STUDENT HEALTH SERVICES

CALIFORNIA STATE UNIVERSITY,
LONG BEACH

Audit Report 13-61
February 5, 2014

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THE CALIFORNIA STATE UNIVERSITY
CONTENTS

Executive Summary ................................................................................................................................. 1

Introduction ........................................................................................................................................... 3
  Background ....................................................................................................................................... 3
  Purpose ............................................................................................................................................. 5
  Scope and Methodology .................................................................................................................. 7

OBSERVATIONS, RECOMMENDATIONS,
AND CAMPUS RESPONSES

Program Administration ...................................................................................................................... 9
  Governance ..................................................................................................................................... 9
  Educational Programs .................................................................................................................... 10

Health Programs .............................................................................................................................. 11

Sports Medicine .............................................................................................................................. 12

Pharmacy .......................................................................................................................................... 13
  Pharmacy Administration ............................................................................................................. 13
  Segregation of Duties .................................................................................................................... 15
APPENDICES

APPENDIX A: Personnel Contacted
APPENDIX B: Campus Response
APPENDIX C: Chancellor’s Acceptance

ABBREVIATIONS

BPC  Business and Professions Code
CO   Chancellor’s Office
CSU  California State University
CSULB California State University, Long Beach
EMR  Electronic Medical Records
EO   Executive Order
HIPAA Health Insurance Portability and Accountability Act
ICSUAM Integrated California State University Administrative Manual
IT   Information Technology
MOU  Memorandum of Understanding
OAAS Office of Audit and Advisory Services
OGC  Office of General Counsel
OTC  Over-the-Counter
SAM  State Administrative Manual
SHC  Student Health Center
SHS  Student Health Services
EXECUTIVE SUMMARY

As a result of a systemwide risk assessment conducted by the Office of Audit and Advisory Services (OAAS) during the last quarter of 2012, the Board of Trustees, at its January 2013 meeting, directed that Student Health Services (SHS) be reviewed. The OAAS last reviewed Student Health Centers in 2000.

We visited the California State University, Long Beach campus from September 3, 2013, through September 27, 2013, and audited the procedures in effect at that time.

In our opinion, except for the effect of the weaknesses described below, the fiscal, operational, and administrative controls for SHS as of September 27, 2013, taken as a whole, were sufficient to meet the objectives stated in the “Purpose” section of this report. Areas of concern include: program administration, health programs, athletic medicine, pharmacy, and information and data security.

As a result of changing conditions and the degree of compliance with procedures, the effectiveness of controls changes over time. Specific limitations that may hinder the effectiveness of an otherwise adequate system of controls include, but are not limited to, resource constraints, faulty judgments, unintentional errors, circumvention by collusion, and management overrides. Establishing controls that would prevent all these limitations would not be cost-effective; moreover, an audit may not always detect these limitations.

The following summary provides management with an overview of conditions requiring attention. Areas of review not mentioned in this section were found to be satisfactory. Numbers in brackets [ ] refer to page numbers in the report.

PROGRAM ADMINISTRATION [9]

Governance over student health services (SHS) needed improvement. For example, responsibility for university health services provided in areas such as student affairs, academic affairs, and athletics was not documented with a written designation or delegation of authority from the president. In addition, the campus could not provide evidence that the 2012 accreditation report was forwarded to the chancellor’s office, and the memorandum of understanding between SHS and the athletics department, created in 2000, did not reflect procedural and organizational changes made since implementation. Further, the campus student health center had not obtained proper approval for two health care educational programs which included the provision of health care to students.

HEALTH PROGRAMS [11]

Augmented services were not always properly approved. Specifically, we found that the campus was participating in and being reimbursed by the Medi-Cal Family Pact program, for certain augmented services without the approval by the president or his/her designee.

SPORTS MEDICINE [12]

Administration of pharmaceuticals within sports medicine needed improvement. For example, sports medicine did not maintain a perpetual inventory system for pharmaceuticals, and medical records within
sports medicine did not always contain copies of prescriptions or other documentation indicating prescribed medications and their recommended administration.

**PHARMACY [13]**

Administration of pharmaceuticals within the SHS pharmacy needed improvement. For example, licensed health care providers within SHS dispensed pharmaceuticals and over-the-counter medications outside of the licensed pharmacy without an appropriate pharmacy clinic permit, and the SHS pharmacy did not maintain a perpetual inventory system for pharmaceuticals. In addition, pharmacy segregation of duties were inadequate, as one individual, the pharmacist-in-charge, conducted all functions related to the provisioning of the pharmacy stock, including ordering, receiving, record updating, and periodic inventories.
INTRODUCTION

BACKGROUND

The Policy of the Board of Trustees on Student Health Services was initially adopted in 1977 as a comprehensive systemwide policy; since then, it has been periodically revised and updated to reflect the changing regulatory, financial, and student demographic environments. In 1993, a task force study recommended that system roles, responsibilities, and expectations be recorded in executive orders (EO) issued by the chancellor, and the policy has been communicated in that format since that time.

The most recent version, EO 943, Policy on University Health Services, dated April 28, 2005, outlines the health services the campuses may provide, including the conditions that must be met to justify adding additional services or funding sources. It also describes operational expectations for pharmacies, staffing, facility cleanliness and safety, medical records management, and accreditation. The EO focuses primarily on the scope and activities of the student health centers (SHC) but also includes sections that are applicable to other campus programs providing student health care, such as intercollegiate athletics, due to the SHC audits conducted in 2000.

The primary health entity on each California State University (CSU) campus, the SHC, is funded by two mandatory student fees, which are covered in EO 1054, California State University Fee Policy, dated January 14, 2011: a health services fee covering basic health services available to students, and a health facilities fee to support the health center facility. These fees can be changed only after a student referendum or a consultation that allows meaningful input and feedback from appropriate campus constituents.

Every three years, each campus SHC and its pharmacy are required to obtain accreditation from a nationally recognized, independent review agency such as the Accreditation Association for Ambulatory Health Care. Pharmacies are also subject to periodic inspections by the California State Board of Pharmacy.

At the chancellor’s office, the student academic support department in the Academic Affairs division is responsible for monitoring systemwide SHC activities and ensuring that campus SHCs comply with CSU management and regulatory policies. In addition, a systemwide student health services advisory committee composed of the director or a designee from each campus SHC meets at least twice per year to provide recommendations to the chancellor regarding revisions to applicable EOs. The committee also identifies and implements corrective measures for issues identified in the systemwide survey and accreditation report reviews.

A majority of CSU campuses have implemented systems and applications that facilitate a transition to electronic medical records (EMR), including some vendor applications designed specifically for university health services. Privacy concerns surrounding these emerging technologies have brought about new regulations, including the Health Insurance Portability and Accountability Act (HIPAA), which establishes national standards for electronic health care transactions, and the Technology for Economic and Clinical Health Act, a part of the American Recovery and Reinvestment Act of 2009 that addresses the privacy and security concerns associated with the electronic transmission of health information. Although this audit assesses the security of medical records, it does not address HIPAA in depth, as the Office of Audit and Advisory Services (OAAS) reviewed the topic in 2010.
In 2000, the OAAS conducted an audit of SHC at ten campuses and issued a systemwide report. The report noted issues related to centralized oversight of student health activities, revisions to existing policies to clarify reporting and administrative expectations, credentialing of clinical staff in both the SHCs and athletics, and policies regarding the storage and dispensing of over-the-counter and prescription pharmaceuticals outside of campus pharmacies and in the athletics department. Recommendations from this audit were incorporated into EO 814, *Policy on University Health Services*, which was replaced by EO 943.
PURPOSE

Our overall audit objective was to ascertain the effectiveness of existing policies and procedures related to student health services (SHS) activities and to determine the adequacy of controls that ensure compliance with relevant governmental regulations, Trustee policy, Office of the Chancellor directives, and campus procedures.

Within the audit objective, specific goals included determining whether:

- Administration of SHS is well-defined and includes clear lines of organizational authority and responsibility and documented delegations of authority.
- Policies and procedures relating to SHS are current and comprehensive, and are effectively communicated to appropriate stakeholders.
- Management consistently monitors and assesses the risks associated with providing SHS.
- The SHC is appropriately accredited.
- SHC clinical staff and other employees providing patient care possess the necessary credentials and qualifications, and designations are maintained in favorable standing with appropriate licensing boards and medical associations.
- SHS are appropriately defined and approved and are consistently provided to all eligible students and personnel.
- Health education programs are appropriately developed and communicated.
- Athletics medicine activities are conducted in accordance with campus and CSU policies.
- Pharmacy operations in the SHC and other areas providing SHS have obtained the appropriate licenses.
- Pharmacy formularies are limited to medications that are necessary to provide quality health care and are representative of those medications most effective in terms of treatment.
- Pharmacy security is maintained in accordance with CSU policy and state regulations.
- Pharmacy inventories are properly reported, safeguarded, and accounted for, and prescription dispensing and destruction controls are in accordance with CSU policies and state regulations.
- Medical records, including electronic records, are properly maintained, safeguarded, and retained.
- The security of student health facilities is maintained in accordance with campus and CSU policy.
INTRODUCTION

- Health services fees are approved, used for designated purposes, and properly accounted for in accordance with CSU policy and directives.

- Senior management demonstrates an awareness of security risks and monitors the computer environment to ensure the security of medical records systems.

- Methods used to enforce user authentication and appropriate access assignments for EMR systems are effective.

- Access to electronic medical records systems, programs, and data is appropriately restricted, and facilities are appropriately protected from fire and power outages.

- Medical records systems purchased from outside vendors are subject to CSU security provisions during procurement, and external access by vendors is controlled.

- Information technology assets supporting SHS are appropriately protected, and all assets are accounted for and have a nominated owner responsible for their protection.

- Senior management has a plan to recover all systems supporting the SHC following a major disaster.
SCOPE AND METHODOLOGY

The proposed scope of the audit as presented in Attachment A, Audit Agenda Item 2 of the January 22 and 23, 2013, meeting of the Committee on Audit stated that Student Health Services includes the provision of basic and augmented health services through campus student health facilities and pharmacy operations. Proposed audit scope would include, but was not limited to, a review of compliance with federal and state laws, Trustee policy, and chancellor’s office directives; establishment of a student health advisory committee; accreditation status; staffing, credentialing, and re-credentialing procedures; safety and sanitation procedures, including staff training; budgeting procedures; fee authorization, cash receipt and disbursement controls, and trust fund management; pharmacy operations, security, and inventory controls; and the integrity and security of medical records.

Our study and evaluation were conducted in accordance with the International Standards for the Professional Practice of Internal Auditing, issued by the Institute of Internal Auditors, and included the audit tests we considered necessary in determining that accounting and administrative controls are in place and operative. This review emphasized, but was not limited to, compliance with state and federal laws, Board of Trustee policies, and Office of the Chancellor policies, letters, and directives. The audit focused on procedures in effect from July 1, 2011, through September 27, 2013.

We focused primarily upon the internal administrative, compliance, and operational controls over SHS activities. Specifically, we reviewed and tested:

- Campus administration of SHS, including clear reporting lines and defined responsibilities, risk assessment, and current policies and procedures.
- SHC accreditation status and management responsiveness to recommendations made by the accreditation team.
- Procedures to confirm credentials and qualifications of clinical staff and other employees providing patient care.
- The definition and provision of basic and augmented health services in the SHC, including approval and eligibility for services.
- Health education programs for the student population.
- Administration of athletics medicine, including proper designation of responsible parties and the establishment of policies and procedures.
- Licensing and permit requirements for pharmacy operations at the SHC and other areas on campus, including athletics.
- Pharmacy formulary, dispensing, inventory, and physical security practices.
- Medical records management, including practices to ensure security and confidentiality.
INTRODUCTION

- Measures to ensure the security of student health facilities.
- The establishment of and subsequent changes to the mandatory health services fee, and methods to set and justify fees for augmented services.
- Budgets and financial records, including revenue and expenditure transactions in health fee trust accounts.
- Policies and procedures to ensure that information technology facilities, hardware, systems, and applications used for SHS are adequately secured, both physically and logically.
Governance over student health services (SHS) needed improvement.

We found that:

- Responsibility for university health services provided in areas such as student services, academic affairs, and athletics was not documented with a written designation or delegation of authority from the president.

- The campus could not provide evidence that the 2012 accreditation report was forwarded to the chancellor’s office (CO).

- The memorandum of understanding (MOU) between SHS and the athletics department, created in 2000, did not reflect procedural and organizational changes made since implementation.

Executive Order (EO) 943, Policy on University Health Services, dated April 28, 2005, states that the president or designee shall ensure appropriate oversight of all university health services. The EO further states that the president or designee shall report annually to the CO copies of accreditation reports if performed during the year.

Integrated California State University Administrative Manual (ICSUAM) §5233.0, Risk Allocation and Performance Assurance, dated April 20, 2004, states that contracts should be formed to insure the fair and reasonable allocation of risk and to assure satisfactory performance. It further states that the requirements for successful contract performance should be clearly defined within the contract documents.

State Administrative Manual (SAM) §20050 states that an element of a satisfactory system of internal accounting and administrative controls includes an established system of practices to be followed in performance of duties and functions in each of the state agencies.

The assistant vice president of finance and human resources stated that the need for formal documents delegating authority over university health services was not recognized because position descriptions documented oversight responsibilities. The SHS director stated that the accreditation report was not provided to the CO because a request was not received. He further stated that the MOU between SHS and the athletics department was not updated due to oversight. In addition, he stated his belief that regular updates to the SHS policy regarding the treatment of student athletes was a mitigating factor for the outdated MOU and that as of October 2013, a revised MOU was being reviewed by the campus risk manager.

Lack of documented responsibility for university health services and inadequate administration of policy requirements increases the risk that health care standards will be compromised.
Recommendation 1

We recommend that the campus:

a. Document responsibility for university health services provided in areas such as student services, academic affairs, and athletics, and document such responsibility with a written designation from the president or designee.

b. Forward the most recent accreditation report to the CO as required by policy.

c. Update the MOU between SHS and athletics department to reflect procedural and organizational changes.

Campus Response

We concur.

a. The campus will document responsibility for university health services provided in areas such as student services, academic affairs, and athletics with a written designation from the president. Estimated date of completion is December 31, 2014.

b. The campus provided the most recent accreditation report to the CO. Corrective action on this item is complete.

c. The MOU between the student health center and the athletics department is being updated. Estimated date of completion is April 1, 2014.

EDUCATIONAL PROGRAMS

The campus student health center (SHC) had not obtained proper approval for two health care educational programs that included the provision of health care to students.

We reviewed the agreements governing the two programs, one for the California State University, Long Beach (CSULB) field nursing program and one for pediatric residents from an outside medical school, and found that neither agreement showed evidence of California State University (CSU) Office of General Counsel (OGC) approval.

EO 943, Policy on University Health Services, dated April 28, 2005 states that student health centers may participate in educational programs, such as residency and nursing programs, that involve the provision of health care, provided that such programs are approved by president or designee; are governed by a written contract or MOU that has been approved by the OGC; and are subject to oversight by the student health center director or designee.

The SHS director stated that CSU OGC approval was not obtained for these programs because they were vetted by either the director of purchasing and financial services or the risk manager.
Improper review and approval of SHC health care educational programs exposes the campus to risks related to proper care of students and exposes the university to potential litigation.

**Recommendation 2**

We recommend that the campus obtain proper approval for SHC health care educational programs that include the provision of health care to students.

**Campus Response**

We concur. The campus will have OGC sign off on the SHC’s health care educational programs contracts as “approved as to form.” Estimated date of completion is September 30, 2014.

**HEALTH PROGRAMS**

Augmented services were not always properly approved.

We found that the campus was participating in and being reimbursed by the Medi-Cal Family Pact program, for certain augmented services without the approval by the president or his/her designee.

EO 943, *Policy on University Health Services*, dated April 28, 2005 states that the president or designee is delegated the authority to approve any augmented service subject to certain conditions, including assurance that the services will not divert from the adequate provision of basic services; the student health center is equipped to provide the service; the medical qualifications and specializations of the staff are sufficient to provide the service; justification of student need or demand for the service has been made; the method for providing the service is the most effective in terms of both treatment and cost; and proposed services have been submitted for consideration to the student health advisory committee prior to review by the campus president or designee.

The SHS director stated that verbal consultation and approval for the implementation of augmented services was obtained from the former vice president for student services, and was deemed sufficient.

Insufficient documentation to support the proper approval of augmented health services exposes the campus to questions regarding the appropriateness of services offered at the SHC.

**Recommendation 3**

We recommend that the campus obtain approval for all augmented services from the president or his/her designee.

**Campus Response**

We concur. The campus will obtain approval for all augmented services from the president or his/her designee. Estimated date of completion is April 1, 2014.
SPORTS MEDICINE

Administration of pharmaceuticals within sports medicine needed improvement.

Specifically, we found that:

- Sports medicine did not maintain a perpetual inventory system for pharmaceuticals. Inventories were limited to actual counts of available pharmaceuticals and did not include reconciliations of the amounts purchased minus the amounts dispensed.

- Medical records within sports medicine did not always contain copies of prescriptions or other documentation indicating prescribed medications and their recommended administration.

EO 943, Policy on University Health Services, dated April 28, 2005, states that when pharmaceutical items are stored outside the licensed pharmacy, procedures must be developed for inventory control; regular removal of outdated, deteriorated, or recalled medications; security procedures; training; protocol development; record keeping; packaging; labeling; dispensing; and patient consultation. In addition, it states that inventories shall be conducted at least annually. Further, the EO states that drug allergies, chronic medical conditions, and concurrent medication use should be recorded and readily retrievable in the athletics training room medical records, and that these records should be reviewed on a regular basis.

Business and Professions Code (BPC) §4081 states that a current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, or registration. It further states that the clinic shall keep records of the kind and amounts of drugs purchased, administered, and dispensed, and the records shall be available and maintained for a minimum of three years for inspection by all properly authorized personnel.

The head athletic trainer stated his belief that because a majority of the medications used in sports medicine were over-the-counter (OTC) medications, a perpetual inventory was unnecessary. In addition, he stated his belief that verbal authorization from the team physician regarding the use of prescribed topical creams and solutions was sufficient, and thus, the use of these creams was not noted in medical records.

Inadequate administration of pharmaceuticals in sports medicine exposes the university to potential litigation and regulatory sanctions.

Recommendation 4

We recommend that the campus:

a. Maintain a perpetual inventory system for pharmaceuticals available in sports medicine and utilize it during periodic inventories.
b. Maintain copies of prescriptions or other documentation indicating prescribed medications and their recommended administration in sports medicine medical records.

Campus Response

We concur.

a. The pharmaceuticals maintained in sports medicine are OTC medications. We have implemented a manual tracking system for OTC medications. A new log was created to keep track of each individual type of medication. This log will track the usage of each medication by box number and will indicate at any time which boxes still remain unused. Each box comes with a set of packets of either 100 or 250. Each packet removed from the box is marked off on the log. Every time a new box is opened, a new log is started. During a biannual inventory, stock on hand will be checked against the list of unused boxes and the open box log. All newly purchased boxes of medicine will be labeled with the year ordered and a box number (e.g., year and number, 13/14 #1), and new logs will be started for each new box opened. Corrective action on this item is complete.

b. Student athletes are sent to the SHC with paperwork for the doctor or nurse to fill out, which is then placed in the student athlete’s medical record stored in the athletic training room. If the student athlete is sent to our team doctors, they are also sent with paperwork to be filled out, which gets put into their medical record. A log will be maintained to track the treatments, such as transdermal medications. Corrective action on this item is complete.

PHARMACY

PHARMACY ADMINISTRATION

Administration of pharmaceuticals within the SHS pharmacy needed improvement.

Specifically, we found that:

- Licensed health care providers within SHS dispensed pharmaceuticals and OTC medications outside of the licensed pharmacy without an appropriate pharmacy clinic permit.

- The SHS pharmacy did not maintain a perpetual inventory system for pharmaceuticals. Inventories were limited to actual counts of available pharmaceuticals and did not include reconciliations of the amounts purchased minus the amounts dispensed.

EO 943, Policy on University Health Services, dated April 28, 2005, states that when pharmaceuticals, pre-packaged medications, over-the-counter items, samples, and other medications are stored outside the licensed pharmacy and are for the use of more than one licensed health care provider, the SHC must obtain and maintain a California State Board of Pharmacy Clinic Permit. It further states that procedures must be developed for inventory control; regular removal of outdated,
deteriorated, or recalled medications; security procedures; training; protocol development; record keeping; packaging; labeling; dispensing; and patient consultation.

BPC §4180 states that SHCs may purchase drugs at wholesale for administration or dispensing, and specifically denies this benefit to entities that have not obtained the proper license from the board of pharmacy.

BPC §4081 states that a current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, or registration. It further states that the clinic shall keep records of the kind and amounts of drugs purchased, administered, and dispensed, and the records shall be available and maintained for a minimum of three years for inspection by all properly authorized personnel.

The SHS director stated that a pharmacy clinic permit was not obtained for SHS due to oversight. He further stated his belief that review procedures performed by the pharmacist-in-charge were sufficient to properly account for pharmacy inventory.

Improper administration of pharmaceuticals within SHS increases the risk of non-compliance with applicable regulations, and improper inventory systems increase the risk of theft and loss.

**Recommendation 5**

We recommend that the campus:

a. Obtain a pharmacy clinic permit for SHS.

b. Maintain a perpetual inventory system for pharmaceuticals available at the SHS pharmacy and utilize it during periodic inventories.

**Campus Response**

We concur.

a. The campus obtained a pharmacy clinic permit for the SHC. Corrective action on this item is complete.

b. In order to maintain a perpetual inventory system for pharmaceuticals, the SHC is committed to purchasing a new pharmacy application program. The SHC obtained approval from the vice president of student services to buy this pharmacy application program. Estimated date of completion is August 31, 2014.
SEGREGATION OF DUTIES

Pharmacy segregation of duties were inadequate, as one individual, the pharmacist-in-charge, conducted all functions related to the provisioning of the pharmacy stock, including ordering, receiving, record updating, and periodic inventories.

SAM §20050 states that elements of a satisfactory system of internal accounting and administrative controls includes a plan of organization that provides segregation of duties appropriate for proper safeguarding of assets.

The SHS director stated his belief that review procedures performed by the pharmacist-in-charge were sufficient to properly account for pharmacy inventory.

A lack of segregation of duties in the administration of prescriptions increases the risk of theft, loss, and unauthorized usage.

Recommendation 6

We recommend that the campus implement appropriate segregation of duties in the provisioning the pharmacy stock, including ordering, receiving, record updating, and periodic inventories.

Campus Response

We concur. The campus implemented appropriate segregation of duties in the provisioning of the pharmacy stock, including ordering, receiving, record updating, and periodic inventories. Corrective action on this item is complete.
# APPENDIX A:
**PERSONNEL CONTACTED**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Donald J. Para</td>
<td>Interim President</td>
</tr>
<tr>
<td>Chanel Acker</td>
<td>Assistant Director, Student Health Services (SHS)</td>
</tr>
<tr>
<td>James Burkett</td>
<td>Supervisor, Information Technology, SHS</td>
</tr>
<tr>
<td>Heidi Burkey</td>
<td>Health Educator/Supervisor, Health Resource Center, SHS</td>
</tr>
<tr>
<td>Michael Carbuto</td>
<td>Director/Chief of Medical Staff, SHS</td>
</tr>
<tr>
<td>Kathy Chen</td>
<td>Pharmacist-in-Charge, SHS</td>
</tr>
<tr>
<td>Brad Compliment</td>
<td>Director, Counseling and Psychological Services</td>
</tr>
<tr>
<td>Julie Decker</td>
<td>Administrative Assistant, SHS</td>
</tr>
<tr>
<td>Nancy Eckhous</td>
<td>Assistant Vice President, Administrative Systems and Services, Student Services Division</td>
</tr>
<tr>
<td>Kristen Fabiszewski</td>
<td>Assistant Director, SHS</td>
</tr>
<tr>
<td>Laurinda Fuller</td>
<td>Director, Purchasing and Financial Services</td>
</tr>
<tr>
<td>Angela Girard</td>
<td>Associate Director, SHS</td>
</tr>
<tr>
<td>Douglas Harris</td>
<td>Assistant Vice President, Finance and Human Resources, Student Services Division</td>
</tr>
<tr>
<td>Susie Lopez</td>
<td>Family Pact Coordinator, SHS</td>
</tr>
<tr>
<td>Cindy Masner</td>
<td>Senior Associate Athletic Director, Athletics</td>
</tr>
<tr>
<td>Cecilia Mendoza-Wong</td>
<td>Health Information Technician, SHS</td>
</tr>
<tr>
<td>Carol Monson</td>
<td>Manager, Accounts Payable</td>
</tr>
<tr>
<td>Shirleene Noonan</td>
<td>Manager, General Accounting</td>
</tr>
<tr>
<td>Cynthia Riley</td>
<td>Manager, Finance and Human Resources, Student Services Division</td>
</tr>
<tr>
<td>Jarrod Spanjar</td>
<td>Head Athletic Trainer, Athletics</td>
</tr>
<tr>
<td>Aysu Spruill</td>
<td>Director, Internal Auditing Services and Information Security Officer</td>
</tr>
<tr>
<td>Mary Stephens</td>
<td>Vice President, Administration and Finance</td>
</tr>
<tr>
<td>Mary Ann Takemoto</td>
<td>Vice President, Student Services Division</td>
</tr>
<tr>
<td>Stephanie Williams</td>
<td>Risk Manager, Risk Management</td>
</tr>
</tbody>
</table>
March 6, 2014

Mr. Larry Mandel
University Auditor
California State University
401 Golden Shore
Long Beach, California 90802

Re: Response to Student Health Services Audit #13-61

Dear Larry:

Please find enclosed California State University, Long Beach's response to the above report. The campus is committed to addressing and resolving the issues identified in the audit report.

Please let me know if we can provide you with any additional information.

Sincerely,

Mary Stephens
Vice President for Administration and Finance

Enclosure

IA-0337

c: Donald J. Para, Interim President
   Michael Carbuto, Director/Chief of Medical Staff, Student Health Services
   David Dowell, Interim Provost & Senior Vice President
   Ted Kadowaki, Associate Vice President, Budget and University Services
   Cindy Masner, Senior Associate Athletic Director, Athletics
   Aysu Spruill, Director, Internal Auditing Services/Campus Information Security Officer
   Mary Ann Takemoto, Vice President, Student Services Division
   Sharon Taylor, Associate Vice President, Financial Management
STUDENT HEALTH SERVICES

CALIFORNIA STATE UNIVERSITY,
LONG BEACH

Audit Report 13-61

PROGRAM ADMINISTRATION

GOVERNANCE

Recommendation 1

We recommend that the campus:

a. Document responsibility for university health services provided in areas such as student services, academic affairs, and athletics, and document such responsibility with a written designation from the president or designee.

b. Forward the most recent accreditation report to the CO as required by policy.

c. Update the MOU between SHS and athletics department to reflect procedural and organizational changes.

Campus Response

We concur.

a. The campus will document responsibility for university health services provided in areas such as student services, academic affairs, and athletics with a written designation from the President. Estimated date of completion is December 31, 2014.

b. The campus provided the most recent accreditation report to the CO. Corrective action on this item is complete.

c. The MOU between Student Health Center and the athletics department is being updated. Estimated date of completion is April 1, 2014.

EDUCATIONAL PROGRAMS

Recommendation 2

We recommend that the campus obtain proper approval for SHC health care educational programs that include the provision of health care to students.
Campus Response

We concur. The campus will have OGC sign off on the SHC’s health care educational programs contracts as “approved as to form.” Estimated date of completion is September 30, 2014.

HEALTH PROGRAMS

Recommendation 3

We recommend that the campus obtain approval for all augmented services from the president or his/her designee.

Campus Response

We concur. The campus will obtain approval for all augmented services from the president or his/her designee. Estimated date of completion is April 1, 2014.

SPORTS MEDICINE

Recommendation 4

We recommend that the campus:

a. Maintain a perpetual inventory system for pharmaceuticals available in sports medicine and utilize it during periodic inventories.

b. Maintain copies of prescriptions or other documentation indicating prescribed medications and their recommended administration in sports medicine medical records.

Campus Response

We concur.

a. The pharmaceuticals maintained in Sports Medicine are OTC medications. We have implemented a manual tracking system for OTC medications:

A new log was created to keep track of each individual type of medication. This log will track the usage of each medication by box number and will indicate at any time which boxes still remain unused. Each box comes with a set of packets of either 100 or 250. Each packet removed from the box is marked off on the log. Every time a new box is opened, a new log is started. During a biannual inventory, stock on hand will be checked against the list of unused boxes and the open box log. All newly purchased boxes of medicine will be labeled with the year ordered and a box number (e.g., year and number, 13/14 #1) and new logs will be started for each new box opened. Corrective action on this item is complete.

b. Student athletes are sent to the SHC with paperwork for the doctor or nurse to fill out, which is then placed in the student athlete’s medical record stored in the athletic training room. If the student athlete is sent to our team doctors, they are also sent with paperwork to be filled out,
which gets put into their medical record. A log will be maintained to track the treatments, such as transdermal medications. Corrective action on this item is complete.

**PHARMACY**

**PHARMACY ADMINISTRATION**

**Recommendation 5**

We recommend that the campus:

a. Obtain a pharmacy clinic permit for SHS.

b. Maintain a perpetual inventory system for pharmaceuticals available at the SHS pharmacy and utilize it during periodic inventories.

**Campus Response**

We concur.

a. The campus obtained a pharmacy clinic permit for the SHC. Corrective action on this item is complete.

b. In order to maintain a perpetual inventory system for pharmaceuticals, the SHC is committed to purchasing a new pharmacy application program. The SHC obtained approval from the vice president of student services to buy this pharmacy application program. Estimated date of completion is August 31, 2014.

**SEGREGATION OF DUTIES**

**Recommendation 6**

We recommend that the campus implement appropriate segregation of duties in the provisioning the pharmacy stock, including ordering, receiving, record updating, and periodic inventories.

**Campus Response**

We concur. The campus implemented appropriate segregation of duties in the provisioning the pharmacy stock, including ordering, receiving, record updating, and periodic inventories. Corrective action on this item is complete.
April 21, 2014

MEMORANDUM

TO: Mr. Larry Mandel
Vice Chancellor and Chief Audit Officer

FROM: Timothy P. White
Chancellor

SUBJECT: Draft Final Report 13-61 on Student Health Services, California State University, Long Beach

In response to your memorandum of April 21, 2014, I accept the response as submitted with the draft final report on Student Health Services, California State University, Long Beach.

TPW/amd