**CONFIDENTIAL**

DEPARTMENT OF ANESTHESIOLOGY & PERIOPERATIVE MEDICINE

AUDIT REPORT #20-1801

Audit & Advisory Services

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DEPARTMENT OF ANESTHESIOLOGY & PERIOPERATIVE MEDICINE

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Background

As part of the Health Sciences audit plan for fiscal year 2019-20, UCLA Audit & Advisory Services (A&AS) conducted an audit of the Department of Anesthesiology & Perioperative Medicine (DAPM). DAPM’s efforts involve patient care, education, and research. It provides care to patients in operating rooms, interventional procedure rooms, obstetrics suites, and intensive care units, covering every surgical subspecialty. Additionally, there are pain physicians who care for patients at the UCLA Comprehensive Pain Centers, which are satellite pain medicine clinics in the greater Los Angeles area.

A master services agreement and medical director services agreement are in place between UCLA and Martin Luther King Hospital (MLKH). Under the master services agreement, DAPM physicians and nurse anesthetists provide clinical operating anesthesia services, clinical obstetrics anesthesia services, and/or call coverage services. Under the latter agreement, one DAPM faculty physician serves as the MLKH medical director. For the department’s postgraduate education residency program, residents work at Long Beach Memorial Medical Center (LBMCC) and Children’s Hospital Los Angeles (CHLA). Affiliation agreements between UCLA and the two hospitals are in place.

DAPM faculty members are involved with basic, clinical, and translational research. There are approximately 136 faculty physicians, 29 attending physicians, 20 fellows, 100 residents, 50 nurse anesthetists, 8 clinical support staff, and 34 administrative staff. The administrative staff is composed of separate teams of individuals who provide support for general administrative needs, academic personnel, staff personnel, fellows and residents (Education Office), clinical and research finance, purchasing (Business Office), business analytics and operations, quality, clinical research operations, and informational technology. A chief financial officer (CFO) supervises the clinical and research finance staff members, including the two fund managers who are responsible for monitoring the department’s financial transactions and preparing reports related to sponsored research. The administrative staff is overseen by a chief administrative officer (CAO) who reports to the Chair.

Departmental revenue sources include professional services, contracts, grants, and gifts. Total revenues for fiscal year 2018-2019 were $92,198,974. The majority of DAPM’s funding is from professional fee income. Total expenditures for the fiscal year were $95,513,524. Of total operating expenses, 83% were for salaries and benefits. The remainder of expenses related to services, indirect cost recovery, scientific materials and supplies, and other miscellaneous items. There was an operating loss for the year of $3,314,550. After adding non-operating income of $5,947,489 to the total net position for the beginning of the year, DAPM’s ending net position balance for the fiscal year was a surplus of $27,208,481.

Purpose and Scope

The purpose of the audit was to determine whether there are adequate internal controls over key administrative and financial processes. Compliance with University policies and procedures was also evaluated when applicable. The scope of the audit covered the following areas:

* Financial Management/ Monitoring
* Research Administration
* Compensation Plan Administration
* Mandatory Training Compliance

The audit was conducted in conformance with the *International Standards for the Professional Practice of Internal Auditing* and included interviews, tests, and other procedures considered necessary to achieve the purpose.

Summary Opinion

Based on the work performed, good internal controls over key administrative and financial processes are in place. Some improvements were identified to help strengthen certain controls, such as payment handling, and to enhance monitoring over key departmental processes. Observations identified during the audit are summarized below.

*Financial Management/ Monitoring*

* Post Audit Notifications (PANs) have not been consistently reviewed by all mandatory reviewers within two business days, as required by the UCLA Financial Policy.
* Although the CAO completes the CAO certification on the accountability matrix and key controls over financial reporting annually, the accountability structure is only reviewed when there is a role change.
* Controls relating to mailed-in checks received by the department should be strengthened.
* For an inventorial equipment purchase, the sales tax was not appropriately split between the three funding sources.
* For one expenditure reviewed, a low-value order (LVO) was used to procure professional services, rather using the purchasing process outlined in University policy. The LVO was used to pay a non-UCLA vendor for laboratory technical services in the amount of $3,750.
* For one expenditure reviewed, the amount charged to the grant (fund # 58440) is partially unallowable.
* Audit review of selected expenditures identified three travel reimbursement that were not submitted timely.
* For five gift funds (fund #s 41307, 42320, 47390, 49819, and 49991), the fund purpose description named a faculty member that has separated from UCLA.
* Audit review identified eight gift funds with a total ending balance of $75,704, as of February 29, 2020, that have not been used for the past five years.

*Research Administration*

* Appropriated funds are not always re-allocated into the appropriate budget categories for sponsored projects on the campus general ledger as directed by University policy.
* Although the department's prior lab safety coordinator indicated during the audit that controlled substances are used and stored in some of the department's basic science laboratories, the labs had not been identified before the lab safety coordinator's separation.

*Compensation Plan Administration*

* The department is currently not comparing faculty payments reported through the Center for Medicare and Medicaid (CMS) Open Payments website to outside income reported by its faculty. Utilization of the website can provide assurance that all income received from pharmaceutical and medical device companies is being reported by the faculty.

*Mandatory Training Compliance*

* As of March 12, 2020 not all employees listed on the training reports for the UC Sexual Violence and Sexual Harassment Prevention Training for Supervisors and Faculty (Sexual Harassment Prevention Training), UC Cyber Security Awareness Fundamentals Training (Cyber Security Training), and General Compliance Briefing: University of California Ethical Values and Conduct (Ethics Training), have completed the trainings.

The audit results and recommendations are detailed in the remainder of this audit report.

Audit Results and Recommendations

| **#** | **OBSERVATON and CRITERIA** | **RECOMMENDATION** | **MANAGEMENT’S RESPONSE** |
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| **FINANCIAL MANAGEMENT/ MONITORING** |
| Audit work included the following:* Evaluation of the adequacy of budget development and monitoring practices.
* Review of the department’s accountability structure set up within the Distributed Administrative Computing Security System (DACSS), as of March 10, 2020.
* Review of the department’s Post Audit Notification (PAN) Audit Log as of December 16, 2019, for the period from July 1, 2019 through November 30, 2019.
* Evaluation of the department’s processes to monitor payroll and purchasing expenditures.
* Review of a sample of 33 expenditures from calendar year 2019, inclusive of contract and grant expenditures, for appropriateness of expenditure, adequacy of supporting documentation, allowability of the fund source, and proper authorization.
* Assessment of the department’s procedures to process gifts and monitor expenditures for compliance with gift terms. Nine expenditures charged to gift funds from calendar year 2019 were reviewed.
* Confirmation that there is an adequate process to monitor and collect account receivables for services provided by DAPM personnel at MLKH, LBMMC, and CHLA.
* Review of the department’s payment handling processes.
* Review of the department’s physical equipment inventory process.

Observations identified are summarized below. |
| 1 | PAN Timeliness ReviewPANs have not been consistently reviewed by all mandatory reviewers within two business days, as required by the UCLA Financial Policy. Preparers process transactions on a real time basis, and a PAN email is sent to the designated reviewer, who is charged with performing an after-the-fact assessment of the transaction's legitimacy. A detailed review of the PAN Audit Review Log from July 1, 2019 through November 30, 2019, indicated that two of four mandatory reviewers did not consistently read their PANs timely. For purposes of this test, a PAN read within seven days was considered timely. For one mandatory reviewer, almost half (48%) of the PANs received were not read timely. For the other mandatory reviewer, the majority (87%) of the PANs received were read untimely, and a quarter of the PANs received were unread as of December 16, 2019. Each mandatory reviewer received more than 2,000 PANs during the seven month period.\_\_\_\_\_\_\_\_\_\_**Criteria:**UCLA Financial Policy, Principles of Financial Accountability, Section 2: A Reviewer must:1. review all transactions within two working days of receipt,2. inspect each transaction to ensure the Preparer properly fulfilled their responsibilities,3. ensure that each transaction complies with policy, regulatory, and other requirements,4. resolve all questions that arise with a transaction, or ensure the transaction is reversed until the questions are resolved,5. notify the DSA if they will be absent from work for two or more business days, so another Reviewer can be assigned, and6. notify the DSA when they are returning to work from an absence of two or more business days. | Mandatory reviewers should be reminded to review their PANs within two business days.  A designee within the department should review the PAN Audit Review Log at least monthly to verify that PANs are read timely. To ensure an effective review, the log should be queried by mandatory reviewer logon. Mandatory reviewers who are discovered to not review PANs timely should be reminded of the importance of timely review.  Management should also review the list of mandatory reviewers within the department and determine whether the reviewers are set up to only receive PANs that are appropriate for their review.  | Mandatory reviewers have already been asked to institute daily calendar reminders for timely PAN review.The DSA is reviewing the weekly aging PAN’s report via Document Direct and has begun reporting on timeliness to the CAO on a weekly basis. (CFO first sent 9/1/20).CAO and DSA will conduct a standing quarterly review to more accurately assign the mandatory reviewers’ roles and update as appropriate. This will be scheduled for the first week of each fiscal quarter. Q2 review was completed by the CFO and CAO on September 9, 2020 due to holiday on September 7, 2020. |
| 2 | Accountability StructureAlthough the CAO completes the CAO certification on the accountability matrix and key controls over financial reporting annually, the accountability structure is only reviewed when there is a role change. For each campus financial system, users (preparer or inquirer) and reviewers are set up by the Departmental Security Administrator (DSA) within DACSS, and this setup is referred to as the accountability structure.  Based on the audit review of the department's accountability structure on March 10, 2020, the access assigned to the department's users are reasonable. However, the following items were identified:* One user in the department did not have the department's system access request (SAR) code associated with their logon. The user had the Department of Medicine Administration's SAR code.
* One user had suspended access (Suspend Flag marked "Y") for all assigned functions, but remained on the DACSS table.
* One user had no functions associated with their logon, but remained on the DACSS table.

\_\_\_\_\_\_\_\_\_\_**Criteria:**UCLA Financial Policy, Section III:.1An effective structure for the delegation of accountability includes provisions that:A. Only one person (normally the unit head or CAO) should be responsible for managing the accountability structure of a unit. That person is responsible for ensuring that the structure clearly defines all areas of responsibility.C. Reviewing the official record of accountability delegations kept by the DSA on at least a quarterly basis to ensure that the record kept by the DSA is accurate, complete, current and secure. | In accordance with the UCLA Financial Policy, the CAO should perform quarterly reviews of the accountability structure.  The DSA should submit a request to Access Services to make the necessary corrections.  | The CAO and DSA will perform a standing quarterly review of the accountability structure to ensure timely updates, which will be done at the same standing meeting as the quarterly review of mandatory reviewers, referenced above. The first meeting was completed on September 9, 2020. One user is still listed with DOM SAR Department Code, despite prior submission to correct. The DSA will research to get the user’s access updated. For the two other users, access is deactivated, but still showing up on Users and their Access Report. The DSA will follow up.Also, the department will set up a system access request form and ask the admin team to add this to the onboarding/offboarding checklists to manage adding and removing accesses. This process will be completed by October 31, 2020, by the DSA.DSA will submit service requests as soon as there is a change of access; effective immediately. |
| 3 | Mailed-in ChecksControls relating to mailed-in checks received by the department should be strengthened. For calendar year 2019, the total amount of checks deposited at the Main Cashier’s Office (MCO) by the department was approximately $8,358,080. Of the total amount, 92% ($7,680,510) was from MLKH, 3% ($278,741) was from CHLA, and 2% ($162,895) was from LBMMC; the remaining amounts were from other revenues. Payment handling controls could be strengthened in the following areas: * A process has not been established to log mailed-in checks.
* Mailed-in checks are not opened and processed by two people. One individual opens the mailed-in checks.
* The transfer of checks to the deposit preparer is not documented, and both individuals do not verify the amount transferred.
* Checks are not always endorsed upon receipt. Checks received by the Education Office are reconciled and sent via intercampus mail to the Business Office. They are subsequently endorsed during deposit preparation.

\_\_\_\_\_\_\_\_\_\_**Criteria:**University of California Business and Finance Bulletin BUS-49, “Policy for Handling Cash and Cash Equivalents,” Policy VIIIA.1.3: Mailed remittances shall be verified and processed by two employees.Policy VIIIB.1: Immediately upon receipt, checks must be restrictively endorsed “for deposit only.”Policy VIIIB.1.1 Each Cashier must be provided an official endorsement stamp or its mechanical equivalent, identifying the cashier and department.Policy XI.1: Deposits to banks must be reviewed, approved and recorded to the General Ledger in a timely manner and during the appropriate month. | In accordance with University policy, mailed-in checks should be processed and recorded by two people. A check log should be created and maintained. The two individuals processing the checks should confirm the total amount received and initial the check log. Transfers of funds should be verified and documented. Checks should be endorsed upon receipt. Also, an individual who does not have access to the checks should use the check log to confirm that all mailed-in checks were deposited to the bank.Management should consider requesting a check scanner from Payment Solutions and Compliance. This will eliminate the need for Dunbar pick-up services and allow for more timely deposit of checks.During the audit, per a DGSOM Dean's Office directive, all departments were instructed that customers should send payments directly to the Ronald Reagan UCLA MCO, and the MCO will deposit and post the payments. Such a process would resolve the concern discussed. | The department is currently following the referenced DGSOM Dean’s Office directive regarding having all payments sent directly to the Ronald Reagan UCLA Medical Center (RRUCLA) MCO.For any checks still received at the department level, the following process is being implemented:1. Mail that appears to be a check will be held for opening by two individuals.
2. The check amount will be confirmed and logged/recorded by two individuals.
3. The check will be endorsed upon receipt by one of the two individuals.

The CFO will use the check log and the monthly GL statement to confirm that all mailed-in checks were deposited to the bank. |
| 4 | Inventorial Equipment Sales TaxFor an inventorial equipment purchase, the sales tax was not appropriately split between the three funding sources (federal grants: fund #s 29201 and 29796 and a private contract: fund # 57074). The pre-tax amount for the equipment was $20,000; the applicable reduced sales tax rate was 5.563% for the purchase. Audit testing revealed that while fund #s 29796 and 29201 were not charged any sales tax, fund #57074 was charged the full amount of $1,112. Based on discussion with the fund manager, the purchase order had originally split the purchase amount, including the sales tax, evenly between three funds.  | A non-payroll expenditure adjustment should be processed to split the tax on the equipment between the three funds.  During the routine review of purchasing ledgers, the reviewers should spot check for purchases that are split between multiple funds to ensure that the amounts charged are accurate.  | The error has already been fixed in the BruinBuy system. The fund managers have already been instructed to review and spot check for purchases that are split between multiple funds in the future for any distribution discrepancies. |
| 5 | Professional ServicesFor one expenditure reviewed, a low-value order (LVO) was used to procure professional services, rather using the purchasing process outlined in University policy. The LVO was used to pay a non-UCLA vendor for laboratory technical services in the amount of $3,750. For calendar year 2019, DAPM paid for laboratory services totaling $24,498 using an LVO.  Independent contractor, consultant or other purchasing agreements are usually required for professional services, regardless of the expected dollar amount or how frequently the services will be utilized.  Without a formal agreement and applicable terms and conditions in place, (i.e., whether the vendor will hold the University harmless, if the vendor carries insurance, if California law will govern any legal issues, if the contract can be terminated, etc.) the University is at risk if there is a problem. There is also an increased risk of violating the University of California Fair Wage/Fair Work (FW/FW) Plan, which requires that the FW/FW wage be paid not only to UC employees working at least 20 hours per week, but also to employees of suppliers who are providing services to UC. Further, when vendors are not vetted in accordance with University policies, the expenditures could potentially be disallowed on the grants to which they were charged.\_\_\_\_\_\_\_\_\_\_**Criteria:**UCLA Policy 740 & 741, "Low-Value Purchases" - Attachment A: An LVO should not be used for professional services. A contract is required.  | Management should remind departmental staff and faculty that, generally, LVOs cannot be used for professional services and that these services should be processed on a Requisition for Purchase Order. This procedure ensures that the vendors are appropriately vetted and that the proper terms and conditions are applied.  In limited circumstances, where UCLA Insurance & Risk Management has agreed to issue a waiver of insurance requirements, an LVO may still be used. | Our Business Office Manager, CFO, and CAO will remind the business office staff, faculty assistants, education office staff, research faculty, and any other individuals who are involved in the purchase of services of this policy. Reminder done at all-staff meeting on September 4, 2020, and faculty will be reminded by business office staff when they are purchasing professional services. |
| 6 | Unallowable Expense Charged to GrantFor one expenditure reviewed, the amount charged to the grant (fund # 58440) is partially unallowable. The expenditure totaled $166 and was a reimbursement to an employee for membership dues to the American Heart Association (AHA) of $81 and Biophysical Society of $85.  The award sponsor is the AHA. In accordance with the AHA Award Guide, membership dues to organizations other than the AHA are unallowable on the award. **\_\_\_\_\_\_\_\_\_\_****Criteria:**AHA Award Guide, IV.I.11: AHA Professional Membership dues for the Awardee are allowed. Membership dues to other organizations and other staff are prohibited. | A non-payroll expenditure adjustment request should be processed to move the unallowable charge for the Biophysical Society membership to an appropriate fund source.  Departmental approvers for purchases and mandatory reviewers should be reminded to review transaction details and/or PANs more thoroughly to avoid charging expenses that are unallowable on a fund. | The membership fees have been removed from the grant fund and placed on an appropriate fund source. The fund manager overlooked this initially but caught it during the fund close-out review.Department approvers for purchases and mandatory reviewers will be reminded during monthly meetings with the CFO to review transaction details and/or PANs more thoroughly. This will begin in September 2020.The CFO will conduct a quarterly audit on all unallowable expenses charging against grant funds and coordinate with the fund manager for corrections as needed. The CFO will provide a summary of findings to the CAO in their quarterly meetings, as referenced above. (Note: First review held on September 9, 2020; no unallowable object codes found, but three found that are not typically used so CFO reviewing further.) |
| 7 | Travel Reimbursement TimelinessAudit review of selected expenditures identified three travel reimbursement that were not submitted timely. The travel reimbursements were submitted between 58 to 78 days after travel.  The University standard for submission of travel expenses is no later than 45 days following the end of a trip.\_\_\_\_\_\_\_\_\_\_**Criteria:**UC Business and Finance Policy, Policy G-28, Travel Regulations, Part V.I.1: The travel expense claim must be submitted to the disbursements/travel accounting office (or equivalent office on campus) within a reasonable amount of time not to exceed 45 days after the end of a trip unless there is recurrent local travel, in which case claims may be aggregated and submitted monthly... Travel reimbursement requests submitted after 45 days are left to the discretion of the campus, considering the facts and circumstances, whether the reimbursement will be made and if any reporting as taxable income will be required.  | All staff and faculty should be reminded of the importance of submitting travel reimbursements timely. | The business office team will issue quarterly reminders to all faculty via the CAOs report at the department faculty meetings. This will be placed as a standing item at the first faculty meeting of each fiscal quarter. First meeting done on September 9, 2020.In addition, faculty assistants and education office personnel will be asked to consistently remind travelers in advance of and within two weeks of the conclusion of major conferences. Announcement took place at September 4, 2020 all-staff meeting. |
| 8 | Gift Fund Purpose DescriptionFor five gift funds (fund #s 41307, 42320, 47390, 49819, and 49991), the fund purpose description named a faculty member that has separated from UCLA. As of February 29, 2020, the funds had a total ending balance $163,553.An inaccurate fund purpose could prevent the department from utilizing the gift monies. | Management should work with Fund Management to update the gift fund purpose descriptions.  | The CFO will work with the fund managers to request the account owner update since now the department has recruited a new permanent Chair. This request will be completed by October 31, 2020. |
| 9 | Unused Gift FundsAudit review identified eight gift funds with a total ending balance of $75,704, as of February 29, 2020, that have not been used for the past five years. During the five year period, the balances of seven of the gift funds (#s 40749, 40973, 41743, 41971, 49604, 49819, and 49991) have remained the same, and the balance of one gift fund (#16021) has increased. If gift funds are not used, a donor could question whether there is truly a need to donate monies to UCLA in the future.  | Management should periodically review gift funds that have been unused for several years and identify how the funds can be spent. If the gift purpose is too restrictive, Development should be involved to determine if an alternate use can be identified.  | The CAO and CFO will review this with the department Chair on a quarterly basis during the first month of each fiscal quarter. The first report will be given on or before September 30, 2020 |
| **RESEARCH ADMINISTRATION** |
| Audit work included the following:* Evaluated the department’s processes to monitor contract and grant expenditures, including sub-contracts for compliance with award terms.
* Reviewed a sample of 27 award expenditures from calendar year 2019 to confirm they were adequately supported, properly authorized, and allowable for the fund source.
* Determined the completion rate for effort reporting for Spring 2018. (More recent data had not been released from UCPath to the Effort Reporting System at the time of the audit.)
* Reviewed cost transfers to and from grants during calendar year 2019 to assess volume and timeliness. Also, a sample of 15 non-payroll and five payroll cost transfers were selected for detailed review.
* For a sample of seven closed awards with end dates between September 2019 and December 2019, confirmed that project deliverables (financial, technical and invention reports) were submitted. Also, for each award, verified that financial closeout packets were submitted to Extramural Fund Management (EFM) by the due date.
* Determined the extent of research fund overdrafts and whether they were cleared timely.

Observations identified are summarized below. |
| 10 | Unallocated FundsAppropriated funds are not always re-allocated into the appropriate budget categories for sponsored projects on the campus general ledger as directed by University policy. Awarded monies are initially appropriated to the sub-account “08” budget category, with the expectation that they will be re-allocated by the department to salary, benefits, supplies, and equipment budget categories in accordance with the award budget. There were a total of 17 funds (15 federal government and two private awards) with sub 08 balances exceeding $150,000, as of March 31, 2020. The unallocated amounts ranged up to $1.1 million.\_\_\_\_\_\_\_\_\_\_**Criteria:**UCLA Policy 910, Management of Sponsored Projects, Part V, Department Chair or ORU [Organized Research Unit] Director section: Once an Award has been made, the department chair or ORU director has continuing responsibility to ensure that administrative staff reallocate appropriated funds into the appropriate budget categories. | Without fund re-allocation, it is difficult to ensure that awarded grant monies are being spent in accordance with the award budget. In addition, lack of fund re-allocation can be viewed by federal and other agency auditors as an indicator of weak internal controls.  Management should ensure that award appropriations are re-allocated to the appropriate budget categories in a timely manner. A periodic review of the Fund Summary by Department report can quickly identify appropriations that have not been allocated to sub-accounts. | The fund managers have been informed of the importance of complying with this policy and are now actively submitting transfer of funds request (TOFs) to allocate funds in the appropriate subs per budget.The CFO is conducting monthly meeting to review with the fund managers to ensure the process is maintained. The first meeting will be in September 2020. |
| 11 | Controlled Substances in LabsAlthough the department's prior lab safety coordinator indicated during the audit that controlled substances are used and stored in some of the department's basic science laboratories, the labs had not been identified before the lab safety coordinator's separation. The interim lab safety coordinator is currently working with a division faculty coordinator to determine which labs utilize controlled substances in their scientific research.  Departmental oversight of its laboratory practices relating to controlled substances is necessary to ensure that adequate recordkeeping and security controls are in place.  | Once the department identifies all its laboratories that utilize controlled substances, it should ensure that there are adequate controls in place to ensure that recordkeeping and security for controlled substances are in compliance with University policy BUS-50 and state regulations. | The CAO will work with our Business Office Manager to ensure that the new safety coordinator (in training) completes the identification of labs with controlled substances and will implement controls to ensure compliance with BUS-50. This will be completed by October 31, 2020. |
| **COMPENSATION PLAN ADMINISTRATION** |
| Audit work included the following:* Confirmed that there are approved departmental compensation plan by-laws and the departmental compensation plan board meets in accordance with the by-laws.
* Reviewed a judgmental sample of 12 faculty members’ Y and guaranteed Z payments to assess whether a consistent method was used to calculate their compensation.
* Reviewed the process used to calculate faculty members’ clinical Z payments.
* Reviewed the faculty outside income reporting processes.
* Confirmed that faculty submitted their outside income annual report for fiscal year 2018-19 via UC Outside Activity Tracking System (OATS).

An observation identified is summarized below.  |
| 12 | Verification of Income Reported Per OATSThe department is currently not comparing faculty payments reported through the Center for Medicare and Medicaid (CMS) Open Payments website to outside income reported by its faculty. Utilization of the website can provide assurance that all income received from pharmaceutical and medical device companies is being reported by faculty.For fiscal year 2018-19, all faculty members reported their outside activities and income in OATS as outlined in the UCLA DGSOM Implementing Procedures under the UC Health Sciences Compensation Plan.  | The CMS Open Payments website should be used to ensure that all income from pharmaceutical and medical device companies is being reported. | The academic personnel office will begin reviewing the CMS Open Payments website as requested. This was discussed by the CAO and Academic Personnel Manager on September 3, 2020.  |
| **MANDATORY TRAINING COMPLIANCE** |
| Reviewed DAPM employee completion data for mandatory University trainings as of March 12, 2020. Mandatory University trainings currently include ethics, cybersecurity, and sexual harassment and prevention.An observation identified is summarized below. |
| 13 | Mandatory Training ComplianceNot all DAPM employees have completed the mandatory trainings as of March 12, 2020.

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| --- | --- | --- | --- |
| **Training** | **Number of Employees Assigned** | **Number of Employees Not Completed**  | **% Not Completed** |
| Sexual Harassment Prevention | 371 | 138 | 37% |
| Cyber Security | 380 | 134 | 35% |
| Ethics | 365 | 86 | 24% |

 | Management should review the employees listed on the training reports and ensure that the applicable training is completed by all designated staff. | The CAO and CFO are setting up a process to help employees complete all outstanding trainings. Global notice about this was given to administrative staff on September 4, 2020 and to faculty on September 9, 2020. The department will establish a checklist and email follow-up reminders (and other reminder strategies, including Chair’s intervention as needed) until all are completed. Target completion is November 30, 2020.  |

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