary for Health Antonio D. Dawkins, MPA, PMP, Deputy Secretary for Operations Mark Lander, Deputy Secretary for County Health Systems Mark H. Boehmer, CPA, Director of Auditing





Status of Corrective Action Plans



Report Title: Audit of COVID-19 Data Collection and Reporting Report Number: AG-2022-200

Status As Of: May 26, 2023 Report Date: June 1, 2022

0 Finding

of Vital Statistics (Vital Statistics) identified differences between contributing factor of death and was included as a cause or death records where COVID-19 Merlin death records to Bureau COVID-19 data, we compared system (Merlin), used by the (Department) to collect Department of Health the death records in the Merlin to evaluate the completeness of

Recommendation

and outbreaks such as regarding reportable diseases ensure the accuracy and management take steps to We recommend that Department completeness of information COVID-19

Corrective Action Plan

deaths counted in Department's surveillance reports. counted by Vital Statistics are different from COVID-19 There are several reasons why COVID-19 deaths

individual died and not where the individual lived certificate. For it to be considered a COVID-19 death deaths are counted in the jurisdiction where the contributing to death. Additionally, Vital Statistics cause, underlying cause, or a significant condition listed on the death certificate either as an immediate within Vital Statistics records, COVID-19 needs to be the certifying physician completing the death Vital Statistics deaths for COVID-19 are determined by

systems with identical or near identical demographic epidemiologists who matched records in the two data matching was performed manually by four trained time period of interest, Vital Statistics and surveillance individual lived and not where they died. During the associated surveillance death. In addition, a COVID-COVID-19 does not need to be listed on the death are also included in the national case definition, but symptom and exposure criteria. Vital Statistics deaths on a recent positive COVID-19 laboratory test result surveillance purposes are classified using a national case definition that classifies a COVID-19 case based COVID-19 associated deaths counted for public health race/ethnicity). information (name, address, birth date, gender 19 surveillance death is reported based on where the certificate for the death to count as a COVID-19

Continues on next page

Status of Corrective Action Plan

in progress

staff to actively clean up data. Although, more sustainable solutions are still being determined. diseases in Merlin to improve death data reporting COVID-19 death cases has been in use by state track, and correct data quality issues related to positive laboratory result occurred in the 30-days Statistics data and Merlin data will exist as Public Health Emergency declaration on Statistics database and works alongside Vital timeliness. A refreshable spreadsheet to identify underway to use Vital Statistics data across all before date of death. System improvements are certificate to be considered COVID-related if a COVID-19 does not need to be listed on the death May 11, 2023. Discrepancies between Vital the national approach following the end of the trends for COVID-19 is in progress to align with Statistics data to summarize death data and knowledge of the registry. Transition to using Vital Statistics staff to improve the epidemiology staff the Department continues to match with the Vital 700 new facilities since July 2022. Additionally, electronic case reporting and has added close to The Department has continued to expand

Anticipated Completion Date: December 31, 2023

Recommendation

Corrective Action Plan

Status of Corrective Action Plan

Because of the differences in the process used to classify COVID-19 Vital Statistics deaths, differences in the number of deaths reported by the two systems are expected. If COVID-19 testing was not performed, occurred more than 30 days before the death, was not reported to the Department, or could not be matched to a Vital Statistics record because of data quality deficiencies, the death would not be counted as a COVID-19 associated surveillance death included in the Department's COVID-19 surveillance reports.

move forward in data modernization and science, will provide complete medical records for cases and expanding electronic case reporting (eCR), which additional data sources will be explored for complete data. Lastly, as the Department continues to give the Department another resource of timely and electronically. Getting these data through eCR will more timely and complete data on COVID-19 deaths. are kept, with the Vital Statistics database. As the completeness of laboratory test results reporting. The laboratory reporting, which improved the quality and diseases and conditions. During the COVID-19 to capture timely and complete data for reportable supplementation purposes. The Department is also working towards implementing response progressed, this greatly helped in capturing between Merlin, the database where surveillance data Department also established electronic linkage response, the Department expanded electronic The Department is constantly exploring opportunities

2 Certain COVID-19 data included in Merlin did not appear complete or contained anomalies that would limit the accuracy and usefulness of reported information.

Recommendation

We recommend that Department management take appropriate actions to ensure that public health data collected and reported is accurate and complete. Such actions should include the performance of edit checks and analyses, where practical and available, to detect errors, inconsistencies, and outliers in the data and efforts to resolve any issues noted.

Corrective Action Plan

of Epidemiology (Bureau) is pursuing the implementation of data quality practices that our data systems can perform in an automated fashion as opposed to a manual process. Such practices include the rejection and auto-correction of incomplete or inaccurate data. Implementing these automated data quality practices is a top priority for the Section.

However, it should be noted that most data quality issues the Department experienced during the COVID-19 pandemic originated from laboratories that submitted inaccurate or incomplete data to the Department. Challenges included receiving data from many new laboratories and other facilities with limited experience in reporting laboratory test results to the Department prior to the COVID-19 pandemic. The Department relies on laboratories and other facilities conducting COVID-19 tests to report their patients' test results with complete and accurate data. The Department continues to work with laboratories to ensure that COVID-19 test result data is reported timely and accurately.

Status of Corrective Action Plan

in progress.

end of the Public Health Emergency declaration departments (CHD), unless cases are tied to an demographics data collected for cases. It is improve the quality and completeness of assist with person matching to minimize accuracy, Additionally, the Section is in discussion data quality tracking tool for COVID-19 data in electronic reporting will be heavily relied on for outbreak. Therefore, reliance on data received by individual cases of COVID-19 are no longer and the current shift in prioritization of COVID-19 from laboratories and medical facilities. With the quality issues stem from a lack of data received incomplete demographic data through batch with external partners on an application that would the Merlin team and reviewed routinely to data quality issues. This file will be managed by improve timeliness of data quality measures. A systems and implement an automated data quality data completeness. nealthcare and laboratory facilities through equired to be investigated by local county health investigations to be surveillance focused, important to note that most demographic data matching against multiple data sources. This can continue improving data completeness and Merlin was implemented in May 2023 to identify process that will alleviate staff burden and The Section is continuing to modernize data

Anticipated Completion Date: December 31, 2023

3 Department records did not always evidence that COVID-19 positive individuals were contacted, or timely contacted, in accordance with Department contact tracing guidance.

Recommendation

endation

We recommend that Department management ensure that contact tracing activities are conducted in accordance with Department guidance and appropriately documented in Department records.

Corrective Action Plan

The Department no longer recommends that CHDs perform investigations, or contact, every reported case of COVID-19 (i.e., all COVID-19 positive individuals). On January 11, 2022, the Bureau provided updated COVID-19 case investigation recommendations to CHDs which were aimed at improving the Department's response to COVID-19 investigations in high-risk congregate settings. The Bureau continues to monitor investigations in high-risk congregate settings routine case interviews and contact tracing for all COVID-19 cases is no longer an objective for the Department, nor is it part of the Department's guidance.

caseloads number of case investigators available to offset CHD contact tracing. The Department also hired a large contacts to the Department through the application for about their COVID-19 infection and provide close electronically, as well as answer survey questions obtain their COVID-19 test results securely and mobile application, which enabled Florida residents to in November 2020, the Department went live with a COVID-19 contact and case follow-up monitoring, and Prevention Text Illness Monitoring system to facilitate access to the Centers for Disease Control and list in Merlin. Also in 2020, the Department provided recently implemented COVID-19 contact tracing task hosted a statewide training on the utilization of the Furthermore, on June 23, 2020, the Department and contact follow-up attempts and outcomes. the Department added the ability to document case an effort to address the documented findings. In 2020, Bureau completed a number of corrective actions in Prior to the above-mentioned guidance update, the

Continues on next page.

Status of Corrective Action Plan

Previously Reported as Complete.

Recommendation

Corrective Action Plan

Status of Corrective Action Plan

Successfully, contacting tens of thousands of persons period, they averaged at 63,000 cases per week. case counts peaked at 427,000, and throughout the disease count in 2019. After the audit period, weekly counts peaked at 80,000, and throughout the period experienced similar challenges with contact tracing. be noted that other jurisdictions in the United States inaccurate or incomplete, is very challenging. It should per week, especially when case data are oftentimes Contact tracing is a very resource intensive activity. higher than the average weekly total reportable they averaged at 23,000 cases per week, 39 times investigations. During the audit period, weekly case during surges proved to be persistent barriers to case number) along with the volume of reported cases contact information (e.g., name, address, phone including case reports with missing or inaccurate Despite these corrective actions, data quality issues

Neither the Division of Emergency Management (Division) nor the Department reconciled the reported number of COVID-19 tests administered at State-led testing sites to laboratory results reported to the Department. Additionally, Division records did not always evidence that the Division reconciled the number of COVID-19 tests invoiced by laboratories to the number of tests reported in Division situation reports.

4

We recommend that Department management take steps to ensure that data regarding declared Statewide emergencies such as COVID-19 is subject to adequate review and control to promote complete and accurate reporting and appropriate payment of contractor invoices, as applicable.

The Department has the ability to match patient level electronic testing data to testing data reported in Merlin. The matching would allow us to determine completeness of public health reporting of data and can also serve as a way to verify that the invoice is accurate.

The Department will draft standard language requiring electronic data management and reporting of patient level demographic information for auditing purposes in contractual agreements for testing paid for by the Department. The Department will share the standardized language with the Division and the Department of Management Services (DMS).

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In progress.

The Department has the ability to match patient level electronic testing data to testing data reported in Merlin. The matching would allow us to determine completeness of public health reporting of data and can also serve as a way to verify that the invoice is accurate.

The contracts for state-funded testing sites have ended. When new facilities are onboarded, the procedures for validating demographic data have been enhanced so that the matching process is more accurate.

Anticipated Completion Date: September 30, 2023

0 Finding

0 Department data. risk of unauthorized disclosure, modification, or destruction of need improvement to reduce the Controls over access to Merlin

Recommendation

and documented in Department access controls to ensure that information technology (IT) management enhance user's separation from promptly deactivated upon a periodic Merlin user access We recommend that Department employment. Department or contracted user access privileges are records and ensure that Merlin privilege reviews are performed

access Merlin because they are unable to access the user is separated from the Department, they cannot Department employee to access Merlin. Merlin account as active. A user must be a current Department's IT network, even if it is still showing the have an active Department user login. As soon as a users must be on the Department's IT network and However, it is important to note that to access Merlin

Corrective Action Plan

The Department will review options and implement a new process to promptly deactivate Merlin accounts promptly of an employee's separation. when users are separated from the Department. The Department will work to identify a way to be notified

Status of Corrective Action Plan

Completed.

and removed access privileges for all Merlin users data information. Merlin users with the IT's Active Directory user implemented automated daily reviews comparing to have access. The Department has that no longer had a documented business need The Department conducted a user access review

18 Month Response Submitted as Follows

recent notification - 18 mos responsy

Mission:

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

November 3, 2023

Joseph A. Ladapo, MD, PhD State Surgeon General 4052 Bald Cypress Way, Bin A-00 Tallahassee, Florida 32399

Dear Dr. Ladapo:

Pursuant to this office's procedures for external audits, we are to update you on the status of corrective actions taken since June 1, 2022, when the Office of the Auditor General published Report Number 2022-200, Audit of COVID-19 Data Collection and Reporting.

We are pleased to announce that at 18 months after publication, management reports three of the corrective action plans made in response to recommendations from the Office of the Auditor General have been closed and two are still in progress. We will update you on the status of the remaining open corrective actions again approximately six months from the date of this letter.

If I may answer any questions, please let me know.

Sincerely,

Michael J. Bennett, CIA, CGAP, CIG

Michael /Bennett

Inspector General

MJB/akm Enclosure

cc: Melinda M. Miguel, Chief of Inspector General, Executive Office of the Governor Samantha Perry, CPA, Office of the Auditor General Kathy DuBose, Staff Director, Joint Legislative Auditing Committee Cassandra G. Pasley, BSN, JD, Chief of Staff Kenneth A. Scheppke, MD, FAEMS, Deputy Secretary for Health Mike Mason, Assistant Deputy Secretary for Health Melissa Jordan, MS, MPH, Assistant Deputy Secretary for Health Antonio D. Dawkins, MPA, PMP, Deputy Secretary for Operations Mark Lander, Deputy Secretary for County Health Systems

Florida Department of Health
Office of Inspector General
4052 Bald Cypress Way, Bin A-03 • Tallahassee, FL 32399-1701
PHONE: 850/245-4141
FloridaHealth.gov



Status of Corrective Action Plans



Report Number: AG-2022-200

Report Title: Audit of COVID-19 Data Collection and Reporting

Status As Of: November 3, 2023 Report Date: June 1, 2022

8 0 Finding

Merlin death records to Bureau of Vital Statistics (Vital Statistics) the records identified differences between contributing factor of death and was included as a cause or death records where COVID-19 COVID-19 data, we compared Department of Health system (Merlin), used by the the death records in the Merlin (Department) to collect To evaluate the completeness of

Recommendation

management take steps to and outbreaks such as regarding reportable diseases completeness of information ensure the accuracy and We recommend that Department

Corrective Action Plan

counted by Vital Statistics are different from COVID-19 There are several reasons why COVID-19 deaths deaths counted in Department's surveillance reports.

contributing to death. Additionally, Vital Statistics cause, underlying cause, or a significant condition listed on the death certificate either as an immediate within Vital Statistics records, COVID-19 needs to be certificate. For it to be considered a COVID-19 death the certifying physician completing the death Vital Statistics deaths for COVID-19 are determined by individual died and not where the individual lived deaths are counted in the jurisdiction where the

systems with identical or near identical demographic data matching was performed manually by four trained individual lived and not where they died. During the 19 surveillance death is reported based on where the associated surveillance death. In addition, a COVIDcertificate for the death to count as a COVID-19 COVID-19 does not need to be listed on the death are also included in the national case definition, but symptom and exposure criteria. Vital Statistics deaths on a recent positive COVID-19 laboratory test result surveillance purposes are classified using a national case definition that classifies a COVID-19 case based COVID-19 associated deaths counted for public health information (name, address, birth date, gender epidemiologists who matched records in the two time period of interest, Vital Statistics and surveillance race/ethnicity)

Continues on next page

Status of Corrective Action Plan

In progress

COVID-19 death cases has been in use by staff to diseases in Merlin to improve death data reporting of the Public Health Emergency declaration on align with the national approach following the end data and trends for COVID-19 is in progress to to using Vital Statistics data to summarize death 849 new facilities and 53 conditions that are electronic case reporting and has added close to track, and correct data quality issues related to timeliness. A refreshable spreadsheet to identify, before date of death. System improvements are certificate to be considered COVID-related if a COVID-19 does not need to be listed on the death Statistics data and Merlin data will exist as May 11, 2023. Discrepancies between Vital Statistics staff to identify improvements. Transition Statistics database and works alongside Vital the Department continues to match with the Vital actively clean up data. underway to use Vital Statistics data across all positive laboratory result occurred in the 30-days reportable in Florida since July 2022. Additionally The Department has continued to expand

Anticipated Completion Date: December 31, 2023

Recommendation

Corrective Action Plan

Status of Corrective Action Plan

Because of the differences in the process used to classify COVID-19 Vital Statistics deaths compared to COVID-19 associated surveillance deaths, differences in the number of deaths reported by the two systems are expected. If COVID-19 testing was not performed, occurred more than 30 days before the death, was not reported to the Department, or could not be matched to a Vital Statistics record because of data quality deficiencies, the death would not be counted as a COVID-19 associated surveillance death included in the Department's COVID-19 surveillance reports.

give the Department another resource of timely and and expanding electronic case reporting (eCR), which to capture timely and complete data for reportable diseases and conditions. During the COVID-19 additional data sources will be explored for complete data. Lastly, as the Department continues to electronically. Getting these data through eCR will will provide complete medical records for cases more timely and complete data on COVID-19 deaths. completeness of laboratory test results reporting. The supplementation purposes. move forward in data modernization and science, response progressed, this greatly helped in capturing are kept, with the Vital Statistics database. As the between Merlin, the database where surveillance data Department also established electronic linkage laboratory reporting, which improved the quality and response, the Department expanded electronic The Department is constantly exploring opportunities The Department is also working towards implementing

2 Certain COVID-19 data included in Merlin did not appear complete or contained anomalies that would limit the accuracy and usefulness of reported information.

Recommendation

We recommend that Department management take appropriate actions to ensure that public health data collected and reported is accurate and complete. Such actions should include the performance of edit checks and analyses, where practical and available, to detect errors, inconsistencies, and outliers in the data and efforts to resolve any issues noted.

Corrective Action Plan

The Surveillance Section (Section) within the Bureau of Epidemiology (Bureau) is pursuing the implementation of data quality practices that our data systems can perform in an automated fashion as opposed to a manual process. Such practices include the rejection and auto-correction of incomplete or inaccurate data. Implementing these automated data quality practices is a top priority for the Section.

However, it should be noted that most data quality issues the Department experienced during the COVID-19 pandemic originated from laboratories that submitted inaccurate or incomplete data to the Department. Challenges included receiving data from many new laboratories and other facilities with limited experience in reporting laboratory test results to the Department prior to the COVID-19 pandemic. The Department relies on laboratories and other facilities conducting COVID-19 tests to report their patients' test results with complete and accurate data. The Department continues to work with laboratories to ensure that COVID-19 test result data is reported timely and accurately.

Status of Corrective Action Plan

In progress.

and the current shift in prioritization of COVID-19 end of the Public Health Emergency declaration quality issues stem from a lack of data received improve the quality and completeness of incomplete demographic data through batch Section is in discussions with external partners to team and reviewed routinely to continue improving tracking tool for COVID-19 data in Merlin was data completeness electronic reporting will be heavily relied on for healthcare and laboratory facilities through outbreak. Therefore, reliance on data received by departments (CHD), unless cases are tied to an individual cases of COVID-19 are no longer investigations to be surveillance focused, from laboratories and medical facilities. With the important to note that most demographic data demographics data collected for cases. It is matching against multiple data sources. This can assist with person matching to minimize data completeness and accuracy, Additionally, the issues. This file will be managed by the Merlin implemented in May 2023 to identify data quality timeliness of data quality measures. A data quality that will alleviate staff burden and improve and implement automated data quality processes required to be investigated by local county health The Section continues to modernize data systems

Anticipated Completion Date: December 31, 2023

3 Department records did not always evidence that COVID-19 positive individuals were contacted, or timely contacted, in accordance with Department contact tracing guidance.

Recommendation

We recommend that Department management ensure that contact tracing activities are conducted in accordance with Department guidance and appropriately documented in Department records.

Corrective Action Plan

The Department no longer recommends that CHDs perform investigations, or contact, every reported case of COVID-19 (i.e., all COVID-19 positive individuals). On January 11, 2022, the Bureau provided updated COVID-19 case investigation recommendations to CHDs which were aimed at improving the Department's response to COVID-19 investigations in high-risk congregate settings. The Bureau continues to monitor investigations in high-risk congregate settings routine case interviews and contact tracing for all COVID-19 cases is no longer an objective for the Department, nor is it part of the Department's guidance.

number of case investigators available to offset CHD obtain their COVID-19 test results securely and and contact follow-up attempts and outcomes. Furthermore, on June 23, 2020, the Department an effort to address the documented findings. In 2020, contact tracing. The Department also hired a large contacts to the Department through the application for about their COVID-19 infection and provide close electronically, as well as answer survey questions mobile application, which enabled Florida residents to in November 2020, the Department went live with a COVID-19 contact and case follow-up monitoring, and Prevention Text Illness Monitoring system to facilitate access to the Centers for Disease Control and list in Merlin. Also in 2020, the Department provided the Department added the ability to document case Bureau completed a number of corrective actions in recently implemented COVID-19 contact tracing task hosted a statewide training on the utilization of the Prior to the above-mentioned guidance update, the

Continues on next page.

Status of Corrective Action Plan

Previously Reported as Complete.

Recommendation

Corrective Action Plan

including case reports with missing or inaccurate

Despite these corrective actions, data quality issues

Status of Corrective Action Plan

at State-led testing sites to of COVID-19 tests administered situation reports laboratories to the number of COVID-19 tests invoiced by evidence that the Division Division records did not always tests reported in Division reconciled the number of Department. Additionally, laboratory results reported to the reconciled the reported number (Division) nor the Department **Emergency Management** Neither the Division of

4

declared Statewide emergencies such as COVID-19 is subject to payment of contractor invoices, ensure that data regarding promote complete and accurate adequate review and control to management take steps to as applicable. reporting and appropriate

We recommend that Department

disease count in 2019. After the audit period, weekly The Department has the ability to match patient level experienced similar challenges with contact tracing be noted that other jurisdictions in the United States inaccurate or incomplete, is very challenging. It should per week, especially when case data are oftentimes Successfully, contacting tens of thousands of persons period, they averaged at 63,000 cases per week. case counts peaked at 427,000, and throughout the higher than the average weekly total reportable they averaged at 23,000 cases per week, 39 times counts peaked at 80,000, and throughout the period investigations. During the audit period, weekly case during surges proved to be persistent barriers to case number) along with the volume of reported cases contact information (e.g., name, address, phone Contact tracing is a very resource intensive activity

electronic testing data to testing data reported in accurate can also serve as a way to verify that the invoice is completeness of public health reporting of data and Merlin. The matching would allow us to determine

electronic data management and reporting of patient Department of Management Services standardized language with the Division and the Department. The Department will share the contractual agreements for testing paid for by the level demographic information for auditing purposes in The Department will draft standard language requiring

Completed.

enhanced so that the matching process is for validating demographic data have been As new facilities are onboarded, the procedures accurate.

0 modification, or destruction of risk of unauthorized disclosure, need improvement to reduce the Controls over access to Merlin Department data.

Recommendation

privilege reviews are performed information technology (IT) employment. access controls to ensure that management enhance We recommend that Department Department or contracted user's separation from promptly deactivated upon a user access privileges are records and ensure that Merlin and documented in Department periodic Merlin user access

Corrective Action Plan

The Department will review options and implement a new process to promptly deactivate Merlin accounts Department will work to identify a way to be notified promptly of an employee's separation. when users are separated from the Department. The

Department employee to access Merlin. Department's IT network, even if it is still showing the Merlin account as active. A user must be a current access Merlin because they are unable to access the user is separated from the Department, they cannot have an active Department user login. As soon as a users must be on the Department's IT network and However, it is important to note that to access Merlin

Status of Corrective Action Plan

Previously Reported as Complete.

24 Month Response Submitted as Follows

Mission:

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

JLAC Received 5-31-2024

May 30, 2024

Joseph A. Ladapo, MD, PhD State Surgeon General 4052 Bald Cypress Way, Bin A-00 Tallahassee, Florida 32399

Dear Dr. Ladapo:

Pursuant to this office's procedures for external audits, we are to update you on the status of corrective actions taken since June 1, 2022, when the Office of the Auditor General published Report Number 2022-200, *Audit of COVID-19 Data Collection and Reporting*.

We are pleased to announce that at 24 months after publication, management reports four of the corrective action plans made in response to recommendations from the Office of the Auditor General have been closed. Management reported the remaining corrective action plan is in progress, however, we are closing the corrective action plan for follow-up purposes due to the significant progress already completed. This effectively concludes our monitoring efforts related to this audit.

If I may answer any questions, please let me know.

Sincerely,

Michael J. Bennett, CIA, CGAP, CIG

Inspector General

MJB/akm Enclosure

cc: Melinda M. Miguel, Chief of Inspector General, Executive Office of the Governor Samantha Perry, CPA, Office of the Auditor General Kathy DuBose, Staff Director, Joint Legislative Auditing Committee Cassandra G. Pasley, BSN, JD, Chief of Staff Kenneth A. Scheppke, MD, FAEMS, Deputy Secretary for Health Mike Mason, Assistant Deputy Secretary for Health Melissa Jordan, MS, MPH, Assistant Deputy Secretary for Health Antonio D. Dawkins, MPA, PMP, Deputy Secretary for Operations Mark Lander, Deputy Secretary for County Health Systems



Status of Corrective Action Plans



Report Number: AG-2022-200

Report Title: Audit of COVID-19 Data Collection and Reporting

Report Date: June 1, 2022 Status As Of: May 30, 2024

No. Finding

To evaluate the completeness of the death records in the Merlin system (Merlin), used by the Department of Health (Department) to collect COVID-19 data, we compared Merlin death records to Bureau of Vital Statistics (Vital Statistics) death records where COVID-19 was included as a cause or contributing factor of death and identified differences between the records.

Recommendation

We recommend that Department management take steps to ensure the accuracy and completeness of information regarding reportable diseases and outbreaks such as COVID-19.

Corrective Action Plan

There are several reasons why COVID-19 deaths counted by Vital Statistics are different from COVID-19 deaths counted in Department's surveillance reports.

Vital Statistics deaths for COVID-19 are determined by the certifying physician completing the death certificate. For it to be considered a COVID-19 death within Vital Statistics records, COVID-19 needs to be listed on the death certificate either as an immediate cause, underlying cause, or a significant condition contributing to death. Additionally, Vital Statistics deaths are counted in the jurisdiction where the individual died and not where the individual lived.

COVID-19 associated deaths counted for public health surveillance purposes are classified using a national case definition that classifies a COVID-19 case based on a recent positive COVID-19 laboratory test result, symptom and exposure criteria. Vital Statistics deaths are also included in the national case definition, but COVID-19 does not need to be listed on the death certificate for the death to count as a COVID-19 associated surveillance death. In addition, a COVID-19 surveillance death is reported based on where the individual lived and not where they died. During the time period of interest, Vital Statistics and surveillance data matching was performed manually by four trained epidemiologists who matched records in the two systems with identical or near identical demographic information (name, address, birth date, gender, race/ethnicity).

Continues on next page.

Status of Corrective Action Plan

Completed.

The Department continues to expand on eCR to ensure timely reporting and improve data collection for completion and accuracy. As of the end of December 2023, over 862 facilities across 45 counties have been added for 53 conditions that are reportable in Florida. The Department continues to match with vital statistics data and work alongside vital statistics staff to identify improvements. Transition to using vital statistics data to summarize death data and trends for COVID-19 is in progress to align with the national approach following the end of the Public Health Emergency declaration on May 11, 2023. Discrepancies between vital statistics data and Merlin data will exist as COVID-19 does not need to be listed on the death certificate to be considered COVID-19 related if a positive laboratory result occurred in the 30-days before date of death. A refreshable spreadsheet to identify, track, and correct data quality issues related to COVID-19 death cases has been in use by state staff to actively clean up data.

No. Finding Recommendation Corrective Action Plan Status of Corrective Action Plan

Because of the differences in the process used to classify COVID-19 Vital Statistics deaths compared to COVID-19 associated surveillance deaths, differences in the number of deaths reported by the two systems are expected. If COVID-19 testing was not performed, occurred more than 30 days before the death, was not reported to the Department, or could not be matched to a Vital Statistics record because of data quality deficiencies, the death would not be counted as a COVID-19 associated surveillance death included in the Department's COVID-19 surveillance reports.

The Department is constantly exploring opportunities to capture timely and complete data for reportable diseases and conditions. During the COVID-19 response, the Department expanded electronic laboratory reporting, which improved the quality and completeness of laboratory test results reporting. The Department also established electronic linkage between Merlin, the database where surveillance data are kept, with the Vital Statistics database. As the response progressed, this greatly helped in capturing more timely and complete data on COVID-19 deaths. The Department is also working towards implementing and expanding electronic case reporting (eCR), which will provide complete medical records for cases electronically. Getting these data through eCR will give the Department another resource of timely and complete data. Lastly, as the Department continues to move forward in data modernization and science, additional data sources will be explored for supplementation purposes.

2 Certain COVID-19 data included in Merlin did not appear complete or contained anomalies that would limit the accuracy and usefulness of reported information.

Recommendation

We recommend that Department management take appropriate actions to ensure that public health data collected and reported is accurate and complete. Such actions should include the performance of edit checks and analyses, where practical and available, to detect errors, inconsistencies, and outliers in the data and efforts to resolve any issues noted.

Corrective Action Plan

The Surveillance Section (Section) within the Bureau of Epidemiology (Bureau) is pursuing the implementation of data quality practices that our data systems can perform in an automated fashion as opposed to a manual process. Such practices include the rejection and auto-correction of incomplete or inaccurate data. Implementing these automated data quality practices is a top priority for the Section.

However, it should be noted that most data quality issues the Department experienced during the COVID-19 pandemic originated from laboratories that submitted inaccurate or incomplete data to the Department. Challenges included receiving data from many new laboratories and other facilities with limited experience in reporting laboratory test results to the Department prior to the COVID-19 pandemic. The Department relies on laboratories and other facilities conducting COVID-19 tests to report their patients' test results with complete and accurate data. The Department continues to work with laboratories to ensure that COVID-19 test result data is reported timely and accurately.

Status of Corrective Action Plan

Closed.

The Section continues to modernize data systems and implement automated data quality processes that will alleviate staff burden and improve timeliness of data quality measures. The Section conducts data quality assurance activities throughout the year and end of year data cleaning processes to address data quality issues in tandem with the Centers for Disease Control and Prevention. Additionally, the Section is in discussions with external partners (i.e., other Florida agency and contracted service) to assist with person matching to minimize incomplete demographic data through batch matching against multiple data sources. This can improve the quality and completeness of demographics data collected for cases. It is important to note that most demographic data quality issues stem from a lack of data received from laboratories and medical facilities. With the end of the Public Health Emergency declaration and the current shift in prioritization of COVID-19 investigations to surveillance focused, individual cases of COVID-19 are no longer required to be investigated by local county health departments (CHDs) unless cases are tied to an outbreak. Therefore, reliance on data received by healthcare and laboratory facilities through electronic reporting will be heavily relied on for data completeness.

While management reported the corrective action plan is in progress, the Office of Inspector General (OIG) verified the Department has made significant progress in completing this corrective action. The OIG for follow up purposes considers this corrective action closed.

3 Department records did not always evidence that COVID-19 positive individuals were contacted, or timely contacted, in accordance with Department contact tracing guidance.

Recommendation

We recommend that Department management ensure that contact tracing activities are conducted in accordance with Department guidance and appropriately documented in Department records.

Corrective Action Plan

The Department no longer recommends that CHDs perform investigations, or contact, every reported case of COVID-19 (i.e., all COVID-19 positive individuals). On January 11, 2022, the Bureau provided updated COVID-19 case investigation recommendations to CHDs which were aimed at improving the Department's response to COVID-19 investigations in high-risk congregate settings. The Bureau continues to monitor investigations in high-risk congregate settings weekly. Conducting routine case interviews and contact tracing for all COVID-19 cases is no longer an objective for the Department, nor is it part of the Department's quidance.

Prior to the above-mentioned guidance update, the Bureau completed a number of corrective actions in an effort to address the documented findings. In 2020. the Department added the ability to document case and contact follow-up attempts and outcomes. Furthermore, on June 23, 2020, the Department hosted a statewide training on the utilization of the recently implemented COVID-19 contact tracing task list in Merlin. Also in 2020, the Department provided access to the Centers for Disease Control and Prevention Text Illness Monitoring system to facilitate COVID-19 contact and case follow-up monitoring, and in November 2020, the Department went live with a mobile application, which enabled Florida residents to obtain their COVID-19 test results securely and electronically, as well as answer survey questions about their COVID-19 infection and provide close contacts to the Department through the application for contact tracing. The Department also hired a large number of case investigators available to offset CHD caseloads.

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Status of Corrective Action Plan

Previously Reported as Complete.

No.	Finding	Recommendation	Corrective Action Plan	Status of Corrective Action Plan
			Despite these corrective actions, data quality issues including case reports with missing or inaccurate contact information (e.g., name, address, phone number) along with the volume of reported cases during surges proved to be persistent barriers to case investigations. During the audit period, weekly case counts peaked at 80,000, and throughout the period, they averaged at 23,000 cases per week, 39 times higher than the average weekly total reportable disease count in 2019. After the audit period, weekly case counts peaked at 427,000, and throughout the period, they averaged at 63,000 cases per week. Contact tracing is a very resource intensive activity. Successfully, contacting tens of thousands of persons per week, especially when case data are oftentimes inaccurate or incomplete, is very challenging. It should be noted that other jurisdictions in the United States experienced similar challenges with contact tracing.	
4	Neither the Division of Emergency Management (Division) nor the Department reconciled the reported number of COVID-19 tests administered at State-led testing sites to laboratory results reported to the Department. Additionally, Division records did not always evidence that the Division reconciled the number of COVID-19 tests invoiced by laboratories to the number of tests reported in Division situation reports.	We recommend that Department management take steps to ensure that data regarding declared Statewide emergencies such as COVID-19 is subject to adequate review and control to promote complete and accurate reporting and appropriate payment of contractor invoices, as applicable.	The Department has the ability to match patient level electronic testing data to testing data reported in Merlin. The matching would allow us to determine completeness of public health reporting of data and can also serve as a way to verify that the invoice is accurate. The Department will draft standard language requiring electronic data management and reporting of patient level demographic information for auditing purposes in contractual agreements for testing paid for by the Department. The Department will share the standardized language with the Division and the Department of Management Services.	Previously Reported as Complete.

6 Controls over access to Merlin need improvement to reduce the risk of unauthorized disclosure, modification, or destruction of Department data.

Recommendation

We recommend that Department management enhance information technology (IT) access controls to ensure that periodic Merlin user access privilege reviews are performed and documented in Department records and ensure that Merlin user access privileges are promptly deactivated upon a user's separation from Department or contracted employment.

Corrective Action Plan

The Department will review options and implement a new process to promptly deactivate Merlin accounts when users are separated from the Department. The Department will work to identify a way to be notified promptly of an employee's separation.

However, it is important to note that to access Merlin, users must be on the Department's IT network and have an active Department user login. As soon as a user is separated from the Department, they cannot access Merlin because they are unable to access the Department's IT network, even if it is still showing the Merlin account as active. A user must be a current Department employee to access Merlin.

Status of Corrective Action Plan

Previously Reported as Complete.