

**STUDENT HEALTH CENTER**  
**SONOMA STATE UNIVERSITY**

**Report Number 00-35**  
**February 5, 2001**

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## **ABBREVIATIONS**

AAAH	Accreditation Association of Ambulatory Health Care
APB	Auxiliaries Planning and Bonds
CSU	California State University
FISMA	Financial Integrity and State Manager's Accountability Act
MOU	Memorandum of Understanding
NCAA	National Collegiate Athletic Association
OTC	Over-the-Counter
REP	Resolution on Educational Policy
SAM	State Administrative Manual
SHC	Student Health Center
SSU	Sonoma State University

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## INTRODUCTION

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### PURPOSE

The overall audit objective was to ascertain the effectiveness of existing policies and procedures related to the administration of the Student Health Center (SHC) and to determine the adequacy of controls over other campus areas providing student health services.

Within the overall audit objective, specific goals included determining whether:

- ▶ administration and management of the SHC provide an effective internal control environment; clear lines of organizational authority, delegations of authority and responsibility; formation of a Student Health Advisory Committee and documented policies and procedures;
- ▶ patient care quality and risks associated with health services are continually monitored and assessed;
- ▶ SHC and other employees providing patient care possess the necessary credentials and qualifications, and designations are maintained in favorable standing with licensing boards and medical associations;
- ▶ health services have been appropriately identified, approved, priced, and provided to all eligible personnel (including, but not limited to, students, university employees, visitors, etc.);
- ▶ ancillary services (e.g., laboratory, pharmacy, urgent care, diagnostic, etc.) are performed by qualified, licensed personnel and in compliance with state regulations and accreditation standards;
- ▶ pharmacy inventories are properly reported, safeguarded, and accounted for, and pharmacy security is maintained in accordance with CSU policy and state regulations;
- ▶ medical records are properly maintained, safeguarded, and retained in accordance with state and federal regulations and CSU policy, and automated medical records and other systems used by the SHC are adequately secured;
- ▶ sanitation and safety measures are adequately implemented and comply with CSU policy and state regulations;
- ▶ budgeting procedures adequately address SHC funding, ensure that student health center fees are used for their designated purpose, and include procedures to monitor budget vs. actual expenses;
- ▶ cash receipts, dishonored checks and other debts are adequately controlled and properly accounted for, and cash disbursements are adequately controlled and made solely for the support of the SHC; and
- ▶ areas providing student health services are appropriately included in campus medical disaster planning and that adequate training is provided to all affected personnel.

## SCOPE AND METHODOLOGY

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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 Sonoma State University (SSU), the SHC is referred to as the Student Health Center (SHC), which has primary responsibility for campus student health services.

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## OPINION

We visited Sonoma State University from October 23, 2000 through November 22, 2000, and audited the procedures in effect at that time.

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

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## EXECUTIVE SUMMARY

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

### PROGRAM ADMINISTRATION (6)

Services and building space provided by the Student Health Center were not always charged for or supported by appropriate documentation. Adequate documentation and chargeback controls decrease the risk of misunderstandings and inconsistencies between current practice and the intentions of management and external personnel, and increase the amount of funds available for health services operations.

### CAMPUS HEALTH SERVICES AND PROGRAMS (7)

#### ATHLETICS DEPARTMENT – CREDENTIALING (7)

Controls over the hiring and credentialing of team physicians needed strengthening. Adequate controls in these processes reduce the risk that health services will be provided by unqualified personnel.

### **ATHLETICS DEPARTMENT – PHARMACEUTICAL ITEMS (8)**

Controls over pharmaceutical items maintained in the campus Athletics Department needed to be improved. Adequate controls over medications decrease the risk of campus liability due to inappropriate activities.

### **ATHLETICS DEPARTMENT – MEDICAL RECORDS (10)**

Controls over student athlete medical information needed strengthening. Adequate controls over medical records decrease the risk of unauthorized disclosure of personal information and campus liability due to inappropriate activities.

### **DATA ACCESS AND PHYSICAL SECURITY (11)**

Controls over Student Health Center (SHC) pharmacy and building keys were not adequate. Adequate controls over keys and building security decrease the risks of unauthorized access to the SHC building and disclosure of confidential data, lost or stolen prescription pads and medications, and non-compliance with CSU policy.

### **FISCAL ADMINISTRATION (12)**

#### **HEALTH FACILITIES PLAN (12)**

The campus had not fully implemented a long-term plan for funding the ongoing improvement and maintenance of the Student Health Center. Maintenance of a viable long-term health facility plan decreases the risk that maintenance/repair requirements will not be identified and deterioration of the facility will occur.

#### **CASH RECEIPTS (13)**

Controls over the cash collection process needed improvement. Adequate controls reduce the risk of misappropriation and increase accountability over funds.

### **MEDICAL RECORDS (14)**

Medical charts did not always evidence compliance with existing Student Health Center patient information disclosure procedures. Adequate controls over the release of medical records decrease the risk of unauthorized or inappropriate disclosure of personal information.



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## OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

### PROGRAM ADMINISTRATION

Services and building space provided by the Student Health Center (SHC) were not always charged for or supported by appropriate documentation.

We noted that:

- ▶ The SHC performed a review of student athlete physical evaluation forms prepared by off-campus providers and forwarded to the SHC by the campus Athletics Department. This service and the departments' respective roles and responsibilities, had not been formally defined in a Memorandum of Understanding (MOU) or other similar agreement. Additionally, the Athletics Department was not charged for this service.
- ▶ The campus Nursing Department was not charged for rent or facilities costs (e.g., custodial services, utilities, etc.) for space that was utilized in the SHC building.
- ▶ There was no written agreement between SSU and Sonoma County for anonymous HIV testing performed at the SHC.

SAM §8752 indicates that state policy is for departments to recover full costs whenever goods or services are provided to others.

SAM §20050 states that the elements of a satisfactory system of internal accounting and administrative control include an established system of practices to be followed in performance of duties and functions in each of the state agencies.

The Student Health Center director stated that the center provided this assistance to the Athletics Department, not realizing that a more formal definition of respective roles and responsibilities and related fee implications might be desirable. She also stated that at the time the HIV service was offered, the campus did not deem it necessary to formalize the relationship with an agreement. The associate vice president of administration and finance stated that SSU provides an annual general fund support augmentation to the SHC in an amount sufficient to fund permanent personnel annual cost-of-living adjustments and benefit increases in lieu of paying annual rent and facilities costs for space used by the Nursing Department.

Inadequate documentation and chargeback controls increase the risk of misunderstandings and inconsistencies between current practice and the intentions of management and external personnel, and reduce the amount of funds available for health services operations.

### **Recommendation 1**

We recommend that the campus:

- a. re-evaluate the current practice of reviewing/approving student athlete physical evaluation forms provided by outside providers, and if necessary, develop a formal MOU for established services;
- b. formalize and document the campus chargeback agreement for space occupied by the Nursing Department in the SHC; and
- c. complete the campus MOU between SSU and Sonoma County for established HIV services.

### **Campus Response**

Sonoma State University agrees with the finding and recommendations.

- a. The Student Health Center Director has clarified to all pertinent SHC staff that the Student Health Center does not review or approve student athlete physical evaluation forms provided by outside medical providers. The SHC Director also sent a memorandum documenting this and related issues to the Director of Athletics, the Athletic Trainer, and the Vice President for Student Affairs. A copy of this memo will be provided as supporting documentation by March 31, 2001.
- b. An agreement has been proposed to document the campus chargeback procedure for space occupied by the Nursing Department in the SHC. We expect to have the agreement in place by March 31, 2001.
- c. A MOU has been developed between SSU and the Sonoma County Department of Health Services for the HIV testing program that is awaiting final approval. A copy of this MOU will be provided as supporting documentation by March 31, 2001.

## **CAMPUS HEALTH SERVICES AND PROGRAMS**

### **ATHLETICS DEPARTMENT – CREDENTIALING**

Controls over the hiring and credentialing of team physicians needed strengthening.

We noted that the Athletics Department used three team physicians to provide health services to athletes. Two of the three physicians were credentialed by the Student Health Center (SHC) due to an existing and prior affiliation, respectively. Although credentialed by the SHC a number of years ago, we could not locate current credentialing documentation (e.g., medical license, CPR certification, etc.) for the third physician who provided health services to athletes.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, 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 CPR certification, and written authorization to allow verification of all information submitted.

The head athletic trainer understood that the campus met the criteria for obtaining initial credentialing documentation for the team physician. He further stated that he was not aware of the requirement to obtain re-credentialing documentation.

Inadequate controls over the hiring and credentialing process increase the risk of providing health services by unqualified personnel.

### **Recommendation 2**

We recommend that the campus define and document the responsibilities for obtaining credentialing documentation for team physicians, and establish formalized monitoring procedures to ensure ongoing compliance with procedures is maintained.

### **Campus Response**

Sonoma State University agrees with the finding and recommendation.

The Athletic Director is developing a procedure to define and document the responsibilities for obtaining credentialing documentation on team physicians. Together with the Athletic Trainer monitoring procedures will be developed. Documentation for these processes will be provided by March 31, 2001.

## **ATHLETICS DEPARTMENT – PHARMACEUTICAL ITEMS**

Controls over pharmaceutical items maintained in the campus Athletics Department needed to be improved.

We noted that:

- ▶ Student assistants assigned to the training room administered non-prescription medications to student athletes. These items were housed in two locations (i.e., wooden cabinets in the training room, and one cabinet in the head trainer's office) that were accessible to the student assistants without oversight by the head trainer or the assistant trainer. It was noted, however, that access to these cabinets by the student assistants was logged/recorded and restricted when both trainers were not present in the training room.
- ▶ Expired over-the-counter (OTC) medications were noted in both aforementioned locations. We also noted vials of unlabeled and expired non-aspirin in two student trainers' first aid (travel) bags.

- ▶ Written policies and procedures were not fully developed for the Athletics Department medication distribution program.

The *1999-2000 NCAA Sports Medicine Handbook*, Guideline 1C, states, in part, that all emergency and travel kits containing prescription and OTC drugs should be routinely inspected for drug quality and security.

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 head athletic trainer stated that he is researching federal and state regulations to ensure the appropriateness of student assistants administering non-prescription medications. He further stated that although annual inventories of OTC medications were performed, the timing of various expiration dates prevented the destruction of applicable items.

Inadequate controls over medications increase the risk of campus liability due to inappropriate activities.

### **Recommendation 3**

We recommend that the campus re-evaluate the current practice of maintaining OTC medications in the athletics training room and allowing student assistants to administer such items to student athletes. In this regard, and should this practice be approved by management, we recommend that the campus:

- a. establish formalized policies and procedures for the distribution and inventory management of all supplies of OTC medications; and
- b. implement appropriate monitoring controls to ensure compliance with established policies and procedures is maintained.

### **Campus Response**

Sonoma State University agrees with the finding and recommendations.

- a. The Athletic Director is developing policies and procedures for the distribution and inventory management of all supplies of OTC medications. Documentation for these procedures will be provided by March 31, 2001.
- b. With the assistance of the Athletic Trainer the Athletic Director will develop appropriate monitoring procedures. Documentation for these processes will be provided by March 31, 2001.

## **ATHLETICS DEPARTMENT – MEDICAL RECORDS**

Controls over student athlete medical information needed strengthening.

The following were noted during a review of the Athletics Department medical information management process:

- ▶ Written guidelines and procedures for medical records management were not fully developed to ensure effective record maintenance, retention, disclosure, and confidentiality requirements in accordance with CSU policy and state laws/regulations.
- ▶ Although management took steps to discuss confidentiality standards during orientation activities, student assistants working in the Athletics Department were not required to sign a Confidentiality Statement or other similar document to ensure proper protection of medical related information.

Executive Order No. 637, *CSU Policy on Student Health Services*, dated August 1, 1995, states, in part, that confidentiality of medical records shall be maintained in accordance with the California Information Practices Act and applicable state and federal laws.

The *Information Practices Act of 1977*, Civil Code §1798.1 (c) states, in order to protect the privacy of individuals, it is necessary that the maintenance and dissemination of personal information be subject to strict limits.

The *1999-2000 NCAA Sports Medicine Handbook*, Guideline 1B, states that a training record is a medical record, and therefore is subject to state and federal laws with regard to confidentiality and content.

The head athletic trainer acknowledged the need to fully develop the department's existing medical records management procedures. He further stated that student assistants would be required to sign a document regarding medical records confidentiality requirements.

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

### **Recommendation 4**

We recommend that the campus:

- a. complete development of written policies and procedures for the athletic department medical information management process; and
- b. implement appropriate confidentiality forms for student assistants and other campus personnel with access to student athlete medical information.

### **Campus Response**

Sonoma State University agrees with the finding and recommendations.

- a. Written policies and procedures are being developed for the athletic department medical information management process by the Director of Athletics. Documentation for these processes will be provided by March 31, 2001.
- b. Confidentiality forms for student assistants and other campus personnel with access to student athlete medical information have been developed and signed by the affected personnel.

### **DATA ACCESS AND PHYSICAL SECURITY**

Controls over Student Health Center (SHC) pharmacy and building keys were not adequate.

We noted that:

- ▶ Due to existing campus key policies, the Customer Services Department issued SHC grand master and master keys to various campus employees (e.g., facilities services, police services) without the SHC director's approval. Due to these assignments, non-SHC employees had access to certain controlled substances and medications (including samples), the SHC's reserve supply of prescription pads, and a key to the medical records file cabinets that were located in the front office area.
- ▶ A reserve key to the SHC pharmacy was maintained in a binder in the Police Services dispatch area and not in the personnel possession of the chief of police who was assigned the key.

Executive Order No. 637, *CSU Policy of Student Health Services*, dated August 1, 1995, states, in part, that access to the Student Health Center during the hours the facility is closed shall be limited to health center personnel and other individuals authorized by the health center director.

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 Center director stated that regular checks by the pharmacist had always demonstrated compliance with key control procedures on the part of the chief of police, and this instance was an oversight. She also stated that due to a campus reorganization of key distribution responsibilities, as well as staff turnover, the customer services department was not aware of the requirement of Executive Order No. 637 regarding the unique key distribution and control requirements related to the Student Health Center keys.

Inadequate controls over building and pharmacy security increase the risks of unauthorized access to the Student Health Center building and disclosure of confidential data, lost or stolen prescription

pads, medications and supplies, and non-compliance with CSU policy.

### **Recommendation 5**

We recommend that the campus:

- a. establish formalized policies and procedures for the control of the reserve pharmacy key maintained by campus Police Services;
- b. re-evaluate existing campus key policy and revise accordingly to ensure compliance with applicable Executive Order No. 637 health center security provisions; and
- c. strengthen monitoring controls to ensure compliance with campus and CSU policies is maintained.

### **Campus Response**

Sonoma State University agrees with the finding and recommendations.

- a. The Student Health Center has added greater clarity to its pharmacy key policies and procedures. These revised policies and procedures state that a pharmacy key, which is to be used only for external emergency entry circumstances (such as fire, possible forced entry), is checked out to the Chief of Police Services. This key is to be kept in a secure location only accessible to the Chief. The SHC Pharmacist checks compliance with this procedure on a quarterly basis. Copies of the expanded formalized policies and procedures will be provided as supporting documentation by March 31, 2001.
- b. The campus has reviewed the existing campus key policy in regards to Executive Order No. 637; a revision to the existing policy has been submitted to Customer Services to implement the health center security provisions. Completion of the implementation of the new key policy is expected by March 31, 2001.
- c. The Student Health Center has strengthened its monitoring control to ensure compliance with CSU and campus key policies including the unique circumstances related to SHC keys. These monitoring controls are now in place and are described in the revised SHC key policy, which will be sent as supporting documentation by March 31, 2001.

## **FISCAL ADMINISTRATION**

### **HEALTH FACILITIES PLAN**

The campus had not fully implemented a long-term plan for funding the ongoing improvement and maintenance of the Student Health Center (SHC).

CSU Directive APB 95-03, *Health Center Facilities Program Change – Ongoing Construction and Maintenance*, dated April 5, 1995, states, in part, that campuses must plan individually to provide funds for construction and ongoing maintenance of health center facilities on their respective campus.

Campuses are encouraged to develop a long-term plan to meet these needs. Also, in the future, for any contemplated health center project, a campus must develop a viable financial plan.

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 Center director stated that she presented a five year facilities and facilities fee plan to the vice president for student affairs and the vice president for administration and finance in February of 1999. She further stated that the campus was not aware that a more formal finalization process than this was needed.

Failure to fully implement a long-term health facilities plan increases the risk that maintenance/repair requirements will not be identified and deterioration of the facility will occur.

#### **Recommendation 6**

We recommend that the campus:

- a. fully implement a viable long-term health facilities plan for funding the ongoing improvement and maintenance of the SHC facility; and
- b. establish procedures to update such plan on an ongoing basis as deemed appropriate.

#### **Campus Response**

Sonoma State University agrees with the finding and recommendations.

- a. An outline of such a long –term health facilities plan has been developed, and is being circulated for comments before final adoption.
- b. The procedure will include an update process.

A copy of the SSU long –term health facilities plan will be provided by March 31, 2001.

#### **CASH RECEIPTS**

Controls over the cash collection process needed improvement.

We noted daily access to front office cash receipts by up to four Student Health Center staff without proper documentation. In addition, the transfer of front office deposits to the pharmacy area for over-night safekeeping was not documented to establish accountability and a sufficient audit trail.

SAM §8021 states that a separate series of transfer receipts will be used to localize accountability for cash or negotiable instruments to a specific employee from the time of its receipt to the time of its



deposit. Further, the receiving employee will sign a receipt whenever cash or checks not payable to the agency are transferred between employees. Agencies will retain copies of these receipts.

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 Center director stated that cash collection procedures were changed during the prior FISMA audit; however, the requirement to document accountability for cash collection activities was an oversight.

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

### **Recommendation 7**

We recommend that the campus establish procedures to ensure that cash accountability is appropriately documented, and implement monitoring controls to ensure compliance with such procedures is maintained.

### **Campus Response**

Sonoma State University agrees with the finding and recommendation.

The Student Health Center has strengthened its procedures and practices related to cash accountability and documentation and implemented additional monitoring controls to ensure compliance. These procedures and controls are now in place and copies of revised procedures will be sent as supporting documentation by March 31, 2001.

## **MEDICAL RECORDS**

Medical charts did not always evidence compliance with existing Student Health Center (SHC) patient information disclosure procedures.

Our review of releases of patient medical records from June 26, 2000 through November 2, 2000 disclosed that there was no documentation on file to indicate which records were released for four of the seven releases. In three of these instances, the SHC director or a physician had approved the release of the patient medical information. The remaining release had been authorized by the patient, but was not approved by the responsible physician.

The *SHC Policy and Procedure Manual*, Section 10, states, in part, that the physician or registered nurse authorizing release of records must indicate which documents in the record are to be copied and sent.

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 Student Health Center director stated that unless the intent was to send medical records which were different from what was indicated on the subpoena or release of records form, or unless these documents did not clearly identify the information requested to be released, the SHC had considered the description on the subpoena or signed records release form to be sufficient documentation of the records to be sent, as long as the physician had reviewed the release form or subpoena. She further stated that revisions to the SHC's medical records policy are in process to add greater clarity consistent with current practice.

Inadequate controls over the release of medical records increase the risk of unauthorized or inappropriate disclosure of personal information.

### **Recommendation 8**

We recommend that the campus review medical records disclosure procedures with responsible staff and implement appropriate monitoring controls to ensure compliance with such procedures is sufficiently maintained.

### **Campus Response**

Sonoma State University agrees with the finding and recommendation.

The Student Health Center Director has clarified medical records disclosure procedures with responsible staff and additional monitoring controls have been implemented. These revised procedures give greater specificity to methods for documenting SHC medical provider review and authorization of records to be released and also provide for a secondary level of review of documentation by the Custodian of Records (Health Services Assistant or designee). A copy of the applicable procedures will be provided by March 31, 2001.

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## **APPENDIX A: PERSONNEL CONTACTED**

<b><u>Name</u></b>	<b><u>Title</u></b>
Dr. Ruben Arminana	President
Toni Boracchia	Registered Nurse and Health Educator
Scott Cutler	Physician
George Ellington	Sergeant, University Police
Larry Furukawa-Schlereth	Vice President for Administration and Finance
William Fusco	Director of Athletics
Jeannie Gerbich	Medical Assistant/Receptionist
Pamela Hill	Clinical Laboratory Technologist
Bill Ingels	Associate Controller/Treasurer
Nate Johnson	Chief of Police
Niki Jorgensen	Health Services Assistant
Allan Klotz	Pharmacist-in-Charge
Kurt Koehle	Director, Operations & Entrepreneurial Services
Sippy Levine	Medical Assistant/Receptionist
Rand Link	Vice President for Student Affairs
Karen Lopely	Medical Assistant/Receptionist
Mary Mansi	Assistant Controller/University Accounting
Melissa Morita	Radiological Technologist
Gloria Ogg	Senior Director, Customer Services
David Orr	Head Athletics Trainer
Cyndie Renfrew	Nurse Practitioner
Jeanne Santoriello	Registered Nurse
Georgia Schwartz	Director of the Student Health Center
Steve Wilson	Associate Vice President, Administration and Finance
Jennifer Zumsteg	Student Assistant



## SONOMA STATE UNIVERSITY

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Chief Financial Officer and  
Vice President for Administration and Finance  
Tel: 707 664-2035  
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12 February, 2001

Mr. Larry Mandel  
University Auditor  
The California State University  
401 Golden Shore, 4<sup>th</sup> Floor  
Long Beach, California 90802-4210

Dear Larry:

On behalf of President Armiñana, I am forwarding the initial Sonoma State University response to *Audit Report Number 00-35, Student Health Centers at Sonoma State University*, as requested in your letter of February 6, 2001. Please note that we plan to comply with all outstanding findings and recommendations by March 31, 2001.

Please contact Kurt Koehle(Kurt.Koehle@Sonoma.edu) on my staff for additional information and follow up.

Sincerely,

Laurence Furukawa-Schlereth  
Chief Financial Officer and  
Vice President for Administration and Finance

Enclosures

cc: President Ruben Armiñana  
Steve Wilson, Associate Vice President, Administration  
and Finance  
Letitia Coate, Controller  
Dr. Georgia Schwartz, Director, Student Health Center  
Kurt Koehle, Director, Internal Operations

**SONOMA STATE UNIVERSITY**  
Management Response to Audit Report Number 00-35  
Student Health Centers at Sonoma State University  
February 12, 2001

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**Recommendation 1**

We recommend that the campus:

- a. re-evaluate the current practice of reviewing/approving student athlete physical evaluation forms provided by outside providers, and if necessary, develop a formal MOU for established services;
- b. formalize and document the campus chargeback agreement for space occupied by the Nursing Department in the SHC; and
- c. complete the campus MOU between SSU and Sonoma County for established HIV services.

**Campus Response:** Sonoma State University agrees with the finding and recommendations.

- a. The Student Health Center Director has clarified to all pertinent SHC staff that the Student Health Center does not review or approve student athlete physical evaluation forms provided by outside medical providers. The SHC Director also sent a memorandum documenting this and related issues to the Director of Athletics, the Athletic Trainer, and the Vice President for Student Affairs. A copy of this memo will be provided as supporting documentation by March 31, 2001.
- b. An agreement has been proposed to document the campus chargeback procedure for space occupied by the Nursing Department in the SHC. We expect to have the agreement in place by March 31, 2001.
- c. A MOU has been developed between SSU and the Sonoma County Department of Health Services for the HIV testing program that is awaiting final approval. A copy of this MOU will be provided as supporting documentation by March 31, 2001.

**SONOMA STATE UNIVERSITY**  
Management Response to Audit Report Number 00-35  
Student Health Centers at Sonoma State University  
February 12, 2001

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**Recommendation 2**

We recommend that the campus define and document the responsibilities for obtaining credentialing documentation for team physicians, and establish formalized monitoring procedures to ensure ongoing compliance with procedures is maintained.

**Campus Response:** Sonoma State University agrees with the finding and recommendation.

The Athletic Director is developing a procedure to define and document the responsibilities for obtaining credentialing documentation on team physicians. Together with the Athletic Trainer monitoring procedures will be developed. Documentation for these processes will be provided by March 31, 2001.

**Recommendation 3**

We recommend that the campus re-evaluate the current practice of maintaining OTC medications in the athletics training room and allowing student assistants to administer such items to student athletes. In this regard, and should this practice be approved by management, we recommend that the campus:

- a. establish formalized policies and procedures for the distribution and inventory management of all supplies of OTC medications; and
- b. implement appropriate monitoring controls to ensure compliance with established policies and procedures is maintained.

**Campus Response:** Sonoma State University agrees with the finding and recommendations.

- a. The Athletic Director is developing policies and procedures for the distribution and inventory management of all supplies of OTC medications. Documentation for these procedures will be provided by March 31, 2001.
- b. With the assistance of the Athletic Trainer the Athletic Director will develop appropriate monitoring procedures. Documentation for these processes will be provided by March 31, 2001.

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**Recommendation 4**

We recommend that the campus:

- a. complete development of written policies and procedures for the athletic department medical information management process; and
- b. implement appropriate confidentiality forms for student assistants and other campus personnel with access to student athlete medical information.

**Campus Response:** Sonoma State University agrees with the finding and recommendations.

- a. Written policies and procedures are being developed for the athletic department medical information management process by the Director of Athletics. Documentation for these processes will be provided by March 31, 2001.
- b. Confidentiality forms for student assistants and other campus personnel with access to student athlete medical information have been developed and signed by the affected personnel.

**Recommendation 5**

We recommend that the campus:

- a. establish formalized policies and procedures for the control of the reserve pharmacy key maintained by campus Police Services.
- b. re-evaluate existing campus key policy and revise accordingly to ensure compliance with applicable Executive Order No. 637 health center security provisions; and
- c. strengthen monitoring controls to ensure compliance with campus and CSU policies is maintained.

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**Campus Response:** Sonoma State University agrees with the finding and recommendations.

- a. The Student Health Center has added greater clarity to its pharmacy key policies and procedures. These revised policies and procedures state that a pharmacy key, which is to be used only for external emergency entry circumstances (such as fire, possible forced entry), is checked out to the Chief of Police Services. This key is to be kept in a secure location only accessible to the Chief. The SHC Pharmacist checks compliance with this procedure on a quarterly basis. Copies of the expanded formalized policies and procedures will be provided as supporting documentation by March 31, 2001.
- b. The campus has reviewed the existing campus key policy in regards to Executive Order No. 637; a revision to the existing policy has been submitted to Customer Services to implement the health center security provisions. Completion of the implementation of the new key policy is expected by March 31, 2001.
- c. The Student Health Center has strengthened its monitoring control to ensure compliance with CSU and campus key policies including the unique circumstances related to SHC keys. These monitoring controls are now in place and are described in the revised SHC key policy, which will be sent as supporting documentation by March 31, 2001.

**Recommendation 6**

We recommend that the campus:

- a. fully implement a viable long-term health facilities plan for funding the ongoing improvement and maintenance of the SHC facility; and
- b. establish procedures to update such plan on an ongoing basis as deemed appropriate.



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**Campus Response:** Sonoma State University agrees with the finding and recommendations.

- a. An outline of such a long-term health facilities plan has been developed, and is being circulated for comments before final adoption.
- b. The procedure will include an update process.

A copy of the SSU long-term health facilities plan will be provided by March 31, 2001.

**Recommendation 7**

We recommend that the campus establish procedures to ensure that cash accountability is appropriately documented and implement controls to ensure compliance with such procedures is maintained.

**Campus Response:** Sonoma State University agrees with the finding and recommendation.

The Student Health Center has strengthened its procedures and practices related to cash accountability and documentation and implemented additional monitoring controls to ensure compliance. These procedures and controls are now in place and copies of revised procedures will be sent as supporting documentation by March 31, 2001.

**Recommendation 8**

We recommend that the campus review medical records disclosure procedures with responsible staff and implement appropriate monitoring controls to ensure compliance with such procedures is sufficiently maintained.

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**Campus Response:** Sonoma State University agrees with the finding and recommendation.

The Student Health Center Director has clarified medical records disclosure procedures with responsible staff and additional monitoring controls have been implemented. These revised procedures give greater specificity to methods for documenting SHC medical provider review and authorization of records to be released and also provide for a secondary level of review of documentation by the Custodian of Records (Health Services Assistant or designee). A copy of the applicable procedures will be provided by March 31, 2001.

THE CALIFORNIA STATE UNIVERSITY  
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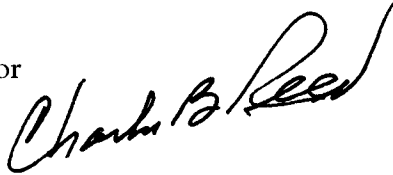
SONOMA

STANISLAUS

March 29, 2001

**MEMORANDUM**

TO: Larry Mandel  
University Auditor

FROM: Charles B. Reed 

SUBJECT: Draft Final Report Number 00-35 on *Student Health Center*,  
Sonoma State University

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

CBR/ac

Enclosure

cc: Dr. Ruben Armiñana, President