

**STUDENT HEALTH CENTER**  
**SAN FRANCISCO STATE UNIVERSITY**

**Report Number 00-32**  
**December 11, 2000**

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## **ABBREVIATIONS**

AAAHC	Accreditation Association for Ambulatory Health Care, Inc.
CBA	Collective Bargaining Agreement
CME	Continuing Medical Education
CSU	California State University
NCAA	National Collegiate Athletic Association
REP	Resolution on Educational Policy
SAM	State Administrative Manual
SCO	State Controller's Office
SFSU	San Francisco State University
SHC	Student Health Center
SHS	Student Health Services

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## INTRODUCTION

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### 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.

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### 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 program as the Student Health Center (SHC). At San

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## INTRODUCTION

Francisco State University (SFSU), the Student Health Center (SHC) has primary responsibility for campus student health services.

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## OPINION

We visited San Francisco State University campus from August 21, 2000 through September 22, 2000, and audited the procedures in effect at that time.

In our opinion, the administration and management of the SHC program provided reasonable assurance that SFSU was in compliance with CSU policy and applicable state and federal regulations. Management at the SHC placed great importance on providing quality health care and 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. We are concerned, however, with the adequacy of certain fiscal controls related to cash receipt procedures and payments made through research accounts. These issues, along with others, are described in the executive summary and in the body of the report.

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## 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.

### FISCAL ADMINISTRATION [7]

#### RESEARCH ACCOUNTS [7]

Controls over payments made through research accounts were inadequate. Adequate control and monitoring of research accounts reduces the risk of misappropriation and increases accountability of funds.

#### CASH AND OTHER RECEIPTS [8]

Controls over cash receipts from pharmacy items, continuing medical education programs, and other receivables needed strengthening. Adequate controls reduce the risk of misappropriation and increase accountability of funds.

## **PROGRAM ADMINISTRATION [9]**

Peer reviews were not performed for every practitioner working at the Student Health Center. Performing peer reviews for every practitioner reduces the risk of providing sub-standard quality of care.

## **PERSONNEL QUALIFICATIONS AND TRAINING [10]**

Controls over the new hire and re-credentialing processes needed strengthening. Adequate procedures in these processes reduce the risk of providing health services by unqualified personnel.

## **PHARMACY OPERATIONS [12]**

### **INVENTORY [12]**

Controls over Student Health Center prescription medications needed improvement. Maintaining adequate control over inventories of pharmaceutical items decreases the risk of loss or theft and could result in lower overall pharmacy costs.

### **PRESCRIPTIONS [13]**

The campus president did not approve the filling of written or oral prescriptions from off-campus providers. Obtaining appropriate approval from the campus president helps ensure that current practices are aligned with the intentions and risk evaluations of management.

## **DATA ACCESS AND PHYSICAL SECURITY [13]**

### **KEY CONTROL [13]**

Controls over key documentation and physical security of patient medical records needed improvement. Adequate controls over these areas decrease the risk of loss or theft; unauthorized access to and disclosure of confidential data; and, non-compliance with CSU policy.

### **DATA BACKUP [15]**

Backup data for the SHC pharmacy system was not stored offsite. Effective backup procedures reduce the risk that data will be lost in the event of a disaster.

## **HEALTH SERVICES AND PROGRAMS [16]**

### **MISCELLANEOUS SERVICES [16]**

The SHC provided health services to spouses and significant others of enrolled students which were not permitted by CSU policy. Providing only permitted health services ensures compliance with CSU policy and reduces campus liability.

### **ATHLETIC DEPARTMENT – MEDICAL RECORDS AND MEDICATIONS [17]**

Controls over student medical records and medications maintained in the campus Athletics Department needed strengthening. Adequate controls over medical records reduce the risk of unauthorized disclosure of personal information.

### **NURSING DEPARTMENT – MEDICAL RECORDS [18]**

Controls over student medical records maintained in the campus Nursing Department needed strengthening. Adequate controls over medical records reduce the risk of unauthorized disclosure of personal information and campus liability due to inappropriate activities.

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# OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

## FISCAL ADMINISTRATION

### RESEARCH ACCOUNTS

Controls over payments made through research accounts were inadequate.

We noted that:

- ▶ expenditures totaling \$5,940.50 and \$222.30, were made from the Curatek and Burroughs research accounts, respectively, which had insufficient balances. These particular expenditures were not related to the specific research studies; instead, they were related to SHC operations; and
- ▶ an unauthorized and improper transfer of \$8,334.50 was made from the miscellaneous trust account to cover the deficit in the Curatek research account.

SUAM §3710.01 states that each unique trust project must be accounted separately, which will provide for balance sheet and income statement reporting and other reports as required.

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 business manager indicated that disbursements from accounts with insufficient balances, improper transfers, and expenditures not related to the specific studies were due to oversights.

Failure to monitor research and trust accounts increases the risk of misappropriation and reduces accountability of funds.

#### **Recommendation 1**

We recommend that the campus establish procedures to properly monitor research and trust accounts including the residual income obtained from research studies.

#### **Campus Response**

We concur. All accounts of inactive research studies will be closed, and any residual income will be transferred to a new consolidated research studies account. This research account will be created with a broader scope of use to allow for clinic expenditures deemed necessary. As new research studies are begun at SHS, the same research study account will be utilized; deposits and expenses of new research

studies will be tracked in separate spreadsheets. The new research study account will be established by March 1, 2001.

## **CASH AND OTHER RECEIPTS**

Controls over cash receipts from pharmacy items, continuing medical education programs, and other receivables needed strengthening.

We noted that:

- ▶ pharmacy cash receipts were improperly recorded in the miscellaneous trust account instead of the pharmacy trust account;
- ▶ reconciliation of the amounts collected, deposited, and recorded for continuing medical education programs coordinated by the SHC, were not performed to independent source records; and
- ▶ account receivables under \$1,000 deemed uncollectible were not written off, nor was the campus seeking relief from accountability from the State Board of Control.

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.

SUAM §3710.01 states that each unique trust project must be accounted separately, which will provide for balance sheet and income statement reporting and other reports as required.

SAM §8776.6 states that, in part, if all reasonable collection procedures do not result in payment, departments may request discharge from accountability of uncollectible amounts due from private entities. Departments will file an Application for Discharge From Accountability form, STD. 27, with the SCO, Division of Collections. Applications for Discharge from Accountability of uncollectible amounts of \$5,000 or more will be filed separately from applications for amounts of less than \$5,000.

Executive Order No. 616, *Discharge of Accountability*, states, in part, that each campus has the authority to write off debts of \$1,000 or less which are either uncollectible or the amounts involved do not justify the cost of collection.

The Student Health Center business manager indicated that funds related to the pharmacy were recently deposited in the miscellaneous trust account due to limitations in the health center computer system (MedPro) when recording revenue and due to a significant increase in the number of transactions. This increase was due to the centralization of all collection points within the SHC. She additionally stated that due to a lack of coordination between the SHC and the main cashiering office, procedures to discharge accountability were not performed. The student health center coordinator of professional

development indicated that a low priority was placed on reconciliations of monies received for continuing education programs.

Inadequate controls over cash receipts increase the risk of misappropriation and reduce accountability of funds.

### **Recommendation 2**

We recommend that the campus:

- a. develop and implement procedures to ensure cash received for pharmacy items is recorded in the appropriate trust account;
- b. establish procedures to ensure amounts collected, deposited, and recorded for CME programs are appropriately reconciled; and
- c. develop procedures to discharge accountability for uncollectible SHC account receivables.

### **Campus Response**

- a. We concur. In October, SHS requested the transfer of pharmacy receipts for January through September, 2000, from the Miscellaneous trust account to the Pharmacy trust account based on monthly reports of pharmacy revenue deposited to the miscellaneous account. This process is continuing monthly.
- b. We concur. Beginning immediately, the CME coordinator will provide a monthly itemized listing of invoices (charges) and deposits for CME programs to the SHS Business Manager for reconciliation.
- c. We concur. The SHS Business Manager will work with staff in Fiscal Affairs to develop procedures by March 1, 2001.

## **PROGRAM ADMINISTRATION**

Peer reviews were not performed for every practitioner working at the Student Health Center.

We noted that peer reviews conducted by a peer review committee focused only on targeted providers or services (e.g., new providers and services with adverse outcomes).

Executive Order No. 637, *CSU Policy on Student Health Services*, states, in part, that each campus shall adopt the quality assurance program required by the accrediting agency as a core component of the campus quality of care assurance program consistent with accreditation guidelines.

AAAHC Guidelines, Quality Management and Improvement (Chap. 5) states that health care practitioners participate in the development and application of the criteria used to evaluate the care they provide. Additionally, professional and administrative staff understands, supports, and participates in programs of quality management and improvement, through organized mechanisms responsible to the

governing body. Peer reviews are to be used as part of the basis for granting continuation of privileges, evaluating provider performance, and implementing educational activities.

The Student Health Center director indicated that peer reviews are performed on the basis of student or staff concerns about patient care; all charts with decisions to hospitalize by ambulance; and random chart reviews by disease or diagnosis. She further stated that many charts as they relate to the provider's diagnosis and treatment are reviewed, however, not all providers are systematically reviewed in the existing process.

Not performing peer reviews for each provider increases the risk of providing sub-standard quality of care.

### **Recommendation 3**

We recommend that the campus establish procedures to perform peer reviews for each provider and to utilize the peer reviews as part of the basis for evaluating provider performance and implementing educational activities.

### **Campus Response**

We concur. SHS has revised their protocols relating to medical staff performance reviews and peer reviews.

## **PERSONNEL QUALIFICATIONS AND TRAINING**

Controls over the new hire and re-credentialing processes needed strengthening.

Our review of files for thirteen physician and fifteen non-physician staff disclosed the following:

- ▶ DEA licenses were expired or not in file for two physicians;
- ▶ CPR certificates were expired or not in file for four physicians;
- ▶ evidence of continuing medical education was not noted for nineteen providers;
- ▶ evidence of specialty board certifications were not in file for two physicians;
- ▶ physician privileges were not in file for five physicians;
- ▶ references were not documented for two providers;
- ▶ written authorization to verify hiring information was not in file for one provider;
- ▶ performance evaluations were not in file or conducted timely for four providers;
- ▶ confidentiality statements were not in file for one provider; and
- ▶ medical licenses were not in file for five of eight medical residents.

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

Executive Order No. 637, *CSU Policy on Student Health Services*, states, in part, that each professional employee shall be required to provide valid information on his/her qualifications applicable to his/her expected duties, to include compliance with continuing education as required by the particular profession.

Article 2.8 of the Collective Bargaining Agreement (CBA) between the CSU Board of Trustees and the California Federation of the Union of American Physicians and Dentists, for July 1, 1998 through June 30, 2001, states, in part, that the term “employee” as used in this Agreement refers to a bargaining unit member who is a full-time employee, a part-time employee, a probationary employee, a permanent employee, or a temporary employee. Article 23.13 states the CSU may require evidence of satisfactory completion of approved professional development activities.

The assistant to the Student Health Center director indicated that medical personnel cannot renew licenses without providing proof of continuing education to their respective professional licensing agencies. Thus, the health center accepted the renewed license in lieu of continuing education. She also indicated that various credentialing documentation were not obtained due to lack of monitoring controls.

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

#### **Recommendation 4**

We recommend that the campus strengthen procedures to ensure compliance with credentialing and continuing medical education requirements and staff performance management policies.

#### **Campus Response**

We concur. SHS has revised its protocol relating to verification of credentials and has strengthened their procedures for monitoring by creating a checklist for the verification documents kept in the Director’s office with a copy sent to the staff person monitoring in-house personnel files. Staff performance management has been revised to include an annual performance evaluation, review of checklist of clinical skills and competencies, and peer review reports. All new hires will complete an initial checklist of clinical skills and competencies for comparison and review at subsequent performance evaluation.

We believe we are meeting the intent of the E.O. 637 CME requirement that each professional employee provide valid information regarding continuing education as required by the particular profession. State law regarding medical license renewal requires that a license renewal applicant sign the following self-certification statement: “I certify under penalty of perjury that I can document, if audited, that I have completed 100 hours of approved CME over the last four years.” We feel that

gathering evidence of each session of CME for every provider would be a redundant exercise requiring unnecessary additional staffing expense. Documentation of possession of a valid professional California license confirms that the provider met the profession's continuing education requirements. SHS does require that upon hire MD applicants provide a list of CMEs taken in the past 2 years, and upon annual performance evaluation, MDs are requested to list CMEs for the past year. SHS does not verify these CMEs nor require further documentation, as the State has already required that of these providers.

## **PHARMACY OPERATIONS**

### **INVENTORY**

Controls over Student Health Center prescription medications needed improvement.

Although the pharmacist-in-charge implemented a perpetual inventory system to account for all narcotics, an effective inventory management system was not in place for other non-controlled prescription medications.

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 a perpetual inventory or other inventory management system was not implemented because other controls (e.g., review of invoices for significant or unusual items) were in place to ensure inventory was safeguarded from loss or theft.

Inadequate controls for pharmaceutical items increases the risk of loss or theft, resulting in higher overall pharmacy costs.

#### **Recommendation 5**

We recommend that the campus implement an effective inventory management system for non-controlled substances maintained in the student health center pharmacy, including periodic physical inventories and reconciliation to inventory records.

#### **Campus Response**

We concur. Beginning Spring 2001, the Pharmacy will conduct periodic (3 times/year) physical inventories of the five most expensive non-controlled medications and reconcile those records to records from the previous complete inventory. In addition, the SHS Business Manager does and will continue to monitor drug purchases and to investigate unusually high or increased costs.

## **PRESCRIPTIONS**

The campus president did not approve the filling of written or oral prescriptions from off-campus providers.

Executive Order No. 637, *CSU Policy of Student Health Services*, dated August 1, 1995, states, 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 Student Health Center director indicated that the retail pharmacy license issued by the State of California allowed prescriptions from off-campus providers to be filled for students. Thus, the director was unaware of the requirement to obtain approval from the campus president.

Inadequate documentation of approvals from the campus president increases the risk of misunderstanding between the Student Health Center's current practice and the intentions of management.

### **Recommendation 6**

We recommend that the campus obtain approval from the president to fill prescriptions from off-campus providers.

### **Campus Response**

We concur and have forwarded a request for approval to fill prescriptions from off-campus providers to the Vice President of Student Affairs to forward to the President. Approval is expected by March 1, 2001.

## **DATA ACCESS AND PHYSICAL SECURITY**

### **KEY CONTROL**

Controls over key documentation and physical security of patient medical records needed improvement.

We noted that:

- ▶ Seventy-five individuals authorized by the SHC Director had key access to the SHC's medical records room (six of these individuals were unauthorized non-health center employees).
- ▶ The SHC's list of cabinet keys did not indicate assignments of "sensitive" keys (e.g., keys to the personnel records cabinet).

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.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, states, in part, 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; and
- ▶ provisions permitting non-health center employees continuing access to the facility may be made if medical records, medications and equipment are maintained in locked rooms and/or health center staff is on duty. Authorization for such access shall be provided by the health center director and approved by the president.

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, since the same key opened exterior doors as well as the medical records room, numerous keys were issued to SHC and non-health center personnel. Additionally, the importance of documenting cabinet keys for sensitive facilities was overlooked.

Inadequate controls over key documentation and security of the SHC building and patient medical records increase the risk of loss or theft, unauthorized access to and disclosure of confidential data, and non-compliance with CSU policy.

### **Recommendation 7**

We recommend that the campus:

- a. establish formalized policies and procedures for the control, assignment, and documentation of keys to the student health services building, patient medical records, and other "sensitive" facilities;
- b. strengthen procedures to ensure that access to the facility by non-health center employees is properly approved; and

- c. establish procedures to periodically verify assigned keys to the campus key listing to ensure appropriate individuals have access to the health center.

### **Campus Response**

- a. We concur. The Building Access, Keys, and Security Alarm section of the SHS Operations Manual has been revised to strengthen the control, assignment, and documentation of keys. The medical records office door locks are being changed and new keys will be issued only to employees requiring access.
- b. We concur. Working with Plant Operations, SHS will document strengthened procedures by April 1, 2001 to ensure access by non-health center employees is properly authorized. We note that E.O. 637 requires approval by the health center director and the president for non-health center employees to have continuing access to the facility. We request this be changed to “president or designee” the next time the CSU Policy on Student Health Services is updated.
- c. We concur. The SHS business Manager annually reviews a list of employees having keys to the health center.

### **DATA BACKUP**

Backup data for the SHC pharmacy system was not stored off-site.

We found that backup data was maintained next to the pharmacy computer.

SAM §4989.7, *Security of Workgroup Computing Configurations*, states that there should be agency policies in operation, which mandate standards for the regular back up 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.

Since the pharmacy is secured, and access to the pharmacy is restricted, the pharmacist-in-charge indicated that backup tapes were left near the pharmacy computer system.

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

### **Recommendation 8**

We recommend that the campus strengthen procedures to ensure that backup procedures for the Student Health Center pharmacy data include storage in a secured, fireproof vault, preferably off-site.

### **Campus Response**

We concur. The SHS Pharmacy now keeps the backup of its data in a fireproof safe outside the confines of the Pharmacy at SHS.

## **HEALTH SERVICES AND PROGRAMS**

### **MISCELLANEOUS SERVICES**

The SHC provided health services to spouses and significant others of enrolled students which were not permitted by CSU policy.

Executive Order No. 637, *CSU Policy on Student Health Services* indicates that health services are provided to CSU students, and in certain situations, to campus employees.

CSU policy does not address the provision of health services to spouses of enrolled students.

The assistant to the Student Health Center director indicated that written and verbal approvals to provide health services to spouses and significant others were obtained from the vice president of student affairs and the campus president, respectively. The Student Health Center director was verbally advised by the vice president of student affairs to proceed with these services with the campus president's knowledge.

Providing unauthorized health services results in non-compliance with CSU policy and increased campus liability.

### **Recommendation 9**

We recommend that the campus immediately discontinue the practice of providing health services to student spouses and significant others and promptly transition current such patients to their own health care providers.

### **Campus Response**

We concur. SHS has discontinued the practice of providing health services to student spouses and significant others. This was announced to all staff at general staff meetings in December and January, and the protocol for providing these services has been deleted from the SHS operations manual.

The community standard of practice is to provide consultation and treatment to partner/s of a patient diagnosed with a sexually transmitted disease. SB 648, which became law in September 2000, addresses this issue. We request that inclusion of this service be considered when E.O. 637 is updated.

## **ATHLETIC DEPARTMENT – MEDICAL RECORDS AND MEDICATIONS**

Controls over student medical records and medications maintained in the campus athletics department needed strengthening.

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; and
- ▶ expired over-the-counter medications were in the training room drug cabinet.

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, that drug stocks should be examined at regular intervals for removal of any outdated, deteriorated or recalled medications.

The head athletic trainer indicated that the need for comprehensive written medical records policies and procedures was not established, since trainers provide limited services to athletes in accordance with guidelines from the National Association of Athletic Trainers. He also indicated that expired medications were due to an oversight.

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

### **Recommendation 10**

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**

We concur and have updated the standard operating procedures of the Department of Athletics to include:

- Medical Record Policy
- Over-the-counter Drug Dispensation Policy.

## **NURSING DEPARTMENT – MEDICAL RECORDS**

Controls over student medical records maintained in the campus' nursing department needed strengthening.

The nursing department had not developed comprehensive written policies and procedures for medical records management to ensure maintenance, retention, disclosure, and confidentiality requirements.

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.

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 nursing department coordinator indicated that only medical physicals are provided to nursing students, hence a need for comprehensive written medical policies and procedures was not established.

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

### **Recommendation 11**

We recommend that the campus establish written policies and procedures for the maintenance and security of nursing student medical records.

### **Campus Response**

We concur. A new memorandum of understanding between the School of Nursing and the SHS provides that nursing student medical records will be transferred to SHS for medical record management.

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## APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
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 & Resource Management
Linda Nelson	Patient Coordinator, Student Health Center
Sandee Noda	Information Technology Consultant, Student Health Center
Juliet Olson	Business Manager, Student Health Center
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



San Francisco  
State University

Office of the President

February 1, 2001

RECEIVED  
University Auditor  
FEB 6 2001  
The California State  
University

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

Dear Mr. Mandel:

We have carefully reviewed Office of the University Auditor Report #00-32 on the Student Health Center at San Francisco State University. The report identified a few areas where additional efforts are needed, and we have already taken actions to implement the recommendations.

Our responses to the recommendations are attached. Questions regarding the responses may be directed to Don Scoble, Vice President for Business and Finance, at 415/338-1323 or Jim Van Ness, Internal Auditor, at 415/338-7183.

Sincerely,

Robert A. Corrigan  
President

A large, stylized handwritten signature in black ink, which appears to be 'RAC', written over the typed name of Robert A. Corrigan.

JVN/ct

cc: J.E. (Penny) Saffold, Vice President for Student Affairs  
Don W. Scoble, Vice President, Business and Finance  
Thomas La Belle, Provost/Vice President, Academic Affairs  
Myra Lappin, M.D., Director, Student Health Service  
Robert Hutson, Associate Vice President, Facilities and Services Enterprises  
Mike Simpson, Director, Athletics  
Karen Johnson-Brennan, Interim Director, School of Nursing  
Larry Ware, Associate Vice President/Controller, Fiscal Affairs

## **Campus Response to University Auditor Report Number 00-32 on Student Health Center at San Francisco State University**

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### **Recommendation 1: Research Accounts**

We recommend that the campus establish procedures to properly monitor research and trust accounts including the residual income obtained from research studies.

#### **February 1, 2001 Campus Response**

We concur. All accounts of inactive research studies will be closed, and any residual income will be transferred to a new consolidated research studies account. This research account will be created with a broader scope of use to allow for clinic expenditures deemed necessary. As new research studies are begun at SHS, the same research study account will be utilized; deposits and expenses of new research studies will be tracked in separate spreadsheets. The new research study account will be established by March 1, 2001.

### **Recommendation 2: Cash and Other Receipts**

We recommend that the campus:

- a. Develop and implement procedures to ensure cash received for pharmacy items is recorded in the appropriate trust account;
- b. Establish procedures to ensure amounts collected, deposited, and recorded for CME programs are appropriately reconciled; and
- c. Develop procedures to discharge accountability for uncollectible SHC account receivables.

#### **February 1, 2001 Campus Response**

- a. We concur. In October, SHS requested the transfer of pharmacy receipts for January through September, 2000, from the Miscellaneous trust account to the Pharmacy trust account based on monthly reports of pharmacy revenue deposited to the miscellaneous account. This process is continuing monthly. (See attachments 2.a.)
- b. We concur. Beginning immediately, the CME coordinator will provide a monthly itemized listing of invoices (charges) and deposits for CME programs to the SHS Business Manager for reconciliation. (See attachment 2.b.)
- c. We concur. The SHS Business Manager will work with staff in Fiscal Affairs to develop procedures by March 1, 2001.

### **Recommendation 3: Program Administration**

We recommend that the campus establish procedures to perform peer reviews for each provider and to utilize the peer reviews as part of the basis for evaluating provider performance and implementing educational activities.

#### **February 1, 2001 Campus Response**

We concur. SHS has revised their protocols relating to medical staff performance reviews and peer reviews. (See attachments 3.a. & b.)

#### **Recommendation 4: Personnel Qualifications and Training**

We recommend that the campus strengthen procedures to ensure compliance with credentialing and continuing medical education requirements and staff performance management policies.

##### **February 2, 2001 Campus Response**

We concur. SHS has revised its protocol relating to verification of credentials and has strengthened their procedures for monitoring by creating a checklist for the verification documents kept in the Director's office with a copy sent to the staff person monitoring in-house personnel files. Staff performance management has been revised to include an annual performance evaluation, review of checklist of clinical skills and competencies, and peer review reports. All new hires will complete an initial checklist of clinical skills and competencies for comparison and review at subsequent performance evaluation. (See attachments 4.a, b., & c.)

We believe we are meeting the intent of the EO637 CME requirement that each professional employee provide valid information regarding continuing education as required by the particular profession. State law regarding medical license renewal requires that a license renewal applicant sign the following self-certification statement: "I certify under penalty of perjury that I can document, if audited, that I have completed 100 hours of approved CME over the last four years." We feel that gathering evidence of each session of CME for every provider would be a redundant exercise requiring unnecessary additional staffing expense. Documentation of possession of a valid professional California license confirms that the provider met the profession's continuing education requirements. SHS does require that upon hire MD applicants provide a list of CMEs taken in the past 2 years, and upon annual performance evaluation, MDs are requested to list CMEs for the past year. SHS does not verify these CMEs nor require further documentation, as the State has already required that of these providers.

#### **Recommendation 5: Pharmacy Inventory**

We recommend that the campus implement an effective inventory management system for non-controlled substances maintained in the student health center pharmacy, including periodic physical inventories and reconciliation to inventory records.

##### **February 1, 2001 Campus Response**

We concur. Beginning Spring 2001, the Pharmacy will conduct periodic (3 times/year) physical inventories of the five most expensive non-controlled medications and reconcile those records to records from the previous complete inventory. In addition, the SHS Business Manager does and will continue to monitor drug purchases and to investigate unusually high or increased costs. (See attachment 5.)

#### **Recommendation 6: Prescriptions**

We recommend that the campus obtain approval from the president to fill prescriptions from off-campus providers.

### **February 1, 2001 Campus Response**

We concur and have forwarded a request for approval to fill prescriptions from off-campus providers to the Vice President of Student Affairs to forward to the President. Approval is expected by March 1, 2001.

### **Recommendation 7: Key Control**

We recommend that the campus:

- a. establish formalized policies and procedures for the control, assignment, and documentation of keys to the student health services building, patient medical records, and other "sensitive" facilities;
- b. strengthen procedures to ensure that access to the facility by non-health center employees is properly approved; and
- c. Establish procedures to periodically verify assigned keys to the campus key listing to ensure appropriate individuals have access to the health center.

### **February 1, 2001 Campus Response**

- a. We concur. The Building Access, Keys, and Security Alarm section of the SHS Operations Manual has been revised to strengthen the control, assignment, and documentation of keys. The medical records office door locks are being changed and new keys will be issued only to employees requiring access. (See attachment 7.a.)
- b. We concur. Working with Plant Operations, SHS will document strengthened procedures by April 1, 2001 to ensure access by non-health center employees is properly authorized.

We note that E.O. 637 requires approval by the health center director and the president for non-health center employees to have continuing access to the facility. We request this be changed to "president or designee" the next time the CSU Policy on Student Health Services is updated.

- c. We concur. The SHS business Manager annually reviews a list of employees having keys to the health center. (See attachment 7.c.)

### **Recommendation 8: Data Backup**

We recommend that the campus strengthen procedures to ensure that backup procedures for the Student Health Center pharmacy data include storage in a secured, fireproof vault, preferably offsite.

### **February 1, 2001 Campus Response**

We concur. The SHS Pharmacy now keeps the backup of its data in a fireproof safe outside the confines of the Pharmacy at SHS. (See attachment 8.)

### **Recommendation 9: Miscellaneous Services**

We recommend that the campus immediately discontinue the practice of providing health services to student spouses and significant others and promptly transition such patients to their own health care providers.

**February 1, 2001 Campus Response**

We concur. SHS has discontinued the practice of providing health services to student spouses and significant others. This was announced to all staff at general staff meetings in December and January, and the protocol for providing these services has been deleted from the SHS operations manual.

The community standard of practice is to provide consultation and treatment to partner/s of a patient diagnosed with a sexually transmitted disease. SB 648, which became law in September, 2000, addresses this issue. We request that inclusion of this service be considered when E.O. 637 is updated. (See attachment 9.)

**Recommendation 10: Athletic Department – Medical Records and Medications**

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

**February 1, 2001 Campus Response**

We concur and have updated the standard operating procedures of the Department of Athletics to include:

- Medical Record Policy
- Over-the-counter Drug Dispensation Policy.

(See attachments 10.a. & b.)

**Recommendation 11: Nursing Department – Medical Records**

We recommend that the campus establish written policies and procedures for the maintenance and security of nursing student medical records.

**February 1, 2001 Campus Response**

We concur. A new memorandum of understanding between the School of Nursing and the SHS provides that nursing student medical records will be transferred to SHS for medical record management. (See attachment 11.)

THE CALIFORNIA STATE UNIVERSITY  
OFFICE OF THE CHANCELLOR

BAKERSFIELD

CHANNEL ISLANDS

March 21, 2001

CHICO

**MEMORANDUM**

DOMINGUEZ HILLS

FRESNO

TO: Larry Mandel  
University Auditor

FULLERTON

FROM: Charles B. Reed 

HAYWARD

SUBJECT: Draft Final Report Number 00-32 on *Student Health Center*,  
San Francisco State University

HUMBOLDT

LONG BEACH

LOS ANGELES

In response to your memorandum of March 21, 2001, I accept the response as submitted with the draft final report on Student Health Center, San Francisco State University.

MARITIME ACADEMY

MONTEREY BAY

NORTHRIDGE

CBR/dl

POMONA

Enclosure

SACRAMENTO

cc: Dr. Robert A. Corrigan, President

SAN BERNARDINO

SAN DIEGO

SAN FRANCISCO

SAN JOSE

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS