

STUDENT HEALTH CENTER
CALIFORNIA STATE UNIVERSITY,
SACRAMENTO

Report Number 00-29
August 25, 2000

Members, Committee on Audit

Frederick W. Pierce, IV, Chair
Harold Goldwhite, Vice Chair
Murray L. Galinson Shailesh J. Mehta
Neel I. Murarka Stanley T. Wang

Staff

University Auditor: Larry Mandel
Audit Manager: Michelle Schlack
Staff Auditor: Laurinda Erickson

BOARD OF TRUSTEES
THE CALIFORNIA STATE UNIVERSITY

CONTENTS

INTRODUCTION

Purpose.....	1
Scope and Methodology.....	1
Background	2
Opinion.....	4
Executive Summary.....	4

OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

Personnel Qualifications and Training.....	6
Health Services and Programs	6
Athletics Department - Credentialing	6
Athletics Department - Medical Records and Medications.....	7
Employee Services.....	8
Pharmacy Operations	9
Program Administration/Health and Safety Training	10
Fiscal Administration.....	11
Data Access and Physical Security.....	12

APPENDICES

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

ABBREVIATIONS

CSU	California State University
NCAA	National Collegiate Athletic Association
REP	Resolution on Educational Policy
SAM	State Administrative Manual
SHC	Student Health Center
SHS	Student Health Service
SHAC	Student Health Advisory Committee

INTRODUCTION

PURPOSE

The overall audit objective was to ascertain the effectiveness of existing policies and procedures related to the administration of the Student Health Center (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 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 back-up procedures.

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.

Throughout this report, we will refer to the student health program as Student Health Center (SHC). At California State University, Sacramento, the Student Health Center (SHC) has primary responsibility for campus student health services.

OPINION

We visited the California State University, Sacramento campus from May 1, 2000, through June 2, 2000, and audited the procedures in effect at that time.

In our opinion, the administration and management of the SHC program was adequate to ensure the viability of the student health function. Management at the SHC placed great importance on providing quality health care education to the student population as evidenced, in part, by the center's accreditation by the Accreditation Association of Ambulatory Health Care (AAAHC) and ongoing reviews/certifications by state agencies. Policies and procedures for the SHC's operations were organized, well documented, and reflective of management's experience in the medical industry. Attention is warranted in the areas mentioned in the executive summary.

EXECUTIVE SUMMARY

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

PERSONNEL QUALIFICATIONS AND TRAINING [6]

Physician privileges were not updated within the last two years per the Student Health Center's *Bylaws of the Medical Staff*. Timely review of privileges decreases the risk of providing health services by unqualified personnel.

Subsequent to our visit the campus provided evidence that privileges were updated.

HEALTH SERVICES AND PROGRAMS [6]

ATHLETICS DEPARTMENT - CREDENTIALING [6]

The campus had not defined roles and responsibilities for the new hire and re-credentialing process for the team physician. Adequate procedures in the credentialing process decrease the risk of providing health services by unqualified personnel.

ATHLETICS DEPARTMENT – MEDICAL RECORDS AND MEDICATIONS [7]

Controls over student medical records and medications maintained in the campus Athletic Department needed improvement. Adequate controls over medical records and pharmaceutical items decrease the risk of unauthorized disclosure of personal information and campus liability due to inappropriate activities.

EMPLOYEE SERVICES [8]

The provision of employee services had not been authorized in writing by the campus president. Obtaining appropriate approval from the campus president reduces the risk of misunderstandings regarding the Student Health Center's current practice and the intentions of management.

Subsequent to our visit the campus provided evidence of the president's approval.

PHARMACY OPERATIONS [9]

Controls over medications and supplies maintained in the pharmacy were not adequate. Maintaining adequate control over pharmaceutical items and supplies reduces the risk of loss or theft and could result in lower overall pharmacy costs.

PROGRAM ADMINISTRATION/HEALTH AND SAFETY TRAINING [10]

The campus did not have an active Student Health Advisory Committee. Maintaining such a committee ensures that health services meet student needs.

FISCAL ADMINISTRATION [11]

Trust agreements were not established for mandatory health services and health facility fees maintained in trust accounts. Adequate documentation of trust fund agreements reduces the risk of inappropriate expenditures.

DATA ACCESS AND PHYSICAL SECURITY [12]

Computerized file backup data for the Student Health Center's pharmacy system was not stored at an off-site location. Off-site storage reduces the risk that data will be lost during a disaster.

OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

PERSONNEL QUALIFICATIONS AND TRAINING

Physician privileges were not updated within the last two years per the Student Health Center's *Bylaws of the Medical Staff*.

Student Health Center's *Bylaws of the Medical Staff*, dated April 15, 1998, states the Physician Peer Review Committee will meet every two years specifically to update the Medical Staff Privileges sheet for each physician.

The 1999 *Accreditation Handbook for Ambulatory Health Care Standards*, Chapter 2, states that clinical privileges are granted for a specified period of time.

The Student Health Center director indicated that this was an oversight.

Untimely review of physician privileges increases the risk of providing health services by unqualified personnel.

Subsequent to our visit the campus provided evidence that privileges were updated.

CAMPUS HEALTH SERVICES AND PROGRAMS

ATHLETICS DEPARTMENT - CREDENTIALING

The campus had not defined roles and responsibilities for the credentialing/re-credentialing of the team physician.

SAM §20003 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.

The Student Health Center director indicated that because the Athletics Department was a separate department, they did not perform re-credentialing checks for the team physician.

Inadequate procedures in the credentialing process increase the risk of providing health services by unqualified personnel.

Recommendation 1

We recommend that the campus:

- a. define the role and responsibilities for the credentialing and re-credentialing of the team physician; and
- b. establish written policies and procedures for the credentialing and re-credentialing of team physician.

Campus Response

The Vice President for Student Affairs provides oversight to both the Student Health Center (SHC) and the Athletics Department. The Vice President for Student Affairs has directed the SHC to perform the credentialing and re-credentialing of the team physician/s. The SHC will complete the credentialing process in accordance with their established procedural guidelines. By December 31, 2000, the SHC will revise its written procedures to include this process. The Athletics Department will also develop appropriate procedures relative to the credentialing process.

In support of this corrective action, the campus will submit documentation from the Vice President for Student Affairs, and copies of the procedures prepared by the SHC and Athletics Department.

ATHLETICS DEPARTMENT – MEDICAL RECORDS AND MEDICATIONS

Controls over student medical records and medications maintained in the campus Athletics Department needed improvement. We found that:

- ▶ The Athletics Department had not developed comprehensive written policies and procedures for medical records management to ensure maintenance, retention, disclosure, and confidentiality requirements in accordance with CSU policy and state laws/regulations.
- ▶ Procedures for dispensing pharmaceutical items were inadequate. A log of “sample” medications distributed in the Athletics Department was not maintained, and there was non-physician access to prescription medications.
- ▶ Inventory records were not maintained for the drugs in the Athletics Department, and some of the medications were expired.

SAM §20003 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.

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.

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 *1999-2000 NCAA Sports Medicine Handbook*, Guideline 1C, states, in part, a team physician cannot delegate diagnosis, prescription drug control, or prescription drug dispensing duties to athletic trainers, and that drug distribution records should be created and maintained where dispensing occurs in accordance with appropriate legal guidelines. The guideline also states that all drug stocks should be examined at regular intervals for removal of any outdated, deteriorated or recalled medications.

The athletic trainer stated that development of medical record policies and procedures, and a log to track “sample” medications, was inadvertently overlooked. She also indicated that access to the medication cabinet was needed in order to dispense over-the-counter medications. In addition, she stated that inventories were conducted at the end of each semester and the expired medications should have been identified and removed at that time.

Inadequate controls over medical records and medications increase the risk of unauthorized disclosure of personal information and campus liability due to inappropriate activities.

Recommendation 2

We recommend that the campus establish written policies and procedures for the maintenance and security of student athlete medical information and implement appropriate controls over medications maintained for athletes.

Campus Response

The Athletics Department will, by December 31, 2000, establish written policies and procedures to ensure that student athlete medical information is effectively secured, maintained, and disclosed in accordance with CSU policy and state regulations. The Athletics Department will also establish procedures regarding pharmaceutical items maintained by the department. These procedures will address the maintenance of inventory records and the dispensing of pharmaceutical items. To support our corrective action, we will send a copy of these procedures.

EMPLOYEE SERVICES

The provision of employee services had not been authorized in writing by the campus president.

Executive Order #637, *CSU Policy on Student Health Services*, dated August 1, 1995, states that the president is delegated the authority to approve the provision of employee services on individual campuses.

The Student Health Center director indicated that she believed the presidential approval was obtained by the prior director; however, upon research the approval could not be located.

Inadequate documentation of items approved by the campus president increases the risk of misunderstandings regarding the Student Health Centers' current practice and the intentions of management.

Subsequent to our visit the campus provided evidence of the president's approval.

PHARMACY OPERATIONS

Controls over medications and supplies maintained in the pharmacy were not adequate.

We found that certain medications were expired; a perpetual inventory system for medications and supplies was not maintained; and the same individual ordered and inventoried the controlled substances.

California State Business and Professions Code §4181 (a) states, in part, that the clinic shall comply with all applicable laws and regulations of the State Department of Health Services relating to the drug distribution service to insure that inventories, security procedures, training, protocol development, record keeping, packaging, labeling, dispensing, and patient consultation occur in a manner that is consistent with the promotion and protection of the health and safety of the public.

SAM §20003 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.

Although CSU policy does not address the maintenance of an inventory system for the Student Health Center pharmacy, Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, states that inventories shall be conducted at least annually in order to purge outdated medications and to maintain formularies consistent with CSU policy.

The pharmacist-in-charge stated that the expired medications were items that were not regularly dispensed and were inadvertently overlooked during the monthly review. The Student Health Center director indicated that implementation of a perpetual inventory system would give them the support they needed to track medications. The pharmacist-in-charge further stated that the standard process was for him to order, document receipt of, and inventory all controlled substances.

Inadequate control over medications and supplies increases the risk of loss or theft and could result in higher overall pharmacy costs.

Recommendation 3

We recommend that the campus:

- a. develop and implement a perpetual inventory system for pharmaceutical items and supplies, including periodic physical inventories and reconciliation to perpetual records; and
- b. establish formalized internal policies and procedures for effective materials management in the pharmacy.

Campus Response

The SHC is in the process of obtaining a new pharmacy software program, called MedPro, that will provide for a perpetual inventory system of pharmaceutical items, supplies, and over the counter items. This pharmacy software will be in place by December 31, 2000.

Pharmacy procedures will be developed by December 31, 2000 regarding the implementation of an annual physical inventory and reconciliation to perpetual records that will be conducted at the close of the fiscal year.

SHC procedures will be strengthened by December 31, 2000 to reflect effective management of items located in the pharmacy. These procedures will address the performance of periodic reviews for expired medications, and will ensure that various pharmacy duties are adequately segregated.

To support our corrective action, we will send a copy of the perpetual inventory maintained on the MedPro system, as well as copies of the procedures.

PROGRAM ADMINISTRATION/HEALTH AND SAFETY TRAINING

The campus did not have an active Student Health Advisory Committee.

Executive Order #637, *CSU Policy on Student Health Services*, dated August 1, 1995, states that a Student Health Advisory Committee (SHAC) should be maintained on each campus to recommend scope of services, hours of operation, fee-for-service charges, mandatory fee levels, and annual budgeting.

The Student Health Center director indicated that recruiting student representatives for the SHAC had been difficult. She further stated that the SHC is discussing a recruiting strategy for SHAC members for the upcoming year.

Failure to maintain a Student Health Advisory Committee increases the risk that health services will not meet student needs.

Recommendation 4

We recommend that the campus re-establish the Student Health Advisory Committee.

Campus Response

We concur and will have the Student Health Advisory Committee active by October 31, 2000. To support our corrective action, we will submit a membership roster and a copy of the meeting minutes for the fall 2000 semester.

FISCAL ADMINISTRATION

Trust agreements were not established for health services and health facility fees maintained in trust accounts.

SAM §19440.1 states each trust account established shall be supported by documentation as to the type of trust, donor or source of moneys, purpose of the trust, time constraints, persons authorized to withdraw or expend funds, specimen signatures, reporting requirements, instructions for closing the account, disposition of any unexpended balance, and restriction on the use of moneys for administrative or overhead costs. This documentation will be retained until the trust is dissolved.

The Associate Vice President for Finance stated that they had not completed the process of fully implementing AB 2812.

Inadequate documentation of trust fund agreements increases the risk of inappropriate expenditures.

Recommendation 5

We recommend that the campus establish trust agreements to adequately control health services and health facilities fees.

Campus Response

We concur and will have the trust agreements prepared by December 31, 2000. To support our corrective action, we will send copies of the trust agreements.

DATA ACCESS AND PHYSICAL SECURITY

Computerized file backup data for the Student Health Center's pharmacy system was not stored at an off-site location.

The pharmacy backup data was stored in the pharmacy.

Backup file data should be periodically sent to a site that is not located within the same vicinity and subject to a concurrent disaster.

The pharmacist-in-charge stated that he inadvertently overlooked the necessity to store the information off-site.

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

Recommendation 6

We recommend that the campus establish procedures to send pharmacy backup data to an off-site facility.

Campus Response

Upon implementation of the new MedPro pharmacy software package, back-up data will be stored at an off-site location. SHC policies and procedures will be revised to reflect this process. This will occur by December 31, 2000. We will provide a copy of the procedures in support of our corrective action.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
Dr. Donald Gerth	President
Krissy Arocho	Licensed Vocational Nurse
Kenneth Barnett	Director, Department of Public Safety
Ann Barton	Clinical Lab Technologist
Samantha Clark	Administrative Support Assistant
Edward Del Biaggio	Vice President for Administration
Laurie Bisset Grady	Director of Health Education
Denise Blevins	Administrative Support Assistant
Patrick Ferrara	Pharmacist-in-Charge
Ronald Grant	Director Support Services
Dolores Lackey	Staff Employment Manager Faculty and Staff Affairs
Elizabeth Glavich	Nurse Practitioner
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
Jo Ellen Lindon	Medical Transcriber
Lois Mattice	Athletic Trainer
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 & 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



CALIFORNIA STATE UNIVERSITY, SACRAMENTO

OFFICE OF THE VICE PRESIDENT FOR ADMINISTRATION

October 2, 2000

Larry Mandel
University Auditor
The California State University
401 Golden Shore
Long Beach, CA 90802-4210

RECEIVED
University Auditor

OCT 09 2000

The California State
University

Dear Mr. Mandel:

We submit the following as our response to audit report #00-29 concerning the Student Health Center.

Recommendation 1: "We recommend that the campus:

- a. define the role and responsibilities for the credentialing and re-credentialing of the team physician; and
- b. establish written policies and procedures for the credentialing and re-credentialing of team physician."

Campus Response: The Vice President for Student Affairs provides oversight to both the Student Health Center (SHC) and the Athletics Department. The Vice President for Student Affairs has directed the SHC to perform the credentialing and re-credentialing of the team physician/s. The SHC will complete the credentialing process in accordance with their established procedural guidelines. By December 31, 2000, the SHC will revise its written procedures to include this process. The Athletics Department will also develop appropriate procedures relative to the credentialing process.

In support of this corrective action, the campus will submit documentation from the Vice President for Student Affairs, and copies of the procedures prepared by the SHC and Athletics Department.

Recommendation 2: "We recommend that the campus establish written policies and procedures for the maintenance and security of student athlete medical information and implement appropriate controls over medications maintained for athletes.

6000 J Street, Sacramento, California 95819-6038 • (916) 278-6312 • (916) 278-5783 FAX

Campus Response: The Athletics Department will, by December 31, 2000, establish written policies and procedures to ensure that student athlete medical information is effectively secured, maintained, and disclosed in accordance with CSU policy and state regulations. The Athletics Department will also establish procedures regarding pharmaceutical items maintained by the department. These procedures will address the maintenance of inventory records and the dispensing of pharmaceutical items. To support our corrective action, we will send a copy of these procedures.

Recommendation 3: "We recommend that the campus:

- a. develop and implement a perpetual inventory system for pharmaceutical items and supplies, including periodic physical inventories and reconciliation to perpetual records; and
- b. establish formalized internal policies and procedures for effective materials management in the pharmacy."

Campus Response: The SHC is in the process of obtaining a new pharmacy software program, called MedPro, that will provide for a perpetual inventory system of pharmaceutical items, supplies, and over the counter items. This pharmacy software will be in place by December 31, 2000.

Pharmacy procedures will be developed by December 31, 2000 regarding the implementation of an annual physical inventory and reconciliation to perpetual records that will be conducted at the close of the fiscal year.

SHC procedures will be strengthened by December 31, 2000 to reflect effective management of items located in the pharmacy. These procedures will address the performance of periodic reviews for expired medications, and will ensure that various pharmacy duties are adequately segregated.

To support our corrective action, we will send a copy of the perpetual inventory maintained on the MedPro system, as well as copies of the procedures.

Recommendation 4: "We recommend that the campus re-establish the Student Health Advisory Committee."

Campus Response: We concur and will have the Student Health Advisory Committee active by October 31, 2000. To support our corrective action, we will submit a membership roster and a copy of the meeting minutes for the fall 2000 semester.

Recommendation 5: "We recommend that the campus establish trust agreements to adequately control health services and health facilities fees."

Campus Response: We concur and will have the trust agreements prepared by December 31, 2000. To support our corrective action, we will send copies of the trust agreements.

Recommendation 6: "We recommend that the campus establish procedures to send pharmacy backup data to an off-site facility."

Campus Response: Upon implementation of the new MedPro pharmacy software package, back-up data will be stored at an off-site location. SHC policies and procedures will be revised to reflect this process. This will occur by December 31, 2000. We will provide a copy of the procedures in support of our corrective action.

If you have any questions or require additional information, please contact Kathi McCoy at 916 278-7439.

Sincerely,



Edward C. Del Biaggio
Vice President for Administration

cc: D. Gerth
D. Colberg
J. Harris
K. McCoy
J. Self
S. Uplinger

THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR

BAKERSFIELD

CHANNEL ISLANDS

October 19, 2000

CHICO

MEMORANDUM

DOMINGUEZ HILLS

FRESNO

TO: Larry Mandel
University Auditor

FULLERTON

HAYWARD

FROM: Charles B. Reed 

HUMBOLDT

SUBJECT: Draft Final Report Number 00-29 on *Student Health Centers*,
California State University, Sacramento

LONG BEACH

LOS ANGELES

In response to your memorandum of October 19, 2000, I accept the response as submitted with the draft final report on Student Health Centers, California State University, Sacramento.

MARITIME ACADEMY

MONTEREY BAY

NORTHRIDGE

CBR/cw

POMONA

Enclosure

SACRAMENTO

cc: Dr. Donald R. Gerth, President

SAN BERNARDINO

SAN DIEGO

SAN FRANCISCO

SAN JOSE

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS