

STUDENT HEALTH CENTER
CALIFORNIA STATE UNIVERSITY,
FULLERTON

Report Number 00-34
January 4, 2001

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ABBREVIATIONS

AAAHHC	Accreditation Association for Ambulatory Health Care, Inc.
CME	Continuing Medical Education
CPR	Cardio Pulmonary Resuscitation
CSU	California State University
DEA	Drug Enforcement Agency
LAN	Local Area Network
REP	Resolution on Educational Policy
SAM	State Administrative Manual
SHC	Student Health Center
SHCC	Student Health and Counseling Center

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 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 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 California State University, Fullerton, the SHC is referred to as Student Health and Counseling Center (SHCC), which has primary responsibility for campus student health services.

OPINION

We visited the California State University, Fullerton campus from September 11, 2000, through October 16, 2000, and audited the procedures in effect at that time.

In our opinion, the administration and management of the Student Health and Counseling Center program was adequate to ensure the viability of the student health function. Student Health and Counseling Center management 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. 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 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]

Current policies and procedures did not always ensure compliance with hiring/credentialing and re-credentialing requirements. Adequate policies and procedures in the hiring/credentialing and re-credentialing process decrease the risk of providing health services by unqualified personnel.

HEALTH SERVICES AND PROGRAMS [7]

Certain augmented services provided by the Student Health and Counseling Center did not have the campus president's written approval. Adequate documentation of approvals from the campus president decreases the risk of misunderstandings between the Student Health and Counseling Center's current practice and the intentions of management.

PHARMACY OPERATIONS [8]

Access controls for prescription drugs maintained outside the pharmacy required improvement. Adequate control over prescription drugs decreases the risk of loss or theft and unauthorized usage.

FISCAL ADMINISTRATION [9]

Controls over fees disclosed to students required improvement. Adequate control over fee disclosures decreases the risk that students are provided inaccurate and conflicting information regarding fees for service.

DATA ACCESS AND PHYSICAL SECURITY [10]

PHARMACY KEY [10]

Controls over the duplicate pharmacy key required improvement. Maintaining adequate control over the pharmacy key reduces the risk of loss or theft and unauthorized access to pharmaceuticals.

BACKUP [10]

Backup data for the Student Health and Counseling Center pharmacy system was not stored off-site. Off-site storage reduces the risk that critical data will be lost in the event of a disaster.

OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

PERSONNEL QUALIFICATIONS AND TRAINING

Current policies and procedures did not always ensure compliance with hiring/credentialing and re-credentialing requirements.

Our review of files for fourteen employees (four physician and ten non-physician staff) disclosed the following:

- ▶ documentation of written notification of award of permanent status was not on file;
- ▶ specialty board certification lapsed for one physician;
- ▶ current license was not on file for the laboratory supervisor;
- ▶ CPR certification expired for the Student Health and Counseling Center's athletic trainer for a seven-month period; and
- ▶ résumés for two non-physician staff were not on file.

Article 11 of the Collective Bargaining Agreement between the California State University Board of Trustees and the California Federation of the Union of American Physicians and Dentists for July 1, 1998 through June 03, 2001, states, in part, an employee shall be notified in writing by the President as to the award of permanent status.

Executive Order No. 637, *CSU Policy on Student Health Services*, 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, possession of a Drug Enforcement Agent number for prescribing physicians, compliance with continuing education as required by the particular profession, appropriate cardiopulmonary resuscitation certification and current medical board certification appropriate to assigned duties for physicians hired after September 1, 1988.

The Student Health and Counseling Center Appointment and Credentialing Procedure for Providers and Other Licensed Staff states candidates must submit a résumé of their choosing, a copy of which is also kept in the credentialing file, and requires a current CPR certificate or re-certification for athletic trainers that have a fifty percent or more time base.

The Student Health and Counseling Center's executive director stated that they did not have adequate procedures in place to verify and maintain credentialing information, and that the credentialing files would get updated every two years when they re-credentialed everyone. Additionally, he stated that due to a turnover and lapse of coverage in the Administrative & Business Services Manager position, follow-up in re-credentialing fell behind.

The human resources employee relations' manager stated that the human resources department was responsible for sending the written notification of award of permanent status, and that due to significant staffing issues this was probably overlooked.

Inadequate policies and procedures in the hiring/credentialing and re-credentialing process increase the risk of providing health services by unqualified personnel.

Recommendation 1

We recommend that the campus establish monitoring policies and procedures to ensure that compliance with hiring/credentialing and re-credentialing is adequately documented and maintained.

Campus Response

We partially concur with the recommendation. In November 2000, we instituted procedures for ensuring that credentialing information is current in the Student Health and Counseling Center (SHCC) files. Under the new system, the Business Office in the SHCC generates monthly notifications regarding the need to update documents in the credentialing files. The notices are sent to staff and their supervisors by the Business Office, which also has the responsibility for monitoring the credentialing files.

The Student Health and Counseling Center will obtain copies of the letters of permanent status award for its employees and retain them in the SHCC files although the Human Resources Office is responsible for retaining these letters in the employees' permanent personnel files. The SHCC must be careful about retaining these documents because these letters are not usually related to credentialing and could be a sensitive labor relations issue.

HEALTH SERVICES AND PROGRAMS

AUGMENTED SERVICES

Certain augmented services provided by the Student Health and Counseling Center did not have the campus president's written approval. Written approval was not located for optometry and podiatry services.

Executive Order No. 637, *CSU Policy on Student Health Services*, states, in part, the president is delegated the authority to approve any augmented services listed in Section II, and other appropriate health services as consistent with CSU policy and approved in writing by the president.

The Student Health and Counseling Center's executive director stated that he did not believe there had been any formal written approval for services in the past five years, and he was unsure why an approval had not been obtained when the services were initially offered.

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

Recommendation 2

We recommend that the campus establish procedures to obtain the president's written approval for all augmented services to ensure compliance with existing policy.

Campus Response

We concur with this recommendation. Written approval for all augmented services at the SHCC was obtained from the President on October 26, 2000.

PHARMACY OPERATIONS

Access controls for prescription drugs maintained outside the pharmacy required improvement.

We found that access to the urgent care rooms and the room where sample prescription medications were maintained was via a common area key issued to various clinical and non-clinical staff.

California State Business and Professions Code §4181 (a) states, prior to the issuance of a clinic license authorized under §4180, 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 §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.

The Student Health and Counseling Center's executive director indicated that when the rooms were keyed, they were probably keyed in the easiest manner, which meant keying several doors with the same key.

Inadequate control over access to prescription drugs increases the risk of loss or theft and unauthorized usage.

Recommendation 3

We recommend that the campus establish procedures to ensure access to prescription drugs is limited to individuals in accordance with job responsibilities.

Campus Response

We concur with the recommendation. As of January 2001, the locks to the drug sample room and the urgent care rooms have been changed. Only physicians and nurse practitioners have the key and access to the drug sample room. Per the California Board of Pharmacy regulations, the pharmacist does not have a key to the drug sample room. The keys and access to the urgent care rooms are limited to clinical staff providers such as the nurses, physical therapists, and pharmacist.

FISCAL ADMINISTRATION

Controls over fees disclosed to students required improvement.

In a review of the current fee schedule, it was noted that fees charged for services did not always agree with fees that were disclosed on the Titan Health Card website.

The 1999 Accreditation Handbook for Ambulatory Health Care, *Rights of Patients*, states, in part, an accreditable organization recognizes the basic human rights of patients. Such an organization has the characteristic of information being made available to patients and staff concerning fees for services.

The Student Health and Counseling Center's executive director stated that they were behind in updating the website and that it is on his to-do list. He also indicated that the review would take some time, as the complete fee structure needs to be reviewed and a thorough cost analysis performed.

Inadequate control over fee disclosures increases the risk that students are provided inaccurate and conflicting information regarding fees for services.

Recommendation 4

We recommend that the campus establish procedures to ensure agreement of fees disclosed with fees approved and charged.

Campus Response

We concur with the recommendation. The SHCC website page, that contained outdated fee information for Titan Health Cardholders, was removed in February 2001. Updated fee schedules are being printed and will be available for students in May 2001.

DATA ACCESS AND PHYSICAL SECURITY

PHARMACY KEY

Control over the duplicate pharmacy key required improvement.

We noted that the key was assigned to the chief staff physician and maintained in the cashier's safe that was accessible to persons not authorized to use the pharmacy key.

California State Business and Professions Code §4116 states that no person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs, or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged.

The Student Health and Counseling Center's executive director stated that the pharmacy key was assigned to the chief staff physician because the director is not authorized to prescribe. He further stated that placing the key in a safe that provides general access was an oversight.

Inadequate control over the pharmacy key increases the risk of loss or theft and unauthorized access to pharmaceuticals.

Recommendation 5

We recommend that the campus establish procedures to ensure adequate security of the duplicate pharmacy key.

Campus Response

We concur with the recommendation. Effective January 8, 2001, the duplicate pharmacy key is now maintained in the Chief Staff Physician's Office in a sealed envelope in a locked drawer. A log is maintained to document each use of the duplicate key.

BACKUP

Backup data for the Student Health and Counseling Center pharmacy system was not stored off-site. We found that the applicable backup data was stored within the pharmacy.

Backup 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 although they back-up the pharmacy system nightly, it was an oversight not storing the backup data 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 the pharmacy backup data to an off-site facility.

Campus Response

We concur with the recommendation. The Information Technology department at CSUF has a contractor that provides off-site data storage for the entire campus. To safeguard against catastrophic disasters, the SHCC will begin sending backup data tapes to the off-site facility on a weekly basis beginning March 12, 2001.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
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 & 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 Tech Supervisor
Misti Osmialowski	Medical Secretary
Robert Palmer, Jr.	Vice President for Student Affairs
Helen Pontius	Health Information Tech Supervisor
Merci Ricasata	Laboratory Assistant
Tom Sciortino	Pharmacist
Bronya Shub	Triage Nurse
Thom Sloan	Executive Director, Student Health and Counseling Center
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



Office of the President
(714) 278-3456 / Fax (714) 278-2649

RECEIVED
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MAR 03 2001

The California State
University

DATE: March 2, 2001

TO: Larry Mandel
University Auditor
Office of the University Auditor
The California State University

FROM: Milton A. Gordon
President *maf*

SUBJECT: Draft Audit Report: Student Health and Counseling Center at
California State University, Fullerton (Report 00-34)

We thank you for your audit and the opportunity to respond to your draft audit report on the Student Health and Counseling Center at California State University, Fullerton. Your audit provided the campus valuable management information that we will use to institute changes and improvements in our campus operations. Our detailed responses to each audit recommendation are attached.

The campus Vice President for Student Affairs, his management team, and staff at the Student Health and Counseling Center have been working throughout the audit process to address issues as quickly as possible. We have established a system for monitoring and updating credentialing files on a monthly basis, approved augmented services in writing, and re-keyed areas with prescription drugs to limit access to authorized staff. We are revising and updating our fees for services to students and revised security procedures for the duplicate pharmacy key. A plan for off-site storage of backup data is under development.

We believe that the Office of the University Auditor audit of student health services has well-served its intended purpose as it has provided valuable information for the campus to use in fulfilling its oversight responsibilities.

Should you need further details, please contact Mr. Thom Sloan at (714) 278-2822 or tsloan@fullerton.edu or Mr. Edwin Young, at (714) 278-3422 or eyoung@fullerton.edu.

STUDENT HEALTH CENTER AT CSU, FULLERTON

RECOMMENDATIONS AND CAMPUS RESPONSES

PERSONNEL QUALIFICATIONS AND TRAINING

Recommendation 1: *We recommend that the campus establish monitoring policies and procedures to ensure that compliance with hiring/credentialing and re-credentialing is adequately documented and maintained.*

Campus Response: We partially concur with the recommendation. In November 2000, we instituted procedures for ensuring that credentialing information is current in the Student Health and Counseling Center (SHCC) files. Under the new system, the Business Office in the SHCC generates monthly notifications regarding the need to update documents in the credentialing files. The notices are sent to staff and their supervisors by the Business Office, which also has the responsibility for monitoring the credentialing files.

The Student Health and Counseling Center will obtain copies of the letters of permanent status award for its employees and retain them in the SHCC files although the Human Resources Office is responsible for retaining these letters in the employees' permanent personnel files. The SHCC must be careful about retaining these documents because these letters are not usually related to credentialing and could be a sensitive labor relations issue.

AUGMENTED SERVICES

Recommendation 2: *We recommend that the campus establish procedures to obtain the president's written approval for all augmented services to ensure compliance with existing policy.*

Campus Response: We concur with this recommendation. Written approval for all augmented services at the SHCC was obtained from the President on October 26, 2000.

PHARMACY OPERATIONS

Recommendation 3: *We recommend that the campus establish procedures to ensure access to prescription drugs is limited to individuals in accordance with job responsibilities.*

Campus Response: We concur with the recommendation. As of January 2001, the locks to the drug sample room and the urgent care rooms have been changed. Only physicians and nurse practitioners have the key and access to the drug sample room. Per the California Board of Pharmacy regulations, the pharmacist does not have a key to the drug sample room. The keys and access to the urgent care rooms are limited to clinical staff providers such as the nurses, physical therapists, and pharmacist.

FISCAL ADMINISTRATION

Recommendation 4: *We recommend that the campus establish procedures to ensure agreement of fees disclosed with fees approved and charged.*

Campus Response: We concur with the recommendation. The SHCC website page, that contained outdated fee information for Titan Health Cardholders, was removed in February 2001. Updated fee schedules are being printed and will be available for students in May 2001.

DATA ACCESS AND PHYSICAL SECURITY

Recommendation 5: *We recommend that the campus establish procedures to ensure adequate security of the duplicate pharmacy key.*

Campus Response: We concur with the recommendation. Effective January 8, 2001, the duplicate pharmacy key is now maintained in the Chief Staff Physician's Office in a sealed envelope in a locked drawer. A log is maintained to document each use of the duplicate key.

BACKUP

Recommendation 6: *We recommend that the campus establish procedures to send the pharmacy backup data to an offsite facility.*

Campus Response: We concur with the recommendation. The Information Technology department at CSUF has a contractor that provides off-site data storage for the entire campus. To safeguard against catastrophic disasters, the SHCC will begin sending backup data tapes to the off-site facility on a weekly basis beginning March 12, 2001.

THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR

BAKERSFIELD

CHANNEL ISLANDS

March 29, 2001

CHICO

MEMORANDUM

DOMINGUEZ HILLS

FRESNO

TO: Larry Mandel
University Auditor

FULLERTON

FROM: Charles B. Reed



HAYWARD

SUBJECT: Draft Final Report Number 00-34 on *Student Health Center*,
California State University, Fullerton

HUMBOLDT

LONG BEACH

LOS ANGELES

In response to your memorandum of March 29, 2001, I accept the response as submitted with the draft final report on Student Health Center, California State University, Fullerton.

MARITIME ACADEMY

MONTEREY BAY

NORTHRIDGE

CBR/ac

POMONA

Enclosure

SACRAMENTO

cc: Dr. Milton A. Gordon, President

SAN BERNARDINO

SAN DIEGO

SAN FRANCISCO

SAN JOSE

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS