

STUDENT HEALTH CENTER
CALIFORNIA STATE UNIVERSITY,
DOMINGUEZ HILLS

Report Number 00-30
October 16, 2000

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ABBREVIATIONS

AAAHC	Accreditation Association for Ambulatory Health Care, Inc.
CBA	Collective Bargaining Agreement
CSU	California State University
CSUDH	California State University, Dominguez Hills
NCAA	National Collegiate Athletic Association
REP	Resolution on Educational Policy
SAM	State Administrative Manual
SHC	Student Health Center

INTRODUCTION

PURPOSE

The overall audit objective was to ascertain the effectiveness of existing policies and procedures related to the administration of 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 program as the Student Health Center (SHC). At California

State University, Dominguez Hills (CSUDH), the Student Health Center (SHC) has primary responsibility for campus student health services.

OPINION

We visited the California State University, Dominguez Hills campus from June 5, 2000 through June 30, 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 CSUDH was in compliance with CSU policy and applicable state and federal regulations. We are concerned, however, that the SHC did not re-apply for accreditation from a nationally recognized review agency since its initial, successful survey in early 1991. This issue, along with others, is described in the executive summary and in the body of the report.

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.

PROGRAM ADMINISTRATION [6]

ACCREDITATION [6]

The Student Health Center did not re-apply for accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). Accreditation from a reputable organization decreases the risk of providing sub-standard quality of care.

WRITTEN POLICIES AND PROCEDURES [7]

Controls to ensure that written policies and procedures are in place for major Student Health Center activities needed strengthening. Properly developing, documenting, and communicating policies and procedures improves internal controls.

PERSONNEL QUALIFICATIONS AND TRAINING [8]

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

PHARMACY OPERATIONS [9]

Controls to ensure effective inventory management for medications needed improvement.

Adequate inventory controls over pharmaceutical items reduce the risk of loss or theft, resulting in lower overall pharmacy costs.

DATA ACCESS AND PHYSICAL SECURITY [10]

KEY CONTROL AND BUILDING SECURITY [10]

Controls over key documentation and building security needed improvement. Maintaining adequate control over keys and building security decreases the risk of unauthorized access, disclosure of personal information, and breaches of confidentiality.

DATA BACKUP [13]

Backup procedures for the Student Health Center pharmacy system were inadequate. Effective backup procedures reduce the risk that data will not be lost in the event of a disaster.

HEALTH SERVICES AND PROGRAMS – ATHLETIC DEPARTMENT [14]

The athletics department had not developed comprehensive written policies and procedures for medical records management to ensure maintenance, retention, disclosure, and confidentiality requirements. Adequate controls over medical records reduce the risk of unauthorized disclosure of personal information.

OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

PROGRAM ADMINISTRATION

ACCREDITATION

The Student Health Center did not re-apply for accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC).

The Student Health Center was accredited between April 1991 and April 1994. Subsequently, it elected not to participate in the accreditation process.

Executive Order No. 637, *CSU Policy on Student Health Services*, states, in part, that in order to obtain external professional assessment of the provision of quality medical care, each Student Health Center shall be evaluated and accredited by an appropriate, nationally recognized, independent review agency. Accreditation is to be sought and maintained at three-year intervals through the Accreditation Association for Ambulatory Health Care.

The Student Health Center director indicated that campus management elected not to participate in the accreditation process due to the loss of key personnel and budget cuts prior to the renewal of the accreditation.

Non-accreditation from AAAHC increases the risk of providing sub-standard quality of care.

Recommendation 1

We recommend that the campus establish procedures to obtain and timely renew accreditation status.

Campus Response

We concur with the recommendation.

The Student Health Center (SHC) will be submitting its pre-survey questionnaire and application for accreditation to the *Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)* by January 2001. We will further have procedures in place to ensure timely renewal of accreditation status.

It should be noted that during the time the Student Health Center has been in nonaccredited status, it still maintained the essential components of all AAAHC accreditation standards, including compliance with the elements of the critical core standards of *Quality of Care Provided* and *Quality Management and Improvement*, including appropriate risk management procedures.

California State University, Dominguez Hills (CSUDH) will submit its application for reaccreditation to AAAHC by January 2001.

WRITTEN POLICIES AND PROCEDURES

Written policies and procedures for Student Health Center activities needed strengthening.

We noted that:

- written policies and procedures for the receiving and disposing of drugs, and updating the price of drugs were not updated; and
- the medical records policy was last revised in 1994.

California State Business and Professions Code §4181 (a) states 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. The policies and procedures to implement the laws and regulations shall be developed and approved by the consulting pharmacist, the professional director, and the clinic administrator.

AAAHC Guidelines, Administration (Chap. 3) states that administrative policies, procedures, and controls are established and implemented to ensure the orderly and efficient management of the organization.

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 pharmacist-in-charge indicated that establishing more comprehensive written policies and procedures was not considered since procedures, not in writing, were inherent to the pharmacist position. The support services administrator indicated that portions of the medical records policy that needed updating had been deferred due to time constraints. Although revisions have not been incorporated into the written policy, medical records staff have integrated controls in their daily operations.

The absence of current written policies and procedures compromises internal controls and increases the risk of providing sub-standard quality of care.

During our fieldwork, management provided evidence that policies and procedures were revised for pharmacy operations and medical records.

PERSONNEL QUALIFICATIONS AND TRAINING

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

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

- Privileges were not documented for both physicians; and
- Evidence of continuing education was not noted for two of nine licensed health services professionals who were part-time, intermittent employees (non-physicians).

The 1999 *Accreditation Handbook for Ambulatory Health Care* Standards, Chapter 2, states that credential files are maintained for each member of the health care organization to include the initial application, reapplication, verifications, privileges granted, and other pertinent information as required by the organization. Also, 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 Student Health Center director indicated that Executive Order No. 637, which limits services provided to patients, was used as a substitute for physician privileges. Also, since medical personnel cannot obtain renewed licenses without providing proof of continuing education to their respective professional licensing agencies, the health center accepted the renewed license in lieu of continuing education certificates for its part-time, temporary personnel.

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

Recommendation 2

We recommend that the campus establish procedures to ensure compliance with credentialing and continuing medical education requirements.

Campus Response

We concur with the recommendations.

The Student Health Center now requires all licensed health services professionals (both full-time permanent and part-time temporary) to submit documentation of completed continuing education credits, in addition to the certification of license renewals which were already required for both internal credentials files and the Human Resources department. The policy and procedures for provider privileges will be developed and in effect by February 2001.

Existing policies and procedures for credentialing will be augmented to include provider privileges by February 2001.

PHARMACY OPERATIONS

Controls to ensure effective inventory management of medications needed improvement.

California Code of Regulations, Title 16, Division 17, Article 1, §1714 (d), *Operational Standards and Security*, states each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs or devices, and records for such drugs and devices.

California State Business and Professions Code §4181 (a) states 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. The policies and procedures to implement the laws and regulations shall be developed and approved by the consulting pharmacist, the professional director, and the clinic administrator.

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 was not implemented due to the limited number of transactions, small amount of inventory, and the absence of a specific requirement within the pharmacy area.

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

Recommendation 3

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 would first like to note that the existing inventory management system of the CSUDH Student Health Center pharmacy meets all pertinent sections of the California Code of Regulations, the California State Business and Professions Code, and regulations of the California State Board of Pharmacy. We believe we currently have an effective inventory management system, including an adequate system of internal accounting and administrative control over revenues and expenditures. However, in response to the concerns expressed in the audit, it is our plan to do the following:

- a. We will maintain a perpetual inventory on all controlled substances beginning December 1, 2000.
- b. We will conduct a complete inventory of the pharmacy stock by December 1, 2000 to obtain a baseline inventory. The inventory will be conducted jointly by the pharmacist and another member of the SHC staff.
- c. At the start of each semester, beginning with Spring 2001, we will randomly choose 3 medications from a list of high-volume dispensed drugs, and 2 high-cost medications, and conduct an inventory at the end of each semester that matches dispensed drugs against pharmacy stock.
- d. A staff member other than the pharmacist will be appointed to independently check orders and deliveries on a periodic basis, so that unusual orders can be brought to the attention of the pharmacist and/or the Chief of Medical Services in order to determine the reasons for any unusual activity.

Policies and procedures to augment our existing inventory management system, including physical inventories and reconciliation to records, will be in place February 2001. When a comprehensive software package for perpetual inventories becomes available at some point in the future, we will review its applicability to our setting to determine the appropriateness of implementing its usage.

DATA ACCESS AND PHYSICAL SECURITY

KEY CONTROL AND BUILDING SECURITY

Controls over keys, key documentation, and building security needed improvement.

We noted that:

- ▶ a key to the inner pharmacy door was not maintained by the director but held in the pharmacy in a concealed location known only to authorized personnel;
- ▶ the campus key report did not indicate assignments of certain “sensitive” keys (e.g., keys to the medical records cabinet). In addition, the key report noted SHC key assignments to three terminated employees;
- ▶ thirty-three individuals were issued grand master keys which access all buildings on the campus including the SHC. Nine of the thirty-three individuals were terminated employees and an outside consultant; and
- ▶ a door to the disability clinic provided unrestricted access to the Student Health Center.

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

- Pharmacy keys shall only be issued to licensed pharmacists. A pharmacy key may be maintained by the director of the Student Health Center. That key shall be kept in a sealed envelope and placed in a locked container and may be used only when emergencies arise and a licensed pharmacist is not present.
- 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.
- 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.

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 Student Health Center director indicated that, even though the key report did not include assignments of “sensitive” keys, only authorized Student Health Center personnel have access to the health center, specifically the pharmacy, night cabinet, medical records and supplies room. The

Student Health Center director was unaware of master keys issued to other individuals below the vice president level, chief of police, and physical plant. Additionally, the building was originally designed to house only Student Health Center personnel. Due to space limitations, the disability clinic was added to the Student Health Center allowing access to the Student Health Center.

Inadequate controls over keys and building security increase the risk of loss or theft, unauthorized access to and disclosure of confidential data, and non-compliance with CSU policy.

Recommendation 4

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, pharmacy, and other “sensitive” facilities; and
- b. strengthen procedures to ensure that access to the facility by non-health center employees is properly approved.

Campus Response

- a. In regard to **4a**, there are policies and procedures in place for the control, assignment, and documentation of keys to areas of the student health services and the building itself, but they have not been committed to a full *written* policy. A full written policy on this issue will be developed by February 2001, in order to strengthen procedures for documenting control and assignment of keys. Included in this written policy will be the past and current practice that keys which are specific to the student health services building must be authorized by the Director or her designee. This applies to internal keys, (e.g. medical records area, night medication cabinet, and other “sensitive” locked file areas), as well as keys to external building doors and individual offices. The Student Health Center keeps its own file of all key requests that have been authorized, in addition to the records kept in Physical Plant.

Although the computerized list that was generated for the audit failed to show assignment of certain “sensitive” keys to various health center personnel, this does not mean that those assigned keys are not documented on record. All such keys have been authorized by the Student Health Center director prior to issuance. Employees must then pick up an assigned key in person, where it is recorded on an individual employee key record card kept in Physical Plant. The student health services director will work with the Director of Physical Plant to develop a system for reconciling individual employee key cards with the computerized master list, in addition to ascertaining what additional steps might be taken to retrieve unreturned keys from terminated SHC employees, above and beyond the existing employee check-out system.

The audit report notes that a key to the inner door of the pharmacy was not maintained by the director but held in the pharmacy in a concealed location known only to authorized personnel. We are concerned that this statement may be inadvertently misleading to an outside reader and want to

clarify what our procedure has been and the rationale for it. The “inner pharmacy door” is actually a lockable iron gate that prevents access to the back area of the pharmacy where medications are stocked. The director maintains a backup key to the **main** pharmacy door in a sealed envelope in a locked container, for emergency purposes, as outlined in E.O. 637. The procedure of keeping the key to the gate inside of the pharmacy was based on a verbal recommendation made by the chair of our AAAHC accreditation site visit team in 1991, who suggested that we use this particular procedure given the physical lay-out of our pharmacy. If there is a need to enter the pharmacy for emergency purposes when the pharmacist is not on site, only the director can provide access to the main door of the pharmacy. The hidden key for the gate is in a sealed envelope which must be broken, and is attached to an emergency log book in which either the Director or a medical provider must record in writing the purpose for entrance to the pharmacy and any action taken. A second authorized staff member must always be present, and also counter-signs the log book as a witness. The gate key is maintained in this location on the theory that, if someone were able to access the main door key kept by the director, the key to the inside gate would not be simultaneously available, thus further reducing the risk that someone could get into the pharmacy area containing medications, cash from pharmacy transactions, and the fireproof safe which holds back-up tapes. This system is formalized in the written pharmacy policies and procedures manual. We believe it is a secure system, but the audit report implies disagreement with it, so the director is now maintaining the back-up keys for both the main door and the inner gate.

- b. In regard to **4b**, we concur that procedures to secure access to the facility by non-health center employees should be strengthened. We have met with the Director of Physical Plant and developed a plan to 1) re-key the SHC building so that entry to the building cannot be accessed off the university grand master keys; and 2) build a glass wall in the corridor that will serve as a barrier between the Disabled Student Services (DSS) office and the rest of the Health Center, thereby preventing access to individuals who enter the building through the automatic door that serves as an entrance to the DSS office.

The campus will proceed to make changes needed to ensure proper approval for access to the facility and enhanced control and documentation of keys. Re-keying of the building will be done during the month of January 2001. Administrative processes (e.g., drawing of plans, bid process, material order and delivery) which must take place prior to the actual installation of the glass wall in the SHC corridor require somewhat lengthy timeliness. The campus expects that this project can be completed by April 2001.

DATA BACKUP

Backup procedures for the Student Health Center pharmacy system were inadequate.

We found that backup data was stored in the pharmacy’s computer and transferred to a fireproof facility for weekend storage.

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

Since the pharmacy is secured, and access to the pharmacy is restricted, the pharmacist-in-charge indicated that backup tapes were left in the pharmacy computer system and then placed in a fireproof safe prior to the weekend.

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

Recommendation 5

We recommend that the campus establish procedures to ensure that backup procedures for the Student Health Center pharmacy data include storage in a secured, fireproof vault or periodically sent to a site that is not located within the same vicinity.

Campus Response

As of August 2000, the SHC now runs the back-up tapes on a weekly basis, as recommended by the auditor, and stores them in the secured, fireproof safe in the pharmacy.

Corrective action for this recommendation has already taken place.

HEALTH SERVICES AND PROGRAMS - ATHLETIC DEPARTMENT

The athletics 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.

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.

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 head athletic trainer indicated that the need for comprehensive written medical policies and procedures was not established, since trainers provide limited and basic services to athletes in accordance with guidelines from the National Association of Athletic Trainers.

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

Recommendation 6

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

Campus Response

The campus concurs with this recommendation as a good risk management practice, and the Athletic Department will establish written policies and procedures for the maintenance and security of student athlete medical information.

Written policies and procedures for the maintenance and security of student athlete medical information will be completed by February 2001.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
James Lyons	President
Willda Bingham	Head Trainer, Athletic Department
Boice Bowman	Vice President, Student Affairs
Rita Brown	Administrative Support Assistant, Student Health Center
Duane Cox	Physician, Student Health Center
Polina Feygin	Senior Physician, Student Health Center
Edina Foti	Clinical Lab Technician, Student Health Center
Feliicitas Galedary	Registered Nurse, Student Health Center
Marco Guardi	Director, Environmental Health & Occupational Safety
Elena Howard	Coordinator, Human Resources
Kathleen Hughes	Director, Business Process Management
Janie MacHarg	Director, Student Health Center
Chris Manley	Radiology Technologist, Student Health Center
Rose Marcotte	Assistant to the Director, Student Health Center
Geri Mitchell	Clinical Aid, Student Health Center
Ron Prettyman	Director, Athletic Department
Karl Ralph	Assistant to the Vice President, Student Affairs
Randy Sharp	Director, Physical Plant
Shari Sirois	Pharmacist, Student Health Center
Debbie Sutton	Administrative Support Coordinator, Student Health Center
Donald Taylor	Administrative Support Assistant, Student Health Center
Enola Thompson-Logan	Support Services Administrator, Student Health Center
Joanne Tyler	Nurse Practitioner, Student Health Center
James Woods	Director, Admission and Records



California State University
Dominguez Hills

Vice President for Student Affairs • Carson, CA 90747 • (310) 243-3784

RECEIVED
University Auditor

NOV 22 2000

The California State
University

November 21, 2000

Mr. Larry Mandel
University Auditor
Office of the Chancellor
The California State University
401 Golden Shore
Long Beach, CA 90802-4210

Dear Mr. Mandel:

In accordance with the *Policies and Procedures for the Office of the University Auditor*, we are submitting the campus responses to the audit report on the Student Health Center at California State University, Dominguez Hills.

If you have any questions about the responses, please feel free to direct them either to me or to Dr. Janie MacHarg at (310) 243-3818.

Sincerely,

A handwritten signature in black ink, appearing to read "Boice M. Bowman".

Boice M. Bowman, Ed.D.
Vice President for Student Affairs

BMB:db
Enclosure

cc: Dr. James E. Lyons, Sr., President
Mr. George A. Pardon, Vice President for Administration & Finance

**CAMPUS RESPONSES TO RECOMMENDATIONS OF AUDIT REPORT NUMBER 00-30,
STUDENT HEALTH CENTERS AT CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS**

Recommendation 1

We recommend that the campus establish procedures to obtain and timely renew accreditation status.

Campus Response:

We concur with the recommendation. The Student Health Center (SHC) will be submitting its pre-survey questionnaire and application for accreditation to the *Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)* by January, 2001. We will further have procedures in place to ensure timely renewal of accreditation status.

It should be noted that during the time the Student Health Center has been in non-accredited status, it still maintained the essential components of all AAAHC accreditation standards, including compliance with the elements of the critical core standards of *Quality of Care Provided* and *Quality Management and Improvement*, including appropriate risk management procedures.

California State University, Dominguez Hills (CSUDH) will submit its application for re-accreditation to AAAHC by January, 2001.

Recommendation 2

We recommend that the campus establish procedures to ensure compliance with credentialing and continuing medical education requirements.

Campus Response:

We concur with the recommendations. The Student Health Center now requires all licensed health services professionals (both full-time permanent and part-time temporary) to submit documentation of completed continuing education credits, in addition to the certification of license renewals which were already required for both internal credentials files and the Human Resources department. The policy and procedures for provider privileges will be developed and in effect by February, 2001.

Existing policies and procedures for credentialing will be augmented to include provider privileges by February, 2001.

2.

Recommendation 3

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 would first like to note that the existing inventory management system of the CSUDH Student Health Center pharmacy meets all pertinent sections of the California Code of Regulations, the California State Business and Professions Code, and regulations of the California State Board of Pharmacy. We believe we currently have an effective inventory management system, including an adequate system of internal accounting and administrative control over revenues and expenditures. However, in response to the concerns expressed in the audit, it is our plan to do the following:

- a) We will maintain a perpetual inventory on all controlled substances beginning December 1, 2000.
- b) We will conduct a complete inventory of the pharmacy stock by December 1, 2000 to obtain a baseline inventory. The inventory will be conducted jointly by the pharmacist and another member of the SHC staff.
- c) At the start of each semester, beginning with Spring 2001, we will randomly choose 3 medications from a list of high-volume dispensed drugs, and 2 high-cost medications, and conduct an inventory at the end of each semester that matches dispensed drugs against pharmacy stock.
- d) A staff member other than the pharmacist will be appointed to independently check orders and deliveries on a periodic basis, so that unusual orders can be brought to the attention of the pharmacist and/or the Chief of Medical Services in order to determine the reasons for any unusual activity.

Policies and procedures to augment our existing inventory management system, including physical inventories and reconciliation to records, will be in place February, 2001. When a comprehensive software package for perpetual inventories becomes available at some point in the future, we will review its applicability to our setting to determine the appropriateness of implementing its usage.

3.

Recommendation 4

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, pharmacy, and other "sensitive" facilities; and
- b. strengthen procedures to ensure that access to the facility by non-health center employees is properly approved.

Campus Response:

- a. In regard to **4a**, there are policies and procedures in place for the control, assignment, and documentation of keys to areas of the student health services and the building itself, but they have not been committed to a full *written* policy. A full written policy on this issue will be developed by February, 2001, in order to strengthen procedures for documenting control and assignment of keys. Included in this written policy will be the past and current practice that keys which are specific to the student health services building must be authorized by the Director or her designee. This applies to internal keys, (e.g. medical records area, night medication cabinet, and other "sensitive" locked file areas), as well as keys to external building doors and individual offices. The Student Health Center keeps its own file of all key requests that have been authorized, in addition to the records kept in Physical Plant..

Although the computerized list that was generated for the audit failed to show assignment of certain "sensitive" keys to various health center personnel, this does not mean that those assigned keys are not documented on record. All such keys have been authorized by the student health center director prior to issuance. Employees must then pick up an assigned key in person, where it is recorded on an individual employee key record card kept in Physical Plant. The student health services director will work with the Director of Physical Plant to develop a system for reconciling individual employee key cards with the computerized master list, in addition to ascertaining what additional steps might be taken to retrieve unreturned keys from terminated SHC employees, above and beyond the existing employee check-out system.

The audit report notes that "a key to the inner door of the pharmacy was not maintained by the director but held in the pharmacy in a concealed location known only to authorized personnel." We are concerned that this statement may be inadvertently misleading to an outside reader and want to clarify what our procedure has been and the rationale for it. The "inner pharmacy door" is actually a lockable iron gate that prevents access to the back area of the pharmacy where medications are stocked. The director maintains a back-up key to the **main** pharmacy door in a sealed envelope in a locked container, for emergency purposes, as outlined in E.O. 637. The procedure of keeping the key to the

4.

gate inside of the pharmacy was based on a verbal recommendation made by the chair of our AAAHC accreditation site visit team in 1991, who suggested that we use this particular procedure given the physical lay-out of our pharmacy. If there is a need to enter the pharmacy for emergency purposes when the pharmacist is not on site, only the director can provide access to the main door of the pharmacy. The hidden key for the gate is in a sealed envelope which must be broken, and is attached to an emergency log book in which either the Director or a medical provider must record in writing the purpose for entrance to the pharmacy and any action taken. A second authorized staff member must always be present, and also counter-signs the log book as a witness. The gate key is maintained in this location on the theory that, if someone were able to access the main door key kept by the director, the key to the inside gate would not be simultaneously available, thus further reducing the risk that someone could get into the pharmacy area containing medications, cash from pharmacy transactions, and the fireproof safe which holds back-up tapes. This system is formalized in the written pharmacy policies and procedures manual. We believe it is a secure system, but the audit report implies disagreement with it, so the director is now maintaining the back-up keys for both the main door and the inner gate.

- b. In regard to **4b**, we concur that procedures to secure access to the facility by non-health center employees should be strengthened. We have met with the Director of Physical Plant and developed a plan to 1) re-key the SHC building so that entry to the building cannot be accessed off the university grand master keys; and 2) build a glass wall in the corridor that will serve as a barrier between the Disabled Student Services (DSS) office and the rest of the Health Center, thereby preventing access to individuals who enter the building through the automatic door that serves as an entrance to the DSS office.

The campus will proceed to make changes needed to ensure proper approval for access to the facility and enhanced control and documentation of keys. Re-keying of the building will be done during the month of January, 2001. Administrative processes (e.g., drawing of plans, bid process, material order and delivery) which must take place prior to the actual installation of the glass wall in the SHC corridor require somewhat lengthy timelines. The campus expects that this project can be completed by April, 2001.

Recommendation 5

We recommend that the campus establish procedures to ensure that backup procedures for the Student Health Center pharmacy data include storage in a secured, fireproof vault or periodically sent to a site that is not located within the same vicinity.

Campus Response:

As of August, 2000, the SHC now runs the back-up tapes on a weekly basis, as recommended by the auditor, and stores them in the secured, fireproof safe in the pharmacy.

Corrective action for this recommendation has already taken place.

5.

Recommendation 6

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

Campus Response:

The campus concurs with this recommendation as a good risk management practice, and the Athletic Department will establish written policies and procedures for the maintenance and security of student athlete medical information.

Written policies and procedures for the maintenance and security of student athlete medical information will be completed by February, 2001.

THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR

BAKERSFIELD

December 18, 2000

CHANNEL ISLANDS

CHICO

MEMORANDUM

DOMINGUEZ HILLS

FRESNO

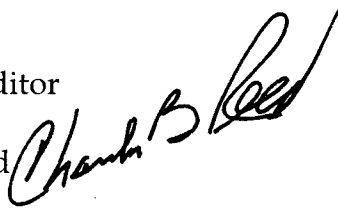
FULLERTON

TO: Larry Mandel
University Auditor

HAYWARD

HUMBOLDT

FROM: Charles B. Reed
Chancellor



LONG BEACH

SUBJECT: Draft Final Report Number 00-30 on *Student Health Center*,
California State University, Dominguez Hills

LOS ANGELES

MARITIME ACADEMY

MONTEREY BAY

In response to your memorandum of December 15, 2000, I accept the response as submitted with the draft final report on Student Health Center, California State University, Dominguez Hills.

NORTHBRIDGE

POMONA

SACRAMENTO

SAN BERNARDINO

CBR/dl

SAN DIEGO

Enclosure

SAN FRANCISCO

cc: Dr. James E. Lyons, Sr., President

SAN JOSE

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS