

STUDENT HEALTH CENTERS

SYSTEMWIDE

Report Number 00-25

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Members, Committee on Audit

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ABBREVIATIONS

AA	Academic Affairs
AHAHC	Accreditation Handbook for Ambulatory Health Care
CME	Continuing Medical Education
CPR	Cardiopulmonary Resuscitation
CSU	California State University
DEA	Drug Enforcement Agency
EO	Executive Order
NCAA	National Collegiate Athletic Association
OTC	Over-the-Counter
REP	Resolution on Educational Policy
SAM	State Administrative Manual
SHC	Student Health Center

INTRODUCTION

PURPOSE

The overall audit objective was to ascertain the effectiveness of existing policies and procedures related to the administration of Student Health Centers (SHC) and to determine the adequacy of controls over other campus areas providing student health services.

Within the overall audit objective, specific goals included determining whether:

- ▶ administration and management of the SHC provide an effective internal control environment; clear lines of organizational authority; delegations of authority and responsibility; formation of a Student Health Advisory Committee and documented policies and procedures;
- ▶ patient care quality and risks associated with health services are continually monitored and assessed;
- ▶ SHC and other employees providing patient care possess the necessary credentials and qualifications, and designations are maintained in favorable standing with licensing boards and medical associations;
- ▶ health services have been appropriately identified, approved, priced, and provided to all eligible personnel (including, but not limited to, students, university employees, visitors, etc.);
- ▶ ancillary services (e.g., laboratory, pharmacy, urgent care, diagnostic, etc.) are performed by qualified, licensed personnel and in compliance with state regulations and accreditation standards;
- ▶ pharmacy inventories are properly reported, safeguarded, and accounted for, and pharmacy security is maintained in accordance with CSU policy and state regulations;
- ▶ medical records are properly maintained, safeguarded, and retained in accordance with state and federal regulations and CSU policy, and automated medical records and other systems used by the SHC are adequately secured;
- ▶ sanitation and safety measures are adequately implemented and comply with CSU policy and state regulations;
- ▶ budgeting procedures adequately address SHC funding, ensure that student health center fees are used for their designated purpose, and include procedures to monitor budget vs. actual expenses;
- ▶ cash receipts, dishonored checks and other debts are adequately controlled and properly accounted for, and cash disbursements are adequately controlled and made solely for the support of the SHC; and
- ▶ areas providing student health services are appropriately included in campus medical disaster planning and that adequate training is provided to all affected personnel.

SCOPE AND METHODOLOGY

This review emphasized but was not limited to compliance with state laws, Board of Trustee policies, and Office of the Chancellor and campus policies, letters and directives. June 1999 to date was the primary period of review.

Our focus involved a wide variety of issues dealing with SHC operations and other areas providing student health services. Specifically, we reviewed and tested:

- ▶ use of a Student Health Advisory Committee for the development of new student health services and educational opportunities;
- ▶ procedures for monitoring the quality and effectiveness of patient care;
- ▶ processes to obtain and retain accreditation status;
- ▶ hiring, credentialing, and re-credentialing procedures;
- ▶ pharmacy operations, security, and inventory controls;
- ▶ procedures for maintaining and securing medical information;
- ▶ safety and sanitation procedures, including training of SHC and custodial staff;
- ▶ procedures for protecting the SHC and other health services facilities;
- ▶ budgeting procedures, fee authorization, and the management of trust accounts;
- ▶ procedures for controlling and processing cash receipts, refunds, dishonored checks, and other debts;
- ▶ procedures for controlling and processing cash disbursements; and
- ▶ data security, disaster recovery, and backup procedures.

During the course of the audit, we visited ten campuses: Bakersfield, Dominguez Hills, Fullerton, Hayward, Long Beach, Sacramento, San Francisco, San Luis Obispo, Sonoma, and Stanislaus. We interviewed campus personnel and audited procedures in effect at that time.

BACKGROUND

As a result of a systemwide risk assessment conducted by the Office of the University Auditor during the last quarter of 1999, the Board of Trustees, at its January 2000 meeting, directed that *Student Health Centers* be reviewed.

The proposed scope of such audits, as presented in Attachment B, Agenda Item 3 of the January 25-26, 2000 meeting of the Committee on Audit, stated that the review would include all services rendered in or through student health facilities, including activities of doctors, nurses and other medical providers. Potential impacts include substandard medical care, inconsistent accessibility, erroneous dispensing of pharmaceuticals, inadequate health education, excessive costs and fees, and circumvention of state law/CSU policy. *Student Health Centers* was previously audited in 1986.

The *Policy of the Board of Trustees on Student Health Services* was adopted initially as a comprehensive systemwide policy in 1977. This original policy was revised in May 1988 and required that basic student health services, covering treatment for illnesses and injuries, family planning services, health education, and counseling for individual health problems, be available to all regularly enrolled students at no additional charge. In addition, the policy allowed campuses to offer additional elective, “augmented” services free of charge or for a fee.

In the early 1990’s, a dramatic change to the fiscal climate prompted a reevaluation of the existing policy. Several campuses reported an inability to provide these health services without additional revenue. Accordingly, in November 1992, the Board of Trustees delegated to the Chancellor the authority to approve exceptions to the fee restrictions of the policy. Such exceptions were permitted with the understanding that a task force would undertake a comprehensive review of the provision and financing of student health services.

The CSU Task Force on Student Health Services was charged with reviewing the scope of service, funding, delivery mechanisms, health insurance, medical liability, and facilities in CSU student health services. In May 1993, the Board of Trustees approved four task force recommendations (REP 05-93-03) which would (1) establish a revenue fund for health services fee revenues; (2) ensure continued availability of basic health services through charging mandatory fees if necessary; (3) reinforce and reiterate the role of student health advisory committees in campus health service decisions, and (4) retain a consultant to explore additional revenue sources, health insurance, and potential partnerships with health care organizations.

In July 1993, the Board of Trustees approved five additional recommendations (REP 07-93-05). The most significant recommendation required that all mandatory health services fees, both fee revenue and interest earned, shall be used only to support student health services operations, whether the campus participates in a systemwide health services revenue fund or chooses to deposit fees locally in the General Fund. Another major task force recommendation was that the Chancellor should implement trustee policy based on task force recommendations and the May 1988 revision of the *Policy of the Board of Trustees on Student Health Services* through an Executive Order. In August 1995, Executive Order No. 637, *CSU Policy on Student Health Services* was issued.

OPINION

We visited ten campuses from February 28, 2000, through November 24, 2000, and audited the procedures in effect at that time. Campus specific findings and recommendations have been discussed and reported individually.

In our opinion, the administration and management of the student health centers at the campuses reviewed were adequate to ensure a viable student health function. Management at these centers placed great importance on providing quality health care and education to the student population as evidenced, in part, by recurring accreditations and ongoing reviews/certifications by state licensing agencies. However, additional attention is needed to ensure that the program is comprehensive and effectively managed. Specifically, we found that the systemwide policy for student health services did not include the provision of health services in areas outside of the student health centers. We also noted that the policy was outdated and did not include topics considered standard practice at most campuses visited or emerging issues in the student health program. These and other areas that warrant the attention of systemwide management are mentioned in the executive summary below.

EXECUTIVE SUMMARY

The purpose of this section is to provide 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.

EXECUTIVE ORDER NO. 637 (7)

The student health services policy contained in Executive Order (EO) No. 637 was incomplete, outdated, and conflicted with other CSU standards. An updated and complete student health services policy results in operational efficiencies, provision of approved services, enhanced customer service, and reduced risk exposure.

STUDENT HEALTH SERVICES REPORTING (8)

Campus reporting requirements to the Chancellor's Office need to be redefined. Establishing a satisfactory system of internal administrative review ensures operational efficiency and compliance with management policies.

STUDENT HEALTH SERVICES MONITORING (9)

There was no formalized monitoring function for systemwide student health services activities. Establishing an effective monitoring function ensures operational effectiveness and efficiency, compliance with management and regulatory policies, and reduced risk exposure.

CAMPUS HEALTH SERVICES AND PROGRAMS (9)

ATHLETICS DEPARTMENT – PHARMACEUTICAL ITEMS (9)

Controls over pharmaceutical items maintained in five of ten athletics departments were inadequate. Adequate controls over medications decrease the risk of campus liability due to inappropriate activities.

ATHLETICS DEPARTMENT – MEDICAL RECORDS (11)

Controls over student-athlete medical information in eight of ten athletics departments were inadequate. Adequate controls over medical records decrease the risk of unauthorized disclosure of personal information and campus liability due to inappropriate activities.

ATHLETICS DEPARTMENT – CREDENTIALING (12)

Controls over the hiring and re-credentialing of team physicians at five of the ten campuses visited were inadequate. Adequate controls in these processes reduce the risk that health services will be provided by unqualified personnel.

APPROVAL OF SERVICES (13)

Not all campuses had obtained campus president written approval for various health services. Adequate documentation of services approved by the campus president decreases the risk of misunderstandings regarding student health center current practices and the intentions of management.

PERSONNEL QUALIFICATIONS AND TRAINING (14)

Administrative controls over the new-hire and re-credentialing processes at eight of the ten campuses visited were inadequate. Adequate controls over these processes ensure compliance with CSU policy and quality services provided by qualified health care professionals.

PHARMACY OPERATIONS (15)

An effective inventory management system was not in place for noncontrolled prescription medications at seven of the ten campuses visited. Maintaining adequate control over inventories of pharmaceutical items decreases the risk of loss or theft and could result in lower overall pharmacy costs.

DATA ACCESS AND PHYSICAL SECURITY (16)

KEY CONTROL AND BUILDING SECURITY (16)

Key documentation and building security control were not adequate at eight of the ten campuses visited. Adequate controls over keys and building security decrease the risk of unauthorized disclosure of confidential data, lost or stolen medications and supplies, and noncompliance with CSU policy.

DATA SECURITY (17)

Backup data for student health center local area network or pharmacy systems was not stored off-site at six of the ten campuses visited. Off-site storage reduces the risk that critical data will be lost in the event of a disaster.

OBSERVATIONS, RECOMMENDATIONS, AND MANAGEMENT RESPONSES

EXECUTIVE ORDER NO. 637

The student health services policy contained in Executive Order (EO) No. 637 was incomplete, outdated, and conflicted with other CSU standards.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, prescribed basic health care services for the student health centers; however, it had not been updated since 1995 and did not include all health care services performed at the campuses we visited. In particular, we noted that sports medicine services were provided in campus athletics departments, which included, but were not limited to, physical therapy for sport-related injuries, administration of prescription and/or over-the-counter (OTC) medications, and maintenance of training records. The provision of these and other student health services (e.g., mental health, dermatology) were not included in the policy.

We also noted that:

- ▶ the scope and limitations of basic and augmented services listed in EO No. 637 were not clear. For example, student health centers performed cervical biopsies as an extension of basic family planning services; however, the provision of “cancer detection” is listed in the policy as an augmented service subject to presidential approval and fees.
- ▶ some sections of EO No. 637 were entirely or partially superseded by EO No. 740, *The CSU Student Fee Policy*. These sections included, but were not limited to, conditions for approval and funding of augmented and pharmacy services.
- ▶ EO No. 637 did not include minimum qualifications and liability insurance requirements for all staff providing student health services. These staff included, but were not limited to, nurse practitioners, team physicians, athletic trainers, contract providers, and resident physicians. The policy also stated that physicians must become board certified within two years of being hired; however, the *CSU Classification and Qualification Standards for Physicians* did not include this two-year time frame.
- ▶ some topics were not referenced in EO No. 637 but considered standard practice at most campuses or topics for which campuses have received minimal guidance (e.g., use of resident providers, contract services, HIV testing by county personnel, medical research activities, sample medications, use of the National Practitioner’s Data Bank, campus chargebacks, and satellite locations providing student health services).

SAM §20050 states that policy and procedural or operational manuals that are either not currently maintained or are nonexistent will usually be indicative of a poorly maintained or vulnerable control system.

An outdated student health services policy results in operational inefficiencies, poor customer service, and possible risk exposure due to the provision of unauthorized services.

Recommendation 1

We recommend that the Chancellor's Office review and update EO No. 637 considering the diversity of student populations, campus demographics, funding sources, and risk implications.

Management's Response

We concur with the recommendation. The review of EO No. 637 was in progress when the university audit of the student health centers began and was suspended until the audit report was released. The comprehensive review, update, and issuance of the successor to EO No. 637 will be completed by March 31, 2002.

STUDENT HEALTH SERVICES REPORTING

Campus reporting requirements to the Chancellor's Office need to be redefined.

Campus reporting requirements to the Chancellor's Office included, but were not limited to, results of accreditation reviews, status of trust funds, and health activity data elements used by academic affairs (AA) to prepare a systemwide report of health activity. The aforementioned reporting requirements were reduced and completely eliminated by early 1999 due to campus confusion regarding accreditation reporting requirements, the implementation of EO No. 740, *The CSU Student Fee Policy*, and introduction of CSU Quality Improvement Benchmarking initiatives.

SAM §20050 states that the elements of a satisfactory system of internal administrative control shall include an effective system of internal review.

The absence of a satisfactory system of internal administrative review increases the risk of operational inefficiency and noncompliance with management policies.

Recommendation 2

We recommend that the Chancellor's Office evaluate and revise campus reporting requirements if warranted, taking into consideration current quality improvement initiatives and AA responsibilities and expectations. Management should also consider revising EO No. 637 to include guidelines or policy directives for collecting and reporting health services activity data.

Management's Response

We concur with this recommendation. Over a year ago a subcommittee was formed to recommend alternative data sets and collection procedures to replace the current requirements in EO No. 637. This

report was tabled until the university auditor's report was released to avoid redundant efforts. The comprehensive review and revision to campus reporting requirements and data collection procedures will be completed by March 31, 2002.

STUDENT HEALTH SERVICES MONITORING

There was no formalized monitoring function for systemwide student health services activities.

We noted that the Chancellor's Office access and retention department provided informal oversight of the student health centers; however, there was no commensurate monitoring of other campus areas (e.g., athletics departments) providing student health services.

SAM §20050 states that the elements of a satisfactory system of internal administrative control shall include an effective system of internal review.

The absence of a formalized monitoring function increases the risk of operational ineffectiveness and inefficiency; possible noncompliance with federal, state, and other institutional regulations; and risk implications.

Recommendation 3

We recommend that the Chancellor's Office define and formalize oversight responsibilities for all student health activities. Such responsibilities could include, but not be limited to: policy and procedural development, revision, and communication; health activity data collection; risk monitoring and reporting; consideration of systemwide issues (e.g., mandatory health insurance); and other duties as appropriate.

Management's Response

We concur with this recommendation. The Chancellor's Office will define and formalize oversight responsibilities during the revision of EO No. 637 which will be completed by March 31, 2002.

CAMPUS HEALTH SERVICES AND PROGRAMS

ATHLETICS DEPARTMENT – PHARMACEUTICAL ITEMS

Controls over pharmaceutical items maintained in five of ten campus athletics departments were inadequate.

We noted the following:

- ▶ expired prescription and/or OTC medications were noted in training room cabinets and/or travel kits at five campuses.
- ▶ prescription medications were periodically administered to student athletes by athletic trainers based on verbal instructions provided by the team physicians at two campuses.
- ▶ student assistants assigned to the training room administered nonprescription medications to student athletes at two campuses. These items were accessible to the student assistants without sufficient oversight by the athletic trainers.
- ▶ inventory and/or drug-distribution records were not maintained for prescription and/or OTC medications at three campuses.
- ▶ written policies and procedures were not established or fully developed for the student-athlete drug-distribution program at two campuses.

The *1999-2000 NCAA Sports Medicine Handbook*, Guideline 1C, states, in part, that:

- ▶ certified athletic trainers should not be assigned duties that may be performed only by physicians or pharmacists. A team physician cannot delegate diagnosis, prescription drug control, or prescription dispensing duties to athletic trainers.
- ▶ drug-distribution records should be created and maintained where dispensing occurs in accordance with appropriate legal guidelines. The records should be current and easily accessible by medical personnel.
- ▶ all drug stock should be examined at regular intervals for removal of outdated, deteriorated, or recalled medications.
- ▶ all emergency and travel kits containing prescription and OTC drugs should be routinely inspected for drug quality and security.
- ▶ individuals receiving medications should be properly informed about what they are taking and how they should take it. Drug allergies, chronic medical conditions, and concurrent medication use should be readily retrievable in the training room record.

SAM §20050 states that a satisfactory system of internal accounting and administrative control includes a plan of authorization and record-keeping procedures adequate to provide effective accounting controls over assets, liabilities, revenues, and expenditures.

Some campuses stated that existing inventory procedures should have detected the expired medications. At most of the campuses visited, management stated that the other issues in this area were oversights.

Inadequate controls over medications increase the risk of campus liability due to inappropriate activities.

Recommendation 4

We recommend that the Chancellor's Office evaluate the campus practice of maintaining and administering pharmaceutical items in areas that are outside student health centers and not subject to accreditation or other third-party reviews.

Management's Response

We concur with this recommendation. The section of EO No. 637 addressing this issue will be expanded to cover the university auditor's recommendation when the executive order is rewritten. This will be completed by March 31, 2002.

ATHLETICS DEPARTMENT – MEDICAL RECORDS

Controls over student-athlete medical information in eight of ten athletics departments were inadequate.

We found, in varying degrees, the following types of weaknesses related to student-athlete medical records at the campuses:

- ▶ written guidelines and procedures for medical records management had not been established or fully developed;
- ▶ student-athlete medical records were not adequately safeguarded and controlled; and
- ▶ student assistants had access to medical records without being apprised of the confidential nature of the information and/or required to sign a Confidentiality Statement or other similar document.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, stated, in part, that medical records shall be maintained in a secure area; when not in use, medical records shall be stored in either locked files or in a locked room, and confidentiality of medical records shall be maintained in accordance with the California Information Practices Act and applicable state and federal laws.

The *1999-2000 NCAA Sports Medicine Handbook*, Guideline 1B, states that a training record is a medical record and, therefore, is subject to state and federal laws with regard to confidentiality and content.

The *Information Practices Act of 1977*, Civil Code §1798.1 (c) states in order to protect the privacy of individuals, it is necessary that the maintenance and dissemination of personal information be subject to strict limits.

At a majority of the campuses visited, management stated that not implementing controls in this area was an oversight.

Inadequate control over medical records increases the risk of unauthorized disclosure of personal information and campus liability due to inappropriate activities.

Recommendation 5

We recommend that the Chancellor's Office consider revising EO No. 637 to include medical information guidelines for all affected campus areas or, based on risk considerations, develop a new executive order which prescribes systemwide policy for student and employee medical information.

Management's Response

We concur with this recommendation. This recommendation is partially covered in the current EO No. 637 (Section XII, subsection E). This section of the current executive order will be written to explicitly cover all affected campus areas and will be completed by March 31, 2002.

ATHLETICS DEPARTMENT – CREDENTIALING

Controls over the hiring and re-credentialing of team physicians at five of the ten campuses visited were inadequate.

Three of the campuses had not obtained volunteer status forms and/or current credentialing documentation (e.g., licensure, specialty board certification) for the team physicians working in the campus athletics department. We also found that all five campuses had not sufficiently defined the roles and responsibilities for credentialing and re-credentialing these providers.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, prescribed the minimum qualifications and hiring requirements for professionals in student health services. Such criteria include, but are not limited to: possession of a valid professional California license and a Drug Enforcement Agent number for prescribing physicians, compliance with continuing education as required by the particular profession, appropriate CPR certification, and written authorization to allow verification of all information submitted.

SAM §20050 states that the elements of a satisfactory system of internal administrative control shall include an effective system of internal review.

In a majority of instances, there was confusion regarding the need to credential and re-credential team physicians.

Inadequate controls over the hiring and credentialing process increase the risk of providing health services by unqualified personnel.

Recommendation 6

We recommend that the Chancellor's Office remind all campuses of the importance of obtaining hiring and credentialing documentation for team physicians staff and consider revising EO No. 637 to include guidelines and campus responsibilities for this process.

Management's Response

We concur with this recommendation. This information will be included in the revision to EO No. 637 which will be completed by March 31, 2002.

APPROVAL OF SERVICES

Not all campuses had obtained campus president written approval for various health services.

Six of the ten campuses visited did not obtain campus president approval for the filling of written or oral prescriptions from off-campus providers, certain augmented services (e.g., podiatry, optometry, dentistry), and/or the provision of employee services on the campus.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, stated, in part, that:

- ▶ with the written approval of the president, the director of the student health center may implement a policy that permits the campus pharmacy to fill prescriptions written by off-campus physicians or other appropriate health care professionals;
- ▶ the president is delegated the authority to approve any augmented services listed in Section II which include, but are not limited to, dental education/screening programs; and
- ▶ the president is delegated the authority to approve the provision of employee services on individual campuses.

SAM §20050 states that the elements of a satisfactory system of internal accounting and administrative control include an established system of practices to be followed in performance of duties and functions in each of the state agencies.

At most of the campuses reviewed, management stated these services were in place for many years and the need to obtain campus president approval was an oversight.

Inadequate documentation of services approved by the campus president increases the risk of misunderstandings regarding student health center current practices and the intentions of management.

Recommendation 7

We recommend that the Chancellor's Office remind the campuses of the importance of obtaining campus presidential approval for these services.

Management's Response

We concur with this recommendation. The Chancellor's Office will convey this information to campuses in a systemwide memo by July 31, 2001.

PERSONNEL QUALIFICATIONS AND TRAINING

Administrative controls over the new hire and re-credentialing processes at eight of the ten campuses visited were inadequate.

We found, in varying degrees, the following types of weaknesses in the new-hire and re-credentialing processes at the campuses:

- ▶ credentialing documentation (e.g., licensure, DEA certificates, CPR certification) and/or physician privileges were not always on file or current;
- ▶ specialty board certification for physician staff was not always acquired;
- ▶ written authorization was not always obtained from the provider staff to verify information (e.g., licensure, references) submitted; and
- ▶ continuing medical education (CME) was not always verified at the time of hire or during the re-credentialing process.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, prescribes the minimum qualifications and hiring requirements for professionals in student health services. Such criteria include, but are not limited to: possession of a valid professional California license and a Drug Enforcement Agent number for prescribing physicians, compliance with continuing education as required by the particular profession, appropriate CPR certification, current medical board certification appropriate to assigned duties for physicians hired after September 1, 1998, and written authorization to allow verification of all information submitted.

The 1999 *Accreditation Handbook for Ambulatory Health Care (AHAHC)* Standards, Chapter 2, states that credential files are maintained for each member of the health care organization to include the initial application, reapplication, verifications, privileges granted, and other pertinent information as required by the organization. Also, the AHAHC states that clinical privileges are granted for a specified period of time.

In a majority of instances, management cited a lack of monitoring controls over the credentialing and re-credentialing processes. Management stated that since medical personnel cannot obtain renewed licenses without providing proof of continuing education, acceptance of the renewed license in lieu of CME certifications was considered appropriate.

Inadequate controls in the new-hire and re-credentialing processes increase the risk of providing health services by unqualified personnel.

Recommendation 8

We recommend that the Chancellor's Office:

- a. remind the campuses of the importance of maintaining controls over the new-hire and re-credentialing processes; and
- b. also clarify the policy related to CME verification at the time of hire and periodically thereafter.

Management's Response

We concur with this recommendation. This information will be provided to campuses in a systemwide memo by July 31, 2001. In addition, this information will also be incorporated in the revision to EO No. 637 which will be issued by March 31, 2002.

PHARMACY OPERATIONS

An effective inventory management system was not in place for noncontrolled prescription medications at seven of the ten campuses visited.

SAM §20050 states that the elements of a satisfactory system of internal administrative control shall include an effective system of internal review.

The cause for not implementing inventory management systems for noncontrolled substances among the campuses varied. Some campus management stated that the limited number of prescriptions and the small amount of inventory did not justify an inventory system, and others stated the weaknesses were due to oversights.

Not maintaining adequate control over inventories of pharmaceutical items increases the risk of loss or theft and could result in higher overall pharmacy costs.

Recommendation 9

We recommend that the Chancellor's Office remind all campuses of the importance of maintaining effective controls over pharmaceutical items and consider revising EO No. 637 with respect to the need for these controls.

Management's Response

We concur with this recommendation. This information will be provided to campuses in a systemwide memo by July 31, 2001. In addition, this information will also be incorporated in the revision to EO No. 637 which will be issued by March 31, 2002. While Executive Order No. 637, Section VII – Pharmacy Services, sub-section F – Pharmacy Security, is very explicit in addressing the control and security over the health center pharmacy, we concur with the audit recommendation to strengthen controls over pharmaceutical items.

DATA ACCESS AND PHYSICAL SECURITY

KEY CONTROL AND BUILDING SECURITY

Key documentation and building security control were not adequate at eight of the ten campuses visited.

We found, in varying degrees, the following types of weaknesses related to key documentation and physical security at the campuses:

- ▶ student health center key reports did not indicate assignments of certain “sensitive” keys and did not include all persons with keys and/or building codes to student health center buildings;
- ▶ student health center procedures did not include a periodic physical verification of assigned student health center keys, including reconciliation to the campus key report, and/or student health center key reports did not always agree with campus key reports;
- ▶ keys to the inner pharmacy door were not adequately controlled; and
- ▶ individuals were assigned campus grand master keys that accessed all buildings on the campus, including student health centers.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, states, in part, that pharmacy keys shall only be issued to licensed pharmacists. A pharmacy key may be maintained by the director of the student health center. That key shall be kept in a sealed envelope and placed in a locked container and may be used only when emergencies arise and a licensed pharmacist is not present. The policy also states that access to the student health center during the hours the facility is closed shall be limited to health center personnel and other individuals authorized by the health center director.

SAM §20050 states that a satisfactory system of internal accounting and administrative control includes a plan of authorization and record-keeping procedures adequate to provide effective accounting controls over assets, liabilities, revenues, and expenditures.

Management stated that key documentation and reconciliation issues were oversights. The cause for not securing the inner pharmacy door key varied by campus and included, but was not limited to, a lack of control by certain individuals/departments that were assigned the key by the student health centers. Staff turnover and a lack of knowledge of student health center security requirements also resulted in the inappropriate assignment of campus grand master keys.

Inadequate controls over building and pharmacy security increase the risks of unauthorized access to the student health center building, disclosure of confidential data, and possible loss or theft of inventories.

Recommendation 10

We recommend that the Chancellor's Office remind the campuses of the importance of maintaining internal controls over the protection and security of student health centers, including accurate and complete documentation of key assignments and reconciliation thereof to campus key records.

Management's Response

We concur with this recommendation. This information will be provided to campuses in a systemwide memo by July 31, 2001.

DATA SECURITY

Backup data for student health center local area network or pharmacy systems was not stored off-site at six of the ten campuses visited.

SAM §4989.7, *Security of Workgroup Computing Configurations*, states that there should be agency policies in operation, which mandate standards for the regular backup of all data; the method and frequency depend on the nature of the data. Additionally, adherence to the policies and procedures should be periodically checked. Also, backup media of prior transactions for a specified period should be stored in a secured, fireproof vault or, periodically, sent to a site that is not located within the same vicinity and subject to a concurrent disaster.

At most of the campuses visited, management stated that not sending backup data to off-site locations was an oversight.

In the event of a disaster, the campus could lose critical data that could affect operating capacity and efficiency.

Recommendation 11

We recommend that the Chancellor's Office remind the campuses of the importance of maintaining data backups in off-site locations.

Management's Response

We concur with this recommendation. This information will be provided to campuses in a systemwide memo by July 31, 2001. In addition, since this policy does not appear currently in EO No. 637, we will include this information when we revise this executive order.

APPENDIX A: PERSONNEL CONTACTED

CHANCELLOR'S OFFICE

Allison Jones	Senior Director, Access and Retention
Charles W. Lindahl	Associate Vice Chancellor, Academic Affairs
Charlene Minnick	University Risk Manager
Ross Miyashiro	Associate Director, Access and Retention
Bruce Richardson	Deputy General Counsel

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

Tomás A. Arciniega	President
Casilda Alvarez	Health Services Assistant
Brian Baker	Director of Public Safety
Jane Bedford	Accounting Manager
Barbara Brenner	Hazard Material Safety Coordinator
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Janet Chambers	Radiology Technician
Jean Christian	Medical Records Technician
Kellie Garcia	Director of Personnel
Armanda Ghilarducci	Registered Nurse and Student Health Services Safety Committee Chair
Cindy Goodman	Athletic Business Officer
George Hibbard	Vice President for Student Affairs
Susan Howard	Public Safety Secretary
Carolyn Krone	Associate Director of Student Health Services
Daryl Martin	Pharmacist-In-Charge
Michael Neal	Vice President for Business and Administrative Services
Glenn Nishimori	Head Athletic Trainer
Oscar Rico	Director of Student Health Services
Marilyn Scott	Health Services Assistant
Richard Swank	Division Director, Counseling
Sandy Swiecki	Laboratory Technician
Sharon Taylor	Assistant Vice President for Fiscal and Support Services
Michael Williams	Procurement Support Services Director
Jeffrey Zielinski	Physician

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

James Lyons	President
Willda Bingham	Head Trainer, Athletic Department
Boice Bowman	Vice President, Student Affairs
Rita Brown	Administrative Support Assistant, Student Health Center
Duane Cox	Physician, Student Health Center
Polina Feygin	Senior Physician, Student Health Center
Edina Foti	Clinical Lab Technician, Student Health Center

APPENDIX A

Felicita Galedary	Registered Nurse, Student Health Center
Marco Guardi	Director, Environmental Health & Occupational Safety
Elena Howard	Coordinator, Human Resources
Kathleen Hughes	Director, Business Process Management
Janie MacHarg	Director, Student Health Center
Chris Manley	Radiology Technologist, Student Health Center
Rose Marcotte	Assistant to the Director, Student Health Center
Geri Mitchell	Clinical Aid, Student Health Center
Ron Prettyman	Director, Athletic Department
Karl Ralph	Assistant to the Vice President, Student Affairs
Randy Sharp	Director, Physical Plant
Shari Sirois	Pharmacist, Student Health Center
Debbie Sutton	Administrative Support Coordinator, Student Health Center
Donald Taylor	Administrative Support Assistant, Student Health Center
Enola Thompson-Logan	Support Services Administrator, Student Health Center
Joanne Tyler	Nurse Practitioner, Student Health Center
James Woods	Director, Admission and Records

CALIFORNIA STATE UNIVERSITY, FULLERTON

Dr. Milton Gordon	President
Bobbie Alexander	Radiology Technician
Richard Boucher	Chief Staff Physician
Pat Brown	Nursing Supervisor
Sharon Campos	Administrative Support Assistant
Catherine Carreiro	Physical Therapist
Miriam Dockery	Administrative Support Assistant
John Easterbrook	Director of Athletics
Linda Erickson	Senior Director, Business and Financial Affairs
Doreen Ferrel	Pharmacy Technician
Christopher Hall	Manager of Employee Relations, Human Resources
Margaret Jackson	Stock Clerk
Maryalyce Jeremiah	Senior Associate Director of Athletics
Grace Johnson	Administrative and Business Services Manager
Judith King	Chief of Police
Julie Max	Director of Athletic Training
Linda May	Director, Grants and Contracts, CSUF Foundation
Stephanie McCarthy	Cashier
Lan Nguyen	Laboratory Technician Supervisor
Misti Osmialowski	Medical Secretary
Robert Palmer, Jr.	Vice President for Student Affairs
Helen Pontius	Health Information Technician Supervisor
Merci Ricasata	Laboratory Assistant
Tom Sciortino	Pharmacist
Bronya Shub	Triage Nurse
Thom Sloan	Executive Director, Student Health and Counseling Center

APPENDIX A

Ken Tran	Systems Analyst/Programmer
Bonnie White	Health Counselor
Thomas Whitfield	Director, Office of Environmental Health and Safety
Colleen Wilkins	Environmental Health and Safety Officer
Edwin Young	Director of Internal Audit

CALIFORNIA STATE UNIVERSITY, HAYWARD

Norma S. Rees	President
John Abbey	Assistant Controller
Antonio Alvarez	Director, Department of Public safety
Brenda Bailey	Professor and Chair, Department of Nursing and Health Sciences
Carl Bellone	Interim Assistant Vice President, Enrollment Services
Glen Borgeson	Head Athletic Trainer
Yvonne Brandenburg	Accounts Receivable Manager
Tim Brown Locksmith	
Jim Buckley	Assistant Vice President, Human Resources
Donna Combs	Clinical Laboratory Technologist
Cathleen Coulman	Director, Student Health Services
Barbara Dobbins	Nursing Director
Sharon Friedman	Physician
Craig Ishida	Director, Environmental Health & Safety
Marie Kemper	Equipment Systems Specialist
Mark Khoo	Physician
Carol Mitchell	Clinical Aid
Jean Molzner	Administrative Support Assistant
Roy Nishimura	Pharmacy Supervisor
Arlene Reiff	Human Resources and Training Manager
Flora Salas	Administrative Analyst/Specialist
Madeline Scott	Contracts Manager, Procurement and Support Services
Sandra Sullivan	Radiology Technologist
Eric Thompson	Procurement Officer/Risk Manager
Sang Trieu	Health Educator
Karen Turnbull	Administrative Support Assistant/Reception and Patient Assistance Supervisor
Winetta Underwood	Licensed Vocational Nurse
Doug Weiss	Director of Athletics
Paula Wittler	Purchasing Manager, Procurement and Support Services
Elaine Yeh	Administrative Support Assistant

CALIFORNIA STATE UNIVERSITY, LONG BEACH

Dr. Robert Maxson	President
Dan Bailey	Head Athletic Trainer
Elizabeth Beall	Purchasing Manager
Victor Cannon	Budget and Operations, Student Health Services

APPENDIX A

Patricia Convery	Physician
Joann Depew	Administration Operations, Student Health Services
Lee Eames	Office Supervisor, Student Health Center
Nancy Eckhous	Assistant University Controller
William Griffith	Vice President for Administration and Finance
Suse Harrell	Key Coordinator, Facilities Management
Betty Harris	Supervisor of Self-Supporting Operations
Doug Harris	Director of Budget and Human Resources for Student Services
Lawrence Harvey	Clinical Coordinator
Kathleen Hext	Director of Internal Auditing Services
Kris Howe	Medical Records and Insurance Coordinator
Jean Lafranier-Lliorca	Radiologist
Joseph Latter	Associate Vice President for Financial Management
Myron Mitzenmacher	Physician and Consultant
Leah Nieto	Assistant Coordinator for Enrollment Services
Marilyn Perkins	Medical Secretary
Doug Robinson	Vice President, Student Services
MaryAnn Rozanski	Director, Office of Safety and Risk Management
Thomas Sciortino	Pharmacist-in-Charge
Ray Soliman	University Controller
Karen Taylor	Laboratory Supervisor
Renee Twigg	Director of Student Health Center
Rebecca Wills	Chief Medical Physician
Gabriel Wilson	Network Analyst

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

Dr. Donald Gerth	President
Krissy Arocho	Licensed Vocational Nurse
Kenneth Barnett	Director, Department of Public Safety
Ann Barton	Clinical Lab Technologist
Denise Blevins	Administrative Support Assistant
Samantha Clark	Administrative Support Assistant
Edward Del Biaggio	Vice President for Administration
Patrick Ferrara	Pharmacist-in-Charge
Elizabeth Glavich	Nurse Practitioner
Laurie Bisset Grady	Director of Health Education
Ronald Grant	Director, Support Services
Eric Gravenberg	Associate Vice President, Student Affairs and Enrollment Management
Janet Haney	Licensed Vocational Nurse
Howard Harris	Associate Vice President, Facilities Management
Joyce Harris	Director, Student Health Center
Linda Hughes	Medical Assistant
Dolores Lackey	Staff Employment Manager, Faculty and Staff Affairs
Jo Ellen Lindon	Medical Transcriber
Lois Mattice	Athletic Trainer

APPENDIX A

Kathi McCoy	Senior Management Auditor
Jane McGee	Radiological Technologist
Robyn Nelson	Chairperson and Professor, Division of Nursing
Karen Peterson	Counter Supervisor of Student Financial Services Center
Brennan Pike	Operating Systems Analyst
Carolyn Pittman	Budget Officer, Budget Planning and Administration
Rita Rieger	Staff Pharmacist
Michelle Robello	Student
Pamela Robertson	Clinical Aid
Timothy Roquers-Potter	Administrative Support Assistant
Dirk Ruthrauff	Associate Director, Student Health Center
Jonathan Self	Associate Vice President for Finance
Phil Siegel	Physician
Diane Sipkin	Physician
Maureen Smith	Associate Professor, Kinesiology and Health Science
Karen Solis	Licensed Vocational Nurse
Darlene Spencer	Nursing Supervisor
Suzanne Swartz	Buyer, Procurement and Contract Services
Michael Totaro	Physician
Emeline Visaya	Administrative Support Assistant
Peggy Yasukochi	Clinical Lab Technologist

SAN FRANCISCO STATE UNIVERSITY

Robert A. Corrigan	President
Albert Angelo	Health Educator, Student Health Center
Vicki Baingul	Health Record Technician, Student Health Center
Ruby Blanco	Registered Nurse, Student Health Center
Carol Brewer	Assistant to the Director, Student Health Center
Delfina Clinch	Physician, Student Health Center
Sandra Devencenzi	Assistant Chief of Staff, Student Health Center
Arlene Essex	Grants and Contracts Administrator, SFSU Foundation, Inc.
Clyde Fugami	Pharmacist, Student Health Center
Kamal Harb	Health Educator, Student Health Center
Pat Hess	Family Nurse Practitioner Coordinator, Nursing Department
Lien Ho	Pharmacist, Student Health Center
Doug Hupke	Assistant Director, Athletic Department
Myra Lappin	Director, Student Health Center
Janet Lenzini	Senior Health Record Technician, Student Health Center
Joseph Lopopolo	Storekeeper, Student Health Center
Linda Meier	Nurse Practitioner, Student Health Center
Patricia Michel	Special Projects Coordinator, Student Health Center
Leroy Morishita	Associate Vice President, Budget Planning and Resource Management
Linda Nelson	Patient Coordinator, Student Health Center
Sandee Noda	Information Technology Consultant, Student Health Center
Juliet Olson	Business Manager, Student Health Center

APPENDIX A

Teresa Rebeiro	Chief of Staff, Student Health Center
J. E. (Penny) Saffold	Vice President for Student Affairs
Marie Schafle	Team Physician, Student Health Center
Mike Simpson	Director, Athletic Department
Jim Van Ness	Internal Auditor, Business and Finance
Anthony Victoria	Lead Support Services, SFSU Foundation, Inc.
Edwin Waite	Director, Employee Relations, Human Resources
Mitch Wasik	Head Athletic Trainer, Athletic Department
Marian Yee	Coordinator of Professional Development, Student Health Center

CALIFORNIA POLYTECHNIC UNIVERSITY, SAN LUIS OBISPO

Dr. Warren J. Baker	President
Richard Ascoli	Physician
Shirley Beaumonte	Insurance and Billing Coordinator
Martin Bragg	Director of Health and Counseling Services
Andrea Brauninger	Physician
Steven Briggs	Pharmacist-in-Charge
Burt Cochran	Head of Medical Services
Carlos Cordova	University Legal Counsel
Marjorie Davis	Clinical Laboratory Technologist
Robert Detweiler	Interim Vice President for Student Affairs
Thomas Eitriem	Buyer, Contract and Procurement Services
Judy Gordon	Instructional Support Assistant, Counseling Services
Eddie Griffin-Shaw	Key Distribution
Betty Kroeze	Head of Support Services
Lorlie Leetham	Assistant Director, Accounts and Payment Management
Barbara Melvin	Associate Director, Human Resources and Employment Equity
Lynn Ogden	Administrative Support Coordinator, Athletics
Marina Perez	Head of Nursing Services
Vivian Phillips	Assistant to Director of Health and Counseling Services
Joseph Risser	Risk Manager
Kathleen Ruiz	Licensed Vocational Nurse
Vanessa Scrimiger	Front Desk Supervisor
Krystal Slover	Assistant Athletic Trainer
Vicki Stover	Associate Vice President, Administration
Dorothy Tallman	Radiologic Technologist
Karen Webb	Associate Director, Budget and Analytic Business Services
Lori Williams	Health Records Technician
Steven Yoneda	Head Athletic Trainer

SONOMA STATE UNIVERSITY

Dr. Ruben Arminana	President
Toni Boracchia	Registered Nurse and Health Educator
Scott Cutler	Physician

APPENDIX A

George Ellington	Sergeant, University Police
Larry Furukawa-Schlereth	Vice President, Administration and Finance
William Fusco	Director of Athletics
Jeannie Gerbich	Medical Assistant/Receptionist
Pamela Hill	Clinical Laboratory Technologist
Bill Ingels	Associate Controller/Treasurer
Nate Johnson	Chief of Police
Niki Jorgensen	Health Services Assistant
Allan Klotz	Pharmacist-in-Charge
Kurt Koehle	Director, Operations and Entrepreneurial Services
Sippy Levine	Medical Assistant/Receptionist
Rand Link	Vice President for Student Affairs
Karen Lopely	Medical Assistant/Receptionist
Mary Mansi	Assistant Controller, University Accounting
Melissa Morita	Radiological Technologist
Gloria Ogg	Senior Director, Customer Services
David Orr	Head Athletics Trainer
Cyndie Renfrew	Nurse Practitioner
Jeanne Santoriello	Registered Nurse
Georgia Schwartz	Director of the Student Health Center
Steve Wilson	Associate Vice President, Administration and Finance
Jennifer Zumsteg	Student Assistant

CALIFORNIA STATE UNIVERSITY, STANISLAUS

Marvalene Hughes	President
Denice Barr	Nursing Supervisor, Student Health Center
Julie Benevedes	Trust Accountant, Financial Services
Michael Brodie	Laboratory Director, Student Health Center
Jean Cox	Laboratory Supervisor, Student Health Center
Pat Clanton	Medical Transcriber, Student Health Center
Teresa Cunningham	Medical Assistant, Student Health Center
Fred Edmonson	Director, Student Health Center
Robert Fisher	Analyst, Office of Information Technology
Robert Harris	Trainer, Physical Education Department
Beckie Holly	Medical Assistant, Student Health Center
David Keymer	Vice President, Student Affairs
Mary Kobayashi Lee	Director, Human Resources
Thomas Lamier	Technical Support Supervisor, MedPro
Joan Michelotti	Continuing Quality Improvement Coordinator, Student Health Center
Ron Misaki	Environmental Health and Safety Officer, Public Safety
Jaclynn Niemeyer	Pharmacist, Student Health Center
LaLisha Norton	Student Peer Health Coordinator, Student Health Center
Marcia Patino	Senior Analyst, Human Resources
Becka Paulsen	Controller, Financial Services
Jim Phillips	Assistant Controller, Financial Services

APPENDIX A

Kay Redmon	Medical Secretary, Student Health Center
Vickie Rosing	Administrative Assistant, Human Resources
Marie Snoke	Medical Assistant, Student Health Center
Robin Trumbull	Staff Physician, Student Health Center
Loretta Tyler	Receptionist, Student Health Center
Robert Wright	PC Lab Coordinator, Office of Information Technology



THE CALIFORNIA STATE UNIVERSITY

BAKERSFIELD • CHANNEL ISLANDS • CHICO • DOMINGUEZ HILLS • FRESNO • FULLERTON • HAYWARD • HUMBOLDT
 LONG BEACH • LOS ANGELES • MARITIME ACADEMY • MONTEREY BAY • NORTHRIDGE • POMONA • SACRAMENTO
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DAVID S. SPENCE
 EXECUTIVE VICE CHANCELLOR
 CHIEF ACADEMIC OFFICER

RECEIVED
 University Auditor

APR 18 2001

April 16, 2001

**The California State
 University**

To: Mr. Larry Mandel
 University Auditor

From: David S. Spence *David S. Spence*

Subject: Management Response to Audit Report Number 00-25, *Student Health Centers, Systemwide*

Thank you for your April 5, 2001 memorandum transmitting the draft audit report of our student health centers. In accordance with the *Policies and Procedures for the Office of the University Auditor*, we have attached our response and corrective action plan to each of the eleven recommendations.

We appreciate both the work and the recommendations of the Office of the University Auditor. The recommendations and our corrective action plan will strengthen the effectiveness of our student health centers and the services they provide to students.

DSS/lem

Attachment

cc: Dr. Charles B. Reed
 Dr. Charles W. Lindahl
 Mr. Allison G. Jones

Audit Report Number 00-25 Student Health Centers, Systemwide Management's Response and Corrective Action Plan

University Auditor's Recommendation 1

We recommend that the Chancellor's Office review and update EO No. 637 considering the diversity of student populations, campus demographics, funding sources, and risk implications.

Management's Response 1

We concur with the recommendation. The review of EO No. 637 was in progress when the university audit of the student health centers began and was suspended until the audit report was released. The comprehensive review, update, and issuance of the successor to EO No. 637 will be completed by March 31, 2002.

University Auditor's Recommendation 2

We recommend that the Chancellor's Office evaluate and revise campus reporting requirements if warranted, taking into consideration current Quality Improvement initiatives and AA responsibilities and expectations. Management should also consider revising EO No. 637 to include guidelines or policy directives for collecting and reporting health services activity data.

Management's Response 2

We concur with this recommendation. Over a year ago a subcommittee was formed to recommend alternative data sets and collection procedures to replace the current requirements in EO No. 637. This report was tabled until the university auditor's report was released to avoid redundant efforts. The comprehensive review and revision to campus reporting requirements and data collection procedures will be completed by March 31, 2002.

University Auditor's Recommendation 3

We recommend that the Chancellor's Office define and formalize oversight responsibilities for all student health activities. Such responsibilities could include, but not be limited to: policy and procedural development, revision, and communication, health activity data collection, risk monitoring and reporting, consideration of systemwide issues (e.g., mandatory health insurance), and other duties as appropriate.

Management's Response 3

We concur with this recommendation. The Chancellor's Office will define and formalize oversight responsibilities during the revision of EO No. 637 which will be completed by March 31, 2002.

University Auditor's Recommendation 4

We recommend that the Chancellor's Office evaluate the practice of maintaining and administering pharmaceutical items in areas that are outside student health centers and not subject to accreditation or other third party reviews.

Management's Response 4

We concur with this recommendation. The section of EO No. 637 addressing this issue will be expanded to cover the University Auditor's recommendation when the Executive Order is rewritten. This will be completed by March 31, 2002.

University Auditor's Recommendation 5

We recommend that the Chancellor's Office consider revising EO No. 637 to include medical information guidelines for all affected campus areas or, based on risk considerations, develop a new executive order which prescribes systemwide policy for student and employee medical information.

Management's Response 5

We concur with this recommendation. This recommendation is partially covered in the current EO No. 637 (Section XII, subsection E). This section of the current executive order will be written to explicitly cover all affected campus areas and will be completed by March 31, 2002.

University Auditor's Recommendation 6

We recommend that the Chancellor's Office remind all campuses of the importance of obtaining hiring and credentialing documentation for team physicians staff and consider revising EO No. 637 to include guidelines and campus responsibilities for this process.

Management's Response 6

We concur with this recommendation. This information will be included in the revision to EO No. 637 which will be completed by March 31, 2002.

University Auditor's Recommendation 7

We recommend that the Chancellor's Office remind the campuses of the importance of obtaining campus presidential approval for these services.

Management's Response 7

We concur with this recommendation. The Chancellor's Office will convey this information to campuses in a systemwide memo by July 31, 2001.

University Auditor's Recommendation 8

We recommend that the Chancellor's Office:

- a. remind the campuses of the importance of maintaining controls over the new hire and re-credentialing processes; and
- b. also clarify the policy related to CME verification at the time of hire and periodically thereafter.

Management's Response 8

We concur with this recommendation. This information will be provided to campuses in a systemwide memo by July 31, 2001. In addition, this information will also be incorporated in the revision to EO No. 637 which will be issued by March 31, 2002.

University Auditor's Recommendation 9

We recommend that the Chancellor's Office remind all campuses of the importance of maintaining effective controls over pharmaceutical items and consider revising Executive Order No. 637 with respect to the need for these controls.

Management's Response 9

We concur with this recommendation. This information will be provided to campuses in a systemwide memo by July 31, 2001. In addition, this information will also be incorporated in the revision to EO No. 637 which will be issued by March 31, 2002. While Executive Order No. 637, Section VII – Pharmacy Services, sub-section F – Pharmacy Security, is very explicit in addressing the control and security over the health center pharmacy, we concur with the audit recommendation to strengthen controls over pharmaceutical items.

University Auditor's Recommendation 10

We recommend that the Chancellor's Office remind the campuses of the importance of maintaining internal controls over the protection and security of student health centers, including accurate and complete documentation of key assignments and reconciliation thereof to campus key records.

Management's Response 10

We concur with this recommendation. This information will be provided to campuses in a systemwide memo by July 31, 2001.

University Auditor's Recommendation 11

We recommend that the Chancellor's Office remind the campuses of the importance of maintaining data backups in offsite locations.

Management's Response 11

We concur with this recommendation. This information will be provided to campuses in a systemwide memo by July 31, 2001. In addition, since this policy does not appear currently in EO No. 637, we will include this information when we revise this executive order.

THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR

BAKERSFIELD

CHANNEL ISLANDS

May 9, 2001

CHICO

MEMORANDUM

DOMINGUEZ HILLS

FRESNO

TO: Larry Mandel
University Auditor

FULLERTON

HAYWARD

FROM: Charles B. Reed 

HUMBOLDT

SUBJECT: Draft Final Report Number 00-25 on *Student Health Centers*,
Systemwide

LONG BEACH

LOS ANGELES

In response to your memorandum of May 9, 2001, I accept the response
as submitted with the draft final report on Student Health Centers,
Systemwide.

MARITIME ACADEMY

MONTEREY BAY

NORTHRIDGE

LM:amd

POMONA

Enclosure

SACRAMENTO

cc: David Spence
Executive Vice Chancellor and Chief Academic Officer

SAN BERNARDINO

SAN DIEGO

SAN FRANCISCO

SAN JOSE

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS