

STUDENT HEALTH CENTER
CALIFORNIA STATE UNIVERSITY,
HAYWARD

Report Number 00-31
November 6, 2000

Members, Committee on Audit

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BOARD OF TRUSTEES
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ABBREVIATIONS

AAAHHC	Accreditation Association of Ambulatory Health Care
CME	Continuing Medical Education
CPR	Cardio Pulmonary Resuscitation
CSU	California State University
DEA	Drug Enforcement Agency
LAN	Local Area Network
NCAA	National Collegiate Athletic Association
REP	Resolution on Educational Policy
SAM	State Administrative Manual
SHC	Student Health Center
SHS	Student Health Services

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 Student Health Center (SHC). At California State

University, Hayward, the SHC is referred to as Student Health Services (SHS), which has primary responsibility for campus student health services.

OPINION

We visited the California State University, Hayward campus from June 26, 2000 through August 4, 2000, and audited the procedures in effect at that time.

In our opinion, the administration and management of the Student Health Services program was adequate to ensure the viability of the student health function. Student Health Services 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. Policies and procedures for the operation of Student Health Services were organized, well documented, and reflective of management's experience in the medical industry. Attention is warranted in the areas mentioned in the executive summary.

EXECUTIVE SUMMARY

The purpose of this section is to provide management with an overview of conditions requiring 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 [6]

Interest income from the mandatory health services fee was not used to support the Student Health Services' operation. Returning interest earned from mandatory student health fees to Student Health Services reduces the risk that funds will not be available to support health services operations.

CAMPUS HEALTH SERVICES AND PROGRAMS [6]

KINESIOLOGY & PHYSICAL EDUCATION – CREDENTIALING [6]

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

KINESIOLOGY & PHYSICAL EDUCATION – MEDICAL RECORDS [7]

Procedures to maintain the confidentiality of student athlete medical records required improvement. Adequate controls over medical records decrease the risk of unauthorized disclosure of personal information.

PERSONNEL QUALIFICATIONS AND TRAINING [8]

The campus had not established written policies and procedures for obtaining and documenting medical malpractice insurance for independent contractors. Properly developing, documenting, and communicating policies and procedures improves internal control and decreases the risk of liability exposure to the campus.

MEDICAL RECORDS [9]

The campus had not established procedures to monitor compliance with measles and rubella immunization requirements for regularly enrolled students. Compliance with the measles and rubella requirements decreases the risk of outbreak of these diseases on the campus.

DATA ACCESS AND PHYSICAL SECURITY [10]

Controls over access to the student health facility required improvement. Adequate controls over campus facilities decrease the risk of loss or theft and unauthorized access and disclosure of confidential data.

OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

FISCAL ADMINISTRATION

Interest income from the mandatory health services fee was not used to support the Student Health Services' operation.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, states in part, that all proceeds of mandatory health services fees, both fee revenue and interest earned (if any), shall be used only to support Student Health Services' operations.

The Student Health Services director stated that a meeting was held with accounting and fiscal services and the budget office approximately one year ago, and Student Health Services was advised that mandatory student health fee interest income would be returned to Student Health Services. The Student Health Services director further stated that in preparing for the audit, this issue came to light and she was advised that depositing interest income to the general fund was an accounting program oversight.

Failure to return interest earned from mandatory student health fees to Student Health Services reduces the funds available to support health services' operations.

Recommendation 1

We recommend that the campus ensure that the mandatory student health fee interest income is used to support the Student Health Services operation.

Campus Response

The campus will ensure that the mandatory student health fee interest income is used to support the Student Health Services operation.

Anticipated Completion Date: June 30, 2001

CAMPUS HEALTH SERVICES AND PROGRAMS

KINESIOLOGY & PHYSICAL EDUCATION – CREDENTIALING

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

We noted that team physicians were used to provide health services to athletes in addition to SHS providers. We also noted that responsibility for obtaining documentation (e.g., medical licensure, CPR certification, insurance policies, etc.) for the team physician was not sufficiently defined and

documented by the athletics department or other campus personnel. 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 director of athletics understood that the campus department of human resources performed this process.

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

Recommendation 2

We recommend that the campus:

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

Campus Response

The campus will define roles and responsibilities and establish written policies and procedures for the credentialing and re-credentialing of the team physician and athletic trainer.

Anticipated Completion Date: June 30, 2001

KINESIOLOGY & PHYSICAL EDUCATION – MEDICAL RECORDS

Procedures to maintain the confidentiality of student athlete medical records were in need of improvement.

We noted that student assistants had access to athlete medical records; however, they were not apprised of the confidential nature of this information.

Confidentiality of Medical Information Act, Civil Code §56.20 states, in part, that each employer who receives medical information shall establish appropriate procedures to ensure the confidentiality and protection from unauthorized use and disclosure of that information. These procedures may include, but are not limited to, instruction regarding confidentiality of employees and agents handling files containing medical information, and security systems restricting access to files containing medical information.

The *Information Practices Act of 1977*, Civil Code §1798.1 (c), states that 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 director of athletics indicated that the issue of specifically addressing the confidentiality of student athlete medical records with student assistants was an oversight.

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

Recommendation 3

We recommend that the campus develop written policies and procedures for maintenance, retention, disclosure, and security of student athlete medical records.

Campus Response

The campus will develop written policies and procedures for maintenance, retention, disclosure, and security of student athlete medical records.

Anticipated Completion Date: June 30, 2001

PERSONNEL QUALIFICATIONS AND TRAINING

The campus had not established written policies and procedures for obtaining and documenting medical malpractice insurance for independent contractors.

We noted that SHS was unclear as to whether they were responsible for obtaining medical malpractice insurance documentation or if this was a responsibility of procurement and support services.

AAAHC Guidelines, Administration (Chapter 5), states that an accreditable organization develops and maintains a program of risk management, appropriate to the organization, designed to protect life and welfare of an organization's patients and employees.

The Student Health Services director stated that she works with procurement and support services when developing contracts and expects this department to provide direction on minimum insurance requirements.

The absence of current written policies and procedures compromises internal controls and increases the risk of liability exposure to the campus.

Recommendation 4

We recommend that the campus develop and implement written policies and procedures for obtaining malpractice insurance for independent contractors in a medical capacity.

Campus Response

The campus will develop and implement written policies and procedures for obtaining malpractice insurance for independent contractors in a medical capacity.

Anticipated Completion Date: June 30, 2001

MEDICAL RECORDS

The campus had not established procedures to monitor compliance with measles and rubella immunization requirements for regularly enrolled students.

Executive Order No. 730, *Immunization Requirements*, dated February 11, 2000, states, in part, that all students born after January 1, 1957 are required to present proof of measles and rubella immunization prior to their first enrollment, and that campuses are required to develop appropriate forms to document immunization against measles, rubella, and hepatitis B.

The Student Health Services director stated that the campus had delegated the responsibility for tracking measles and rubella immunization compliance to the registrar's office. The Student Health Services director further stated that the registrar's office indicated there are issues in the tracking program that monitors for student immunizations.

Non-compliance with the measles and rubella requirements increases the risk of outbreak of these diseases on the campus.

Recommendation 5

We recommend that the campus develop procedures to ensure compliance with the measles and rubella requirements stated in Executive Order No. 730.

Campus Response

The campus will develop procedures to ensure compliance with the measles and rubella requirements stated in Executive Order No. 730.

Anticipated Completion Date: June 30, 2001

DATA ACCESS AND PHYSICAL SECURITY

Controls over access to the student health facility required improvement.

We found that:

- ▶ the Student Health Services building key inventory did not include the counseling and psychological services personnel who are also housed in the Student Health Services building;
- ▶ the key that accesses the sample drug supply cabinet was also issued to the music department;
- ▶ the Student Health Services building key inventory is not in agreement with the key inventory maintained by facilities management.

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 Services director stated that it was an oversight that the counseling and psychological personnel were not included on the key inventory report. Additionally, she was aware that the Student Health Services key inventory report needed to be updated to the facilities management report. The Student Health Services director further stated that facilities management issued the sample drug supply cabinet key and that she was unaware that they would issue the same key to another department.

Inadequate controls over facility keys increase the risk of loss or theft and unauthorized access and disclosure of confidential data.

Recommendation 6

We recommend that the campus:

- a. establish procedures to ensure access to the student health services facility is only provided to properly authorized individuals; and

- b. strengthen procedures for the documentation of keys to the Student Health Services building and other "sensitive" areas within the Student Health Center.

Campus Response

The campus will establish procedures to ensure access to the Student Health Services facility is only provided to properly authorized individuals and strengthen procedures for the documentation of keys to the Student Health Services building and other "sensitive" areas within the Student Health Center.

Anticipated Completion Date: June 30, 2001

APPENDIX A: PERSONNEL CONTACTED

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



California State
University, Hayward

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The California State
University

December 6, 2000

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

Subject: **Campus Response to Recommendations of
Student Health Center Audit #00-31
California State University, Hayward**

Dear Mr. Mandel:

Following a review of our recent Student Health Center Audit #00-31 and in consultation with appropriate University staff, we are submitting our responses to your recommendations. For each recommendation, we have included a corrective action plan and an anticipated date for implementation.

Recommendation 1 – Fiscal Administration

We recommend that the campus ensure that the mandatory student health fee interest income is used to support the student health services operation.

Campus Response

The campus will ensure that the mandatory student health fee interest income is used to support the student health services operation.

Anticipated Completion Date: June 30, 2001

Recommendation 2 – Campus Health Services and Programs : Kinesiology & Physical Education – Credentialing

We recommend that the campus:

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

Campus Response

The campus will define roles and responsibilities and establish written policies and procedures for the credentialing and re-credentialing of the team physician and athletic trainer.

Anticipated Completion Date: June 30, 2001

Recommendation 3 – Campus Health Services and Programs : Kinesiology & Physical Education – Medical Records

We recommend that the campus develop written policies and procedures for maintenance, retention, disclosure, and security of student athlete medical records.

Campus Response

The campus will develop written policies and procedures for maintenance, retention, disclosure, and security of student athlete medical records.

Anticipated Completion Date: June 30, 2001

Recommendation 4 – Personnel Qualifications and Training

We recommend that the campus develop and implement written policies and procedures for obtaining malpractice insurance for independent contractors in a medical capacity.

Campus Response

The campus will develop and implement written policies and procedures for obtaining malpractice insurance for independent contractors in a medical capacity.

Anticipated Completion Date: June 30, 2001

Recommendation 5 – Medical Records

We recommend that the campus develop procedures to ensure compliance with the measles and rubella requirements stated in Executive Order #730.

Campus Response

The campus will develop procedures to ensure compliance with the measles and rubella requirements stated in Executive Order #730.

Anticipated Completion Date: June 30, 2001

Recommendation 6 – Data Access and Physical Security

We recommend that the campus:

- a. establish procedures to ensure access to the student health services facility is only provided to properly authorized individuals; and
- b. strengthen procedures for the documentation of keys to the student health services building and other “sensitive” areas within the student health center.

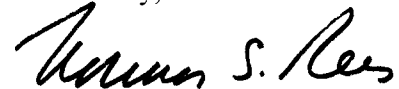
Campus Response

The campus will establish procedures to ensure access to the student health services facility is only provided to properly authorized individuals and strengthen procedures for the documentation of keys to the student health services building and other “sensitive” areas within the student health center.

Anticipated Completion Date: June 30, 2001

We appreciate the efforts of your staff to assist us in improving the operation of our campus and the professional manner in which the audit was performed.

Sincerely,



Norma S. Rees
President

cc: Richard Metz
Gladys DeNecochea
Cathy Coulman
Neal Hoss

THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR

BAKERSFIELD

CHANNEL ISLANDS

January 4, 2001

CHICO

MEMORANDUM

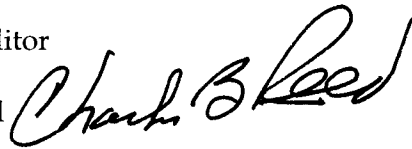
DOMINGUEZ HILLS

FRESNO

TO: Larry Mandel
University Auditor

FULLERTON

FROM: Charles B. Reed



HAYWARD

SUBJECT: Draft Final Report Number 00-31 on *Student Health Center*,
California State University, Hayward

HUMBOLDT

LONG BEACH

LOS ANGELES

In response to your memorandum of January 4, 2001, I accept the response as submitted with the draft final report on Student Health Center, California State University, Hayward.

MARITIME ACADEMY

MONTEREY BAY

NORTHRIDGE

CBR/dl

POMONA

Enclosure

SACRAMENTO

cc: Dr. Norma S. Rees, President

SAN BERNARDINO

SAN DIEGO

SAN FRANCISCO

SAN JOSE

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS