

The logo for UCIrvine, featuring the text "UCIRVINE" in a large, black, serif font. The letters "U", "C", and "I" are significantly larger than the other letters, and the "R" and "V" are also larger than the "I" and "N". The "E" is the same size as the other letters. The logo is set against a light beige background.

UCIRVINE

The text "INTERNAL AUDIT SERVICES" in a black, serif font, arranged in two lines. The first line contains "INTERNAL" and the second line contains "AUDIT SERVICES". The text is set against a light beige background.

INTERNAL
AUDIT SERVICES

Patient Valuables

Internal Audit Report No. I2023-201

July 14, 2023

Prepared By

William Simonian, Senior Auditor

Reviewed By

Niran Joshi, Associate Director

Approved By

Mike Bathke, Director

July 14, 2023

JANICE WHITE
DIRECTOR OF MEDICAL SURGICAL SERVICES
NURSING ADMINISTRATION

RE: Patient Valuables Audit
Report No. I2023-201

Internal Audit Services (IAS) has completed the Patient Valuables audit and the final audit report is attached.

We extend our gratitude and appreciation to all personnel with whom we had contact while conducting our review. If you have any questions or require additional assistance, please do not hesitate to contact me.

Sincerely,



Mike Bathke
Director

Attachment

C: Audit Committee
Colette Baeza, Director of Emergency/Trauma Services – Nursing Administration
Marlon Borbon, Chief Administrative Officer – CDDC Registration
Paul Cooper, Assistant Chief of Police – UCI Police | UCI Health Public Safety
Terri Donly, Nursing Informaticist – Nursing Informatics
Bradley Giafaglione, Director - UCI Experience at UCI Health
Elizabeth Griffin, Chief of Police – UCI Police | UCI Health Public Safety
Sonia Lane, Director of Critical Care Services – Nursing Administration
Doug Niedzwiecki, Executive Director Ambulatory – Ambulatory Care Administration
Arturo Ochoa, Supply Chain Manager – UCI Health Central Distribution
Teresa Polinski, Emergency Department Manager – Emergency Department
Mara Rosalsky, Executive Director of Perioperative Services – Operating Room
Julie Schneider, Director of Risk & Regulatory Affairs – Risk Management
Joy White, Director of Clinical Care Operations – Nursing Administration
Stefanie Yoshii, Patient Relations Manager – Patient Experience

I. MANAGEMENT SUMMARY

In accordance with the fiscal year (FY) 2022-2023 audit plan, Internal Audit Services (IAS) performed a review of patient valuables to assess business risk and internal controls. Based on the audit work performed, some internal controls need improvement and should be strengthened to minimize risks and ensure accordance with best business practice. Specifically, the following improvement opportunities were noted.

Chain of Custody – Documentation was not always properly completed by the appropriate fiduciary party when the chain of custody of patient valuables was transferred from one fiduciary party to another. This issue is discussed in Section V.1

Usage and Completion of Receipts – Receipts used to record the collection, storage, and release of patient valuables were not always being used consistently or completed properly. This observation is discussed in Section V.2.

Storage of Patient Valuables – Some patient valuables were being stored in designated locations that were unsecured and not being properly safeguarded. In other incidences, patient valuables were discarded or placed in undesignated and unsecured locations without much consideration for the rightful owners who had been discharged from the medical center. Lastly, patient valuables envelopes were not appropriately sized in all circumstances to accommodate all patient valuables. These issues are discussed in Section V.3.

Safety and Security During Transport – Concerns exist regarding the safety and security of nurses and other healthcare professional staff when they must walk to a location outside of the medical center to deliver and pick up patient valuables. Further details are provided in Section V.4.

Policies, Procedures, and Process Workflows – UCI Health patient valuables policies, procedures, and process flowcharts need to be updated for more specificity in some areas for conformity, consistency, and to align with existing processes and best practices. Moreover, UCI Public Safety policies and procedures, as well as all other department-specific policies and procedures pertaining to patient valuables, may need to be revised to align with the updated UCI Health policies, procedures, and flowcharts. Lastly, a listing of all locations that assist with the collection/storage/return of patient valuables throughout the health system should be maintained for tracking and record-keeping purposes. This issue is discussed in Section V.5.

II. BACKGROUND

When patients are admitted, undergo surgeries, or go through outpatient procedures at UCI Health, they may have valuables and belongings with them that need to be secured and safeguarded until they are discharged. Patient “valuables” may include

money, checkbooks, credit cards, wallets/purses, passports, cell phones, laptop computers/tablets, electronic devices, jewelry, keys, and other personal effects of discernible worth. Patient “belongings” are considered to be clothing, books, water bottles, and other similar types of items that do not have significant value. For purposes of this audit, sensory items, such as prescription eyeglasses/contact lenses, hearing aids, dentures, and other similar essentials, are considered patient personal belongings, even though they may have a substantial value and are included on the UCI Health patient valuables receipt forms. Since these sensory items are considered everyday essentials that are often needed by the patients on a daily basis, these essentials often remain by the patients’ bedside for the duration of the patients’ admittance.

This audit focuses on patient valuables. It is important to have an adequate patient valuables management system in place to effectively secure and track patient valuables once these personal effects are removed from a patient’s custody prior to treatment or examination. Otherwise, failure to have an adequate system in place can cost the organization thousands upon thousands of dollars in lost revenue and hundreds of hours wasted on human resources and public relations dealing with lost, stolen, and unclaimed property. Patient dissatisfaction and lack of trust and loyalty resulting from lost or stolen patient valuables can significantly hinder patient retention and relations at UCI Health.

A high-level workflow of the patient valuables process at UCI Health involves the following steps:

1. Collection:

When a patient is admitted to the medical center, nursing staff will ask if the patient has any valuables then proceed to inventory all of the patient’s valuable items in front of the patient and log them onto the first page of a triplicate copy of receipts (white, pink, and yellow copy) to a patient valuables envelope. IAS notes that the top white receipt copy is for the hospital to retain and to place in the patient chart, the pink copy is for the patient, and the yellow copy is for the UCI Public Safety Office. There is also one last receipt copy which is printed on the envelope itself and cannot be detached. If patients do not agree to handing over their valuables to the medical center for storage, then nursing staff should require the patients to sign release/waiver of liability disclaimer forms releasing UCI of any liability and responsibility of their valuables.

Once the nursing staff completes inventorying and writing all patient valuables on the receipt, the staff and patient sign the top white receipt copy (if a patient is unable to sign, a second staff “witness” will sign in lieu of the patient), acknowledging that the valuables have been inventoried correctly and are now in the custody and care of staff until the patient is discharged. Staff then place all the inventoried valuables into the envelope and seal it.

2. Storage:

- a. Emergency Department (ED) Patient: For an ED patient, the ED nursing staff will walk the valuables envelope over to an area of the ED referred to as "ED2." The ED2 has a long desk counter with a locked cabinet built into it where patient valuables envelopes are dropped. Before the envelope can be dropped into the cabinet, a Public Safety Officer (PSO) assigned to the ED2 will record on a log sheet the PSO's information, date/time, pertinent information from the envelope's receipt and the ED nursing staff's information. The PSO will also sign a section of the top white receipt copy of the envelope acknowledging that the PSO has now received the valuables envelope. The nursing staff will place the white copy in the patient chart and give the pink copy to the patient. The PSO then places the envelope into the locked cabinet.

On a daily basis, between the hours of midnight and 5 a.m., a Public Safety Ambassador (PSA) will arrive at the ED2 and open the locked cabinet to remove all the envelopes. The PSA will then complete the log sheet and will transport these envelopes to the Public Safety Operations Center (PSOC) located in Building 3. The PSOC is locked and cannot be accessed by the general public.

Once the valuables have been taken to the PSOC, another log sheet at the PSOC will be completed with all pertinent information. The envelopes are then placed into a locked filing cabinet at the PSOC and remain there until the patient is discharged.

- b. Non-ED Patient: For non-ED patients, nursing staff take the valuables envelope directly to the PSOC. Once at the PSOC, the process noted above is repeated, except that the PSA assigned to the PSOC signs the top white receipt copy acknowledging custody of the valuables envelope. The nursing staff then retain the white and pink receipt copies to place in the patient's chart and to give to the patient, respectively.
- c. Comprehensive Digestive Disease Center (CDDC) Patient: The process for storing valuables is different for the CDDC. The CDDC does not take valuables to the PSOC due to its distance from this area and its relatively short procedure times. Instead, this location stores its valuables in its own drop box combination safe located in a locked room near their lobby on the first floor.

3. Retrieval:

When the patient is discharged, the nursing staff will walk to the PSOC with the white receipt copy to retrieve the valuables envelope. The PSOC PSA will match the white receipt copy to the corresponding valuables envelope to give to the nursing staff. The PSA will then record the change of custody on the log sheet and both the PSA and nursing staff will sign the remaining yellow receipt copy acknowledging the transfer and receipt of the valuables, respectively. This yellow receipt is retained at the PSOC to later be scanned into the Public Safety Office's database. The nurse staffing will walk the valuables envelope back to the patient being discharged.

The only exception to this retrieval step pertains to ED patients only. If the ED patient is discharged before the valuables envelope has been transported from the ED2 to the PSOC, then ED nursing staff will take the white receipt copy and go directly to the ED2 to retrieve the valuables envelope. The ED2 PSO will complete the log sheet and both the PSO and nursing staff will sign the section of the yellow receipt acknowledging the transfer and receipt of the valuables. This yellow receipt copy will be scanned into Public Safety's database.

For the CDDC, staff will go downstairs to open their safe and take out the valuables envelope and return it to the patient.

4. Return:

The nursing staff will deliver the valuables envelope to the patient and will empty out the contents of the envelope in front of the patient verifying that all valuables have been properly returned to the patient. Then the nursing staff and patient will both sign the detached white receipt copy which is then returned to the patient chart. The white receipt is eventually scanned into the patient chart in Epic, the electronic health record (EHR) system application, and this digital copy becomes the only copy retained.

III. PURPOSE, SCOPE, AND OBJECTIVES

This audit arose as a result of some significant changes that the patient valuables process underwent in October 2020. Prior to these changes, the Cashiers Office, who report up to the Controller's Office/Finance Administration, oversaw the patient valuables process and had patient valuables stored at their office until patients were discharged.

Since October 2020, the Cashiers Office responsibilities for patient valuables had been replaced by the Public Safety Office with the policy owner changed, at that time, to the

Assistant Chief of the UCI Police Department (UCIPD). However, during the course of this review, the Director of Medical Surgical Services of Nursing Administration has been established as the new policy owner.

The purpose of this audit is to evaluate current processes used to collect, transport, and store patient valuables.

The scope of the audit included patient valuables documentation from March 21, 2022 through March 27, 2022 and October 17, 2022 through October 23, 2022 and excluded patient belongings; and sensory items; contraband/confiscated items; and lost, stolen, damaged, or unclaimed property. IAS included the following units in the scope of this review:

- ED
- Pre-Operative Services
- Post-Operative Services
- Outpatient Surgical Services (OSS)/Ambulatory Post-Anesthesia Care Unit (Ambulatory PACU)
- Medical Surgical Nursing
- CDDC
- Imaging
- Telemetry
- Public Safety Office

For testing purposes, IAS included the following objectives:

1. Evaluate policies and procedures of patient valuables and determine if they cover all aspects involved in the patient valuables processes and include best practices. Determine if there are inconsistencies or gaps between written policy and the actual processes being performed;
2. Conduct walk-throughs in all areas that are responsible for patient valuables with applicable management and staff and observe the valuables collection, storage, retrieval and return processes in real-time, if possible, for appropriateness. Document internal control strengths and weaknesses;
3. Test documentation to ensure standard documents were being used consistently, completed properly, and maintained appropriately;
4. Determine if there is proper chain of custody (with signatures) and detailed documentation completed at every point in the workflow whenever there is a change/transfer of custody of patient valuables; and

5. Determine adequacy of patient valuables storage applications and locations and if proper safeguards are in place.

IV. CONCLUSION

Many internal controls pertaining to patient valuables appear to be functioning satisfactorily.

For instance, patient valuables policy requires that whenever a patient is transferred or discharged, staff must check for a patient valuables receipt in the patient's medical record to determine if there are valuables being stored that must be returned before the patient is discharged. Policy also requires that those patients who did not collect their valuables at the time of discharge must submit a written request to have their valuables returned to them. This then creates a document trail for tracking the forgotten patient valuables. The Public Safety Office staff transports the patient valuables envelope to the post office in dual custody and returns the requested valuables via certified mail. The certified mail receipt and post office receipt are saved and scanned into the system for record-keeping purposes. Policy also requires the Public Safety Office to conduct quarterly audits of patient valuables.

Another internal control strength is located at the PSOC where there is a wall mounted key-coded safe box that secures and safeguards the keys that open the filing cabinet where the patient valuables are stored.

Overall, since the responsibility of safeguarding patient valuables transferred from the Cashiers Office to the Public Safety Office then subsequently, to Nursing Administration, and processes were revised accordingly, most internal controls appeared to have improved.

However, concerns were noted in the areas of chain of custody, usage and completion of receipts, storage of patient valuables, safety and security during transport, and policies, procedures, and process workflows.

V. OBSERVATIONS AND MANAGEMENT ACTION PLANS

1. Chain of Custody

Background

For there to be strong internal controls around patient valuables, inventorying of patient valuables should be conducted in dual custody where the staff and patient (or second witness) both observe the inventory and both sign a patient valuables receipt, acknowledging that the inventory was properly conducted and accurate. Also, when valuables are returned to the patient, the staff and patient (or second

witness) should ensure all inventoried valuables were returned to the patient and they both should sign the receipt again.

In addition, every time patient valuables changes or transfers custody from one fiduciary party or custodian to another, a patient valuables receipt should be signed by each party acknowledging the transfer and receipt of the property. Again, for verification and accountability purposes, this transfer of custody should be conducted in duality where the transferor of property and receiver are both present.

The medical center has a fiduciary duty and responsibility to ensure there is proper chain of custody documentation during each custody change or transfer of patient valuables and that valuables are collected, handled, and returned appropriately by staff.

IAS conducted testing of chain of custody processes by examining patient valuables documentation for date ranges of March 21, 2022 through March 27, 2022 and October 17, 2022 through October 23, 2022, including log sheets and receipts.

Observation

ED/Non-ED (excluding CDDC)/PSOC:

The review identified that when valuables were being dropped off and picked up at the ED2 and PSOC areas, the log sheets were not being properly signed by the transferor and receiver of the valuables. Some receipts were not signed by the custodian or were not properly signed by the correct custodian in the appropriate section of the receipt. Other receipts had only printed names, or the signatures were illegible, or only the officer badge number was listed. In some cases, patient signatures were missing. Moreover, dates and times were missing and not properly documented on many of the receipts reviewed.

Furthermore, policy on receipt signing protocol appeared to be inconsistent and convoluted for certain steps of the patient valuables process thereby lacking best practice internal controls. For instance, there is no requirement for the receipt to be signed when a PSA picks up the patient valuables envelopes from the ED2 to transfer them to the PSOC. Once the PSA arrives at the PSOC, there is also no signature required on the receipt if this PSA hands the valuables to another PSA assigned to the PSOC. Conversely, however, when the ED medical staff drops off envelopes at the ED2, the PSO assigned to the ED2 is required to sign the receipt.

Another example involves either ED or non-ED medical staff picking up envelopes from the PSOC. The PSA and medical staff are both required to sign on the same section of the yellow receipt copy as the medical staff and patient are then required to sign on the white receipt copy when the valuables are returned to the patient. This process creates an overlap of different signatures occupying the

same area on the receipts. Ideally, there should be enough sections on the receipt for all individuals to sign and date on a separate line each time the valuables are transferred by one party and received by another party.

CDDC:

The CDDC has their own process of collecting valuables, storing them in their own safe, and returning these valuables to the patients.

IAS identified several chain of custody internal control improvements that are needed. The CDDC does not use the standard patient valuables receipt. Instead, they use a patient-belongings form generated in Epic which is not consistent with standard policy. Moreover, according to their workflow process, the patient is the only party required to sign this form when the valuables are collected and returned. The CDDC staff are not required to sign this form acknowledging that the valuables have been inventoried and that the chain of custody has been transferred from the patient to the CDDC. Staff are also not required to sign the form upon return of the valuables either. Additionally, when CDDC staff store or remove valuables into and out of their safe, they are not completing a log sheet signifying who stored and removed the valuables. Therefore, the staff's chain of custody is broken during multiple steps of the CDDC's patient valuables process.

Despite these opportunities for improvement, a good internal control observed at the CDDC occurs when patients request to retain their valuables themselves rather than allowing the CDDC to store them. During these encounters, the CDDC still requires the patients to sign the patient-belongings form because it includes a disclaimer releasing UCI of any liability and financial responsibility of the safeguarding of the valuables since they remain in the custody of the patient and not the staff. This practice of having patients sign a form releasing UCI of all responsibility whenever patients insist on retaining their valuables themselves should be conducted consistently throughout UCI Health.

Furthermore, regarding all areas, there are certain situations where the chain of custody process may be more nuanced with several possible alternatives and variations in handling them resulting in inconsistencies and deviations from policy. If specific chain of custody protocols and procedures are not in place, issues may arise. Some of these scenarios include, but are not limited to, the following:

- Circumstances where next of kin (or designated representative) of a deceased patient comes to UCI Health to retrieve the patient's valuables,
- When patients have already been discharged but a family member or designated representative comes to retrieve their valuables for them,
- Patients who were discharged without their valuables and who do not have a legal name entered into their medical records. Such patients are referred to

as “Person Doe” with a “Doe” name assigned to them. Occasionally, such patients leave and may return to gather their belongings, however, they have either discarded their medical identification wristband and patient valuables receipt or have forgotten their alias, or

- Situations where patients are being transferred or were transferred to other facilities and who still have valuables at UCI Health.

It is imperative that all departments and staff involved in the patient valuables process have consistent and specific UCI Health chain of custody procedures and strong internal controls to manage such situations.

Another issue pertaining to chain of custody involves the drop box outside of the PSOC which is being used intermittently to drop patient valuables envelopes in when there is no one available to log and receive these valuables. Consequently, there is no chain of custody documentation completed by medical staff and there is no duality in this process when one party is transferring property to another party receiving it. This can lead to discrepancies, lack of verification/accountability, and misappropriation of property.

If individuals are not printing and signing their own names and entering the dates and times during each patient valuables custody transfer, this may encourage a lack of stewardship or accountability on the part of the custodian because the impression may be that since there is no enforcement of chain of custody policies, then it may not be of any great significance if informal changes in processes occur. Also, with the perception that chain of custody is not being enforced, this may lead to a higher rate of errors, omissions, discrepancies, misappropriations, and/or improprieties.

Recommendation

Proper chain of custody documentation provides an audit trail for tracking and record-keeping purposes in case property goes missing or other concerns arise, and management needs to determine whose custody the valuables were in at a certain point in time.

Best practices suggest that for chain of custody to work effectively and efficiently, the least number of custody transfers/exchanges of valuables ensures that the valuables remain safer than if the valuables are constantly changing custody and various locations.

Chain of Custody Policy Improvements:

Nursing, Patient Experience, and the Public Safety Office management should periodically look for ways to simplify the chain of custody patient valuables process so that it is not complicated by multiple transfers in multiple areas by multiple individuals.

Nursing, Patient Experience, and the Public Safety Office management should update UCI Health policy emphasizing the importance and propriety of chain of custody processes. Policy should indicate that all log sheets and receipts should include the printed names, signatures, dates and times, of each custodian who transfers and receives valuables during each chain of custody exchange. Although there may appear to be some redundancy and duplication in this process, since this is still a paper-intensive process involving multiples areas and individuals in the handling and documentation of patient valuables which increases the likelihood of errors and omissions, receipts can be used as the primary document source and log sheets can be used as a backup secondary source.

Policy should include those patients who decline to have their valuables collected and stored for them and who insist on retaining their valuables, should sign a waiver acknowledging that their action releases UCI of any liability and financial responsibility for their valuables. This step should be required notwithstanding any disclaimers that the patients sign in Admissions or during pre-operative procedures that may release UCI of any liability, but Risk Management should be consulted for further guidance.

Policy should also be updated to include the appropriate procedures that should be followed in various scenarios pertaining to patient valuables chain of custody for discharged patients, deceased patients and their next of kin, "Person Doe" patients, patients transferred to other facilities, and other situations. Possible solutions include the means of identifying a patient's next of kin and/or designated representative should the patient be missing or unavailable. UCI Health can provide another form that the representative can submit with appropriate identification indicating that they have been appointed by the patient to accept the valuables on the patient's behalf and is accepting full responsibility for the property.

Department management from all areas involved with patient valuables, including, ED, Pre-Operative Services, Post-Operative Services, OSS/Ambulatory PACU, Medical-Surgical Nursing, CDDC, Imaging, Telemetry Unit, and the Public Safety Office should update their own department policies in accordance with UCI Health chain of custody policy.

Drop Box Outside of the PSOC:

Management should consider eliminating the drop box located outside of the PSOC since it does not provide an opportunity for the chain of custody transfer to be documented.

CDDC Chain of Custody Process Improvements:

The CDDC should also revise their policy and process workflow to reflect the use of UCI Health standard receipts. If they decide to keep using the Epic-generated

patient-belongings form, then they should have this exception documented and approved by the policymakers mentioned above. The CDDC should also revise their workflow by ensuring that CDDC staff also sign the receipt or patient-belongings form. In the room where the safe is kept, CDDC should maintain a log sheet that requires each custodian who deposits and removes valuables from the safe to document their printed and signed name along with the date and time that the drop off or pick up of valuables occurred. It was also explained that a CDDC manager is receiving the valuables from nursing staff to place into the safe and then releasing the valuables from the safe to a nurse who then hands them back to the patient. Each of these transfers of valuables from nursing staff to manager and vice versa, should also be documented as these are each chain of custody transfers. Management and staff should be trained accordingly on these revised processes.

Receipt and Log Sheet Revisions:

Patient valuables envelopes/receipts and log sheets may also need to be revised to provide adequate space to include each custodian's printed name, signature, date and time during each custody change/transfer of patient valuables.

Revising receipts should also simplify the confusion of the white and yellow receipt copies being signed in the same sections during different steps in the process by different individuals. Once enough lines and sections are added to the receipts for all custodians to sign, management should consider utilizing the receipt copy printed on the envelope itself. Therefore, when the yellow copy is signed at the PSOC by both the PSA and medical staff upon release of the valuables, the yellow copy will remain at the PSOC for their records, but the receipt printed on the envelope itself can be signed by the patient and medical staff when the valuables are returned to the patient. Then this receipt on the envelope itself can be scanned into the patient chart or the physical envelope can be retained, as this copy will include all signatures and show all custody changes. It will be decided whether the white receipt copy is still retained and scanned into Epic as a back-up copy in case some of the signatures obtained earlier in the chain of custody process are not legible on the envelope receipt copy.

In addition to the current disclaimer on the patient valuables receipts indicating that the patient acknowledges the accuracy of the property listed on the receipt, IAS also recommends that the receipt indicate that the envelope has been sealed in the patient's presence. Also, a section of the disclaimer should acknowledge that although UCI Health takes all possible precautions to safeguard the patient's property, it will not be responsible for any claims for loss, unless it is made at the time of delivery of the envelope. Risk Management should be consulted for further guidance on this recommendation.

Staff Training:

Department management should conduct training, if necessary, for all applicable staff regarding these revised policies and procedures.

Management Action PlanChain of Custody Policy Improvements:

Nursing, Patient Experience, and the Public Safety Office management will continue to look for ways to simplify the chain of custody patient valuables process so it is not convoluted with multiple chain of custody transfers. The Public Safety Office has indicated that we just do not have the staffing capability to assign one of our current employees to exclusively manage patient valuables or the budgetary resources to hire a new employee for these purposes to be able to pick up, store, and return patient valuables throughout the entire medical center.

Nursing, Patient Experience, and the Public Safety Office management have already collaborated to partially revise a UCI Health patient valuables draft policy (see Management Action Plan in Section V. 5. below). Management will continue to revise this draft policy to ensure it includes more specific protocols for chain of custody concerns addressed in this audit. Policy will indicate that all log sheets and receipts will include the printed name, signature, date and time, of each transferer and each receiver of property during each chain of custody transfer. This will likely require revising the log sheets and receipts as indicated below.

Policy will be revised to include that whenever patients decline to have their valuables collected and stored for them but rather insist on retaining their valuables themselves, medical staff will require the patients to sign a form (e.g., patient valuables receipt, Epic-generated patient-belongings listing, or other document) acknowledging that this action releases UCI of any liability and financial responsibility of the valuables since they remained in the custody of the patient and not the staff. This step will be required notwithstanding of any disclaimers that the patients sign in Admissions or during pre-operative procedures that may release UCI of any liability, but Risk Management will be consulted for further guidance.

Policy will also be updated to include the appropriate processes that should be followed in various scenarios pertaining to patient valuables chain of custody, such as for discharged patients, deceased patients and next of kin, "Person Doe," patients transferred to other facilities, and other situations.

One policy update that may be considered is where the family member/patient representative who is picking up valuables on behalf of a patient, must provide a signed letter of acknowledgment/approval from the patient or the Public Safety Office will call the patient for confirmation. Furthermore, a copy of the family member's/patient representative's driver's license/identification must be made.

They must sign/date the patient valuables receipt and a Chain of Custody Release form acknowledging that the undersigned individual is retrieving the property and takes full responsibility of the property and releases UCI Health of any further liability. The staff releasing the valuables will also be required to sign and date the form. This form will also include the itemized breakdown description of each valuable. A similar process will also be considered to apply to discharged patients who later return to the medical center to retrieve their valuables, especially if the patients do not have their pink receipt copy with them. These patients will also be required to verbally state or write their birthdate and last four of their social security number for verification purposes.

If patients are transferred to another facility, either the patient and patient transporter will sign the patient valuables receipt and Chain of Custody Release form, unless the patient's immediate family or other appointed representative can be contacted and can pick up the patient's valuables per the patient's signed written request and approval similar to the process mentioned above. However, if the patient is incapacitated, either the patient's immediate family will be contacted, or if this is not an option, then the patient transporter will still sign the receipt and Chain of Custody Release form along with a social worker, case manager or other applicable staff member. If the patient has already been transferred to another facility while the patient's valuables remained at UCI Health, then the social worker at the other facility should be contacted to have the patient provide written approval on the facility's letterhead, signed by the patient and social worker, as to whether the valuables should be released to a family member, other designated representative, or alternative option.

All of these proposed process step changes will be communicated to Risk Management for further guidance and approval before revising policy.

Although these policies will be specific enough for staff to follow step by step, since scenarios may vary somewhat and unique circumstances may arise, these policies will be guidelines on how to handle certain chain of custody situations. We may include a disclaimer that these guidelines are subject to change according to unique and variable circumstances.

ED, Pre-Operative Services, Post-Operative Services, OSS/Ambulatory PACU, Medical-Surgical Nursing, CDDC, Imaging, Telemetry Unit, and the Public Safety Office (and any other area that collects patient valuables that may not have been listed here) will review our own department patient valuables chain of custody policies and, if applicable, will update them accordingly or reference the UCI Health policy.

Drop Box Outside of the PSOC:

Public Safety Office management will also consider no longer using the drop box just outside of the PSOC since it does not provide an opportunity for the chain of custody transfer to be documented properly.

CDDC Chain of Custody Process Improvements:

CDDC management will revise our policy/process workflow to reflect the use of standard receipts unless we decide to continue using the Epic-generated patient-belongings listing in which case we will ensure that all chain of custody transfers are being documented and will have this exception from standard policy approved by the policymakers mentioned above and Risk Management. We will also revise our documented policy/workflow process to include that staff must also sign the receipt or patient-belongings listing. Note that CDDC management has already huddled with our nursing team to ensure that they are signing patient valuables documentation when retrieving and returning valuables from/to the patients, respectively. CDDC will also develop a log sheet in the room where the safe is kept that requires each custodian who deposits and removes the valuables from the safe to document their printed and signed name along with the date and time that the drop off or pick up of valuables occurred. Furthermore, all CDDC manager and nursing staff chain of custody transfers before valuables are placed into the safe and then after valuables are released from the safe shall be documented as well. Management and staff will be trained accordingly on these revised processes.

Receipt and Log Sheet Revisions:

Nursing management will look into possibly ordering revised patient valuables envelopes/receipts (refer to Management Action Plan in section V. 3. below) so there is adequate space on the receipts for printed names, signatures, dates and times to be written in for each custody transfer. Applicable staff will be notified of any changes.

Revising receipts should also simplify any confusion regarding the white and yellow receipt copies being signed in the same sections during different steps in the process by different individuals. Once enough lines and sections have been added to the receipts for all custodians to sign, management will consider utilizing the receipt copy printed on the envelope itself. Therefore, when the yellow copy is signed at the PSOC by both the PSA and medical staff upon release of the valuables, the yellow copy will remain at the PSOC for record-keeping purposes, but the receipt printed on the envelope itself will be signed by the patient and medical staff when the valuables are returned to the patient. Then this receipt on the envelope itself will be scanned into the patient chart or the physical envelope will be retained, as this copy will include all signatures and show all custody changes. The white receipt copy will continue to be used as it is in the current process, except that it will no longer need to be signed by the patient and medical staff when valuables are returned to the patient. It will be decided whether the white receipt copy is still retained and scanned into Epic as a back-up copy in case some of the signatures obtained earlier in the chain of custody process did not come out as clear on the envelope receipt copy.

In addition to the current disclaimer on the patient valuables envelopes indicating that the patient acknowledges the accuracy of the property listed on the receipt, management will also consider including on the receipt that the envelope has been sealed in the patient's presence so the patient cannot dispute that the inventory may have been correctly taken but the envelope was never sealed and valuables were removed from it. Also, a section of the disclaimer may include an acknowledgement that although UCI Health takes all possible precautions to safeguard the patient's property, it will not be responsible for any claims for loss, unless it is made at the time of delivery of the envelope. Risk Management will be consulted for further guidance on this revision.

Public Safety Office and ED management will look into possibly revising log sheets to also include adequate space to include each custodian's printed name, signature, date and time during each custody change/transfer of patient valuables.

Staff Training:

Applicable department management and staff will be notified and/or trained on any policy and process changes by Patient Experience and/or Nursing. Department management will be responsible for training their staff on all revised policies.

Due date: November 1, 2023

2. Usage and Completion of Receipts

Background

Patient valuables receipts should be used each time patient valuables are inventoried and stored by UCI Health staff while the patient is admitted at the medical center. Moreover, these receipts should be thoroughly completed and maintained for record-keeping purposes.

Observation

Based on testing of patient valuables receipts from October 17, 2022 through October 23, 2022, numerous errors and omissions were identified pertaining to these receipts, as follows:

- Standard patient valuable receipts were not always being used as required by policy. In lieu of the standard receipts, an Epic-generated patient belongings document was being used and signed instead.
- Digital records of scanned receipt copies were not always found in the patient chart in Epic.

- When inventory was taken, valuables such as wallets and purses were not opened up allowing for all items inside to be inventoried separately in front of the patient and documented on the receipt. Documenting only “wallet” or “purse” on the receipt alone is inadequate.
- Item details were not provided on the receipts of the inventoried patient valuables, as required by policy, such as color, quantity, size, shape, condition, type, and/or other noticeable distinctions.
- Breakdown of exact denomination of currency was not provided on the receipts. This is especially important for large currency bills and/or amounts.
- Printed names, signatures, dates and times were missing from patients and staff on the receipts.

All UCI Health staff should use the standardized patient valuables receipts attached to the patient valuables envelopes and should complete these receipts thoroughly and properly. Moreover, all receipts should be properly scanned into the patient chart in Epic (and other applications as applicable) for record-keeping purposes.

Patient valuables receipts that are thoroughly completed reduces the likelihood of possible disputes occurring between patients and staff as to the contents that were inventoried and returned to the patients. Also, if concerns arise regarding lost, damaged, or missing patient valuables, the receipts can be reviewed and information can be traced back to a certain individual, location, and/or point in time. Having thoroughly complete and properly maintained receipts also reduces opportunities for misappropriation and impropriety of patient valuables.

Recommendation

Policies may need to be revised and training may need to be conducted to ensure that staff are aware of proper usage, completion, and handling of standardized receipts that have been approved per policy.

Audits of patient valuables receipts should be conducted regularly to ensure staff are completing receipts properly, consistently, and handling them appropriately.

Management Action Plan

Nursing, Patient Experience, and the Public Safety Office management will revise policies pertaining to patient valuables receipts to emphasize the importance of using the standardized patient valuables receipts and possibly include examples of various completed receipts to show how they should be filled out. This policy update will be completed after any revisions are made to the current receipts being used, as recommended in section V. 1. above. UCI Health and Public Safety

Office policies will be updated, as necessary, to include the record-keeping processes of receipts.

As mentioned in the management action plan in V. 1. above, CDDC will start using standard receipts, however, if we decide to continue using the Epic-generated patient-belongings listing forms, we will ensure that this exception from standard policy is approved by UCI Health patient valuables policymakers and Risk Management.

Department management of all the areas that collect valuables will decide how to conduct staff training for the proper usage, completion, and handling of receipts. UCI Health patient valuables policy already states that quarterly audits will be conducted by the Public Safety Office. These audits will be documented by the Public Safety Office and will include review of receipts and logs.

Due date: November 1, 2023

3. Storage of Patient Valuables

Background

Since patient valuables envelopes can be transported several times a day to different locations by various staff, the means by which they are transported should allow for a durable, safe, and secure drop off and pick up from each location.

Furthermore, valuables should be stored securely with proper safeguards in place. These control measures ensure that valuables are returned to the patient in the same condition as they were received and no loss, theft, or misappropriation occurs.

Observation

IAS observed and discussed several concerns pertaining to the storage of patient valuables with management and staff as addressed below:

- There is no standard process for receiving, storing, and returning large sums of cash. One area mentioned that they handle large sums of cash by putting the cash in a patient valuables envelope and walking it over to the PSOC to store, as any other area does with regular patient valuable items.

Public Safety management stated that their practice in handling large sums of cash is to count and verify the large amount in dual custody with nursing staff, then Public Safety drives the large sum of currency from UCI Health to the UCI campus to book it into the property and evidence unit. When patients are discharged, the patients must make an appointment with Public Safety and then drive over from UCI Health to the UCI campus to retrieve their cash.

However, this Public Safety practice is not documented in policy and they have not defined how much is considered a “large” sum of money.

- Units have had recurring issues with medical and maintenance staff removing patient valuables from the rooms where patients have been discharged and taking these valuables to storage rooms or other unsecured locations where the valuables end up being discarded or lost.
- In a couple of locations, patient valuables were being stored on a rack/shelf under patients’ gurneys. Although the patients remain in their gurneys predominantly throughout their admittance and during procedures, the valuables in the gurneys are not appropriately safeguarded. These valuables remain visible to others, and because they are unsecured with no security cameras around due to patient privacy restrictions, the valuables may be misplaced or stolen with little to no possible recourse in determining what happened to them.
- Patient valuables envelopes cannot always accommodate all the items that patients bring with them to the medical center, such as laptops and tablets. Also, the envelope can get very bulky quickly with only a few items in it and can even start to tear due to its lack of flexibility and durability. Because of this, staff use other storage alternatives not appropriate for holding patient valuables.
- Several patient valuables drop box safe/locker locations are not safeguarded appropriately with security surveillance cameras. Whenever possible, security cameras should overlook the direction of the drop box safe area to provide surveillance footage and the perception that security enforcement via cameras are being utilized which may deter criminal activity. In addition, IAS was informed that due to complaints and concerns regarding the safety of non-ED medical staff when dropping off valuables at the PSOC (note section V. 4. below), most units at the medical center have been dropping off their patients’ valuables at the ED2 instead of walking them over to the PSOC. Both ED and Public Safety management expressed that they have not authorized other departments in doing so but that these departments have been doing this on their own. This informal process of allowing other units to utilize the ED2 drop box has added much more foot traffic to this area creating additional safety and security concerns.
- Valuables are stored at the PSOC in filing cabinets and although these cabinets remain locked and there are cameras in the room, the use of filing cabinets to store valuables is an antiquated system. A best practice consideration is the more modern and automated computerized locker inventory management systems. These systems automate and streamline processes by relying on electronic scanning of employee ID badges, patient IDs and pre-labeled

barcoded patient valuables envelopes to record and document patient valuables information.

Recommendation

Process for Large Amount of Currency Brought to the Medical Center:

Nursing, Patient Experience, and Public Safety Office management, in consultation with Risk Management, will decide whether transporting large sums of cash from the medical center to the campus is the best process for staff and patients and will update policies (both UCI Health and Public Safety policies), accordingly. Among other criteria that should be outlined in the policy, it will be decided what minimum dollar amount constitutes a large sum of currency that requires a specific protocol to be followed.

After the policy is updated, staff should be trained accordingly.

Moving Patient Valuables from Patient's Room to Unsecured Locations:

All applicable unit management should develop or update department policies and procedures to ensure that, prior to the patient's discharge, staff communicate with them and ensure that the patients leave with all of their belongings. Additionally, policy should emphasize that staff should not discard or take any valuables that were left behind by the patients. There should be a procedure in place for safeguarding these valuables until the patients are notified and able to retrieve them. Only if the property is not claimed within the minimum required 90 days after notification should staff consider discarding the valuables. Staff should be trained accordingly on these new policies and procedures.

Facilities Management should develop or update their Custodial Services Unit department policies as well to ensure their staff are aware that any patient belongings left in the patient room should be brought to the attention of medical staff. Custodial services staff should not remove any belongings from the room unless otherwise instructed to by medical staff. Custodial services staff should be trained accordingly.

Patient Valuables Stored on Patient Gurney Rack:

CDDC management and OSS/Ambulatory PACU management should train department medical staff and update policy, if necessary, to ensure staff are not storing patient valuables in any unsecured areas such as underneath patient gurneys.

Patient Valuables Envelopes that Cannot Accommodate Larger Items/Quantity:

Nursing management should consider ordering larger and more durable patient valuables envelopes with a revised receipt layout and format.

Nursing, Patient Experience, and the Public Safety Office management should update their policies to ensure that no other envelopes, bags, receipts, or documents will be used for transporting/storing/recording patient valuables other than the declared standard patient valuables envelope and corresponding receipts attached to said envelope.

Accordingly, all staff in areas that collect patient valuables should receive refresher training on the required use of standardized patient valuables envelopes/receipts and prohibiting the use of alternative options.

Lack of Surveillance Cameras at Patient Valuables Storage Locations:

Public Safety should work with the following department management to determine if security surveillance cameras can be installed at the following patient valuables storage locations:

- ED2:
Due to HIPAA patient privacy regulations, there are no surveillance cameras in the ED2. The ED2 location should be reviewed to determine if there are any options regarding installation of a camera that would directly face the drop box and/or the area behind the ED2 desk counter, where only staff are permitted, thereby avoiding any HIPAA privacy regulations violations. Risk Management may need to be consulted for further guidance.
- CDDC:
The room that the CDDC drop box combination safe is kept in does not have any surveillance cameras. The closest cameras are located outside of the room near the lobby entrance and exit. Having a camera in the room housing the safe would be a good internal control safeguard.
- Imaging Unit:
The Imaging unit has lockers where patients can store their valuables. Since this locker area is also a changing area, cameras would not be permitted in this location, however, there are other nearby locations where cameras may be allowed. For instance, the hallways on both sides directly outside of the examination rooms could benefit from having a couple of cameras in case valuables in the lockers are stolen. Surveillance camera footage would then be helpful in any possible theft scenario. Management should consider also installing cameras just outside the lower-level CT scan/MRI exam rooms and hallway locations as well.

Automated Storage System Option in PSOC to Improve Controls and Efficiencies:

Public Safety management may consider the cost-benefit of upgrading to a computerized storage system in the PSOC to replace the filing cabinet system to store valuables. This system can provide numerous benefits including providing

a more secure and accurate audit trail and record-keeping process whenever the storage system is accessed and valuables are removed or stored in it. It may also reduce some reliance on hardcopy paper logs and files and improve overall efficiencies.

Management Action Plan

Process for Large Amount of Currency Brought to the Medical Center:

Nursing, Patient Experience, and Public Safety Office management in consultation with Risk Management will decide whether transporting large sums of cash from the medical center to the campus is the best process for staff and patients and will update policies (both UCI Health and Public Safety policies) accordingly. Among other criteria that will be outlined in the policy, it will be decided what minimum dollar amount constitutes a large sum of currency that requires a specific protocol to be followed. After the policy is updated, staff will be trained accordingly.

Moving Patient Valuables from Patient Room to Unsecured Locations:

Any areas that collect patient valuables will develop or update department policies and procedures to ensure that prior to patients being discharged, staff communicate with them and verify that the patients leave with all of their belongings. Additionally, policy will emphasize that staff should not discard or take any valuables that were left behind by the patients but rather should have a procedure in place for safeguarding these valuables until the patients are notified and able to retrieve them. Only if the property is not claimed within the minimum required 90 days after notification should staff consider discarding the valuables. Staff will be trained accordingly to these new policies and procedures.

Facilities Management will develop or update our Custodial Services Unit department policies as well as ensure our staff are aware that any patient belongings left in the patient room should be brought to the attention of medical or nursing staff. Custodial services staff will not remove any belongings from the room unless otherwise instructed to by medical staff. Custodial services staff will be trained accordingly.

Patient Valuables Stored on Patient Gurney Rack:

OSS/Ambulatory PACU management will train department medical staff and update policy, if necessary, to ensure staff are not storing patient valuables in unsecured areas such as underneath patient gurneys.

Note: CDDC management informed IAS that they have since ceased keeping patient valuables underneath gurneys as of November 2022 and are keeping them in a safe.

Patient Valuables Envelopes that Cannot Accommodate Larger Items/Quantity:

Nursing management will consider ordering new larger and more durable patient valuables envelopes with a revised receipt layout and format. Nursing management will reach out to IAS to obtain further information and be provided with the supplier's information that supplies patient valuables envelopes/receipts to determine if this recommendation will accommodate UCI Health's needs and requirements.

Nursing, Patient Experience, and Public Safety Office management will update policy to ensure it indicates, unless otherwise specified, that no other envelopes, bags, receipts, or documents will be used for transporting/storing/recording patient valuables other than the standard patient valuables envelope and corresponding receipts attached to the envelope.

Accordingly, any area that collect patient valuables should retrain their staff, if necessary, pertaining to the required use of standard patient valuables envelopes/receipts and prohibited use of alternative options.

Lack of Surveillance Cameras at Patient Valuables Storage Locations:

Public Safety will work with the following department management to determine if security surveillance cameras can be installed at the following patient valuables storage locations:

- ED management and Public Safety management will decide if other units will be allowed to continue utilizing the ED2 drop box which adds much more foot traffic to this area thereby adding new safety and security concerns. If it is decided that this process will continue and be formalized into standard policy, we will discuss with Public Safety to determine if there are any options regarding installation of a camera that would directly face the drop box and/or the area behind the ED2 desk counter, where only staff are permitted, thereby not violating any HIPAA privacy regulations. This may also need to be discussed with Risk Management.
- CDDC management will discuss with Public Safety if surveillance cameras can be installed in the room housing the CDDC drop box combination safe.
- Imaging management will discuss with Public Safety if it is feasible to install cameras in the lower-level of the medical center where CT scans and MRI exams are being administered. This area contains lockers where patients can store their valuables. Although cameras cannot be installed directly in the locker area since it is also used as a changing room, the area just outside of the CT/MRI exam room and the hallways directly outside of the locker area may be viable options. Adding cameras to this location will be consistent with the lower-level tower location where only MRI exams are being administered and where cameras are currently installed.

Automated Storage System Option in PSOC to Improve Controls and Efficiencies:

Public Safety management will consider the cost-benefit of upgrading to a computerized storage system in the PSOC. Because the auditor has knowledge of applicable automated storage systems due to a previous appointment, Public Safety will consult with IAS for information relating to these systems. Once Public Safety receives this information, and taking into consideration any current budgetary and logistical concerns, we can determine if this is a viable option for us at this time or something we may consider in the future.

Due date: November 1, 2023

4. Safety and Security During Transport

Background

Non-ED nursing and medical staff are responsible for walking the patient valuables that they collect over to the PSOC. The only exception to this is when the ED nursing staff takes the patient valuables envelopes directly to the ED2 area to place into a drop box where the PSA then arrives to transport them to the PSOC.

Observation

Non-ED staff must walk the patient valuables envelopes directly over to the PSOC which may occur in the evening. Furthermore, because the PSA at the PSOC does not return the valuables envelopes upon patient discharge, staff have to then return to the PSOC to retrieve the valuables and walk them back to the patient. Although the areas surrounding the PSOC appear to have adequate surveillance camera coverage, the room that the staff must enter before arriving at the PSOC entrance remains unlocked and does not require a badge to enter. The PSOC is not staffed with an onsite PSA twenty-four hours per day, so to access the PSOC, medical staff must call the Public Safety phone number and then wait for a PSA to show up.

The issues about non-ED medical staff who are not security-trained and are not equipped to handle the responsibility of carrying patient valuables envelopes while walking them to and from the PSOC alone and at night were raised by the management of the units that IAS conducted walk-throughs.

So, due to these security and safety concerns, most units at the medical center have been dropping off their patients' valuables at the ED2 instead of walking them over to the PSOC, as noted in Section V.3 above. ED and Public Safety management denied that permission was granted to any non-ED units to do this, but it appears that some units are doing this irrespective of whether they were given permission to or not.

This impermissible and informal process change leads to concerns that may need to be considered. The following should be addressed by Public Safety and ED management:

- If non-ED staff are dropping valuables at the ED2 without consent from ED and Public Safety management, then this practice should be stopped as it is a deviation from policy and provides the impression that units can make up their own rules for patient valuables without any consequences. This is an internal control weakness especially with a such a complex process.
- If management decides to allow this unapproved process to continue and formalizes it, the PSA will need to pick up patient envelopes from the ED2 drop box more frequently as volume increases.
- Concerns also may need to be addressed regarding whether the higher foot traffic in the ED2 will interfere with the security of the patients and staff in this area. Because the ED2 requires a higher security presence due to admitted patients who may be uncooperative or violent, the ED2 PSO may be distracted by the higher volume of medical staff frequenting the area dropping off envelopes, to which the PSO must help facilitate, thus impacting the safety and security of the patients and staff at the ED2.
- Safety concerns still exist for non-ED medical staff who must still retrieve the valuables from the PSOC and walk them back to discharged patients.

Recommendation

IAS discussed with the Public Safety Office whether a PSO or PSA can pick up patient valuables envelopes directly from the patient or medical staff and then return the envelopes back to the patient or medical staff when the patient is discharged.

Management Action Plan

Public Safety does not have the staffing capability to assign an existing FTE or the budgetary resources to hire a new FTE to manage patient valuables and to exclusively pick up, store, and return all patient valuables throughout the medical center. Although this option would resolve all safety and security concerns of medical staff, it is not a viable or feasible option for us to provide at this time. However, as of January 2023, the Public Safety Office did increase our staffing coverage at the PSOC to twenty-four hours a day, seven days a week, so that may alleviate some security concerns for non-ED medical staff.

ED and Public Safety management have not given permission to other units to drop off their patient valuables at the ED2. We will discuss these options and decide if we can logistically put it into practice for all units at the medical center

while maintaining an adequate security presence at the ED2. If we decide that it cannot be put into practice due to security concerns, then we will enforce this policy and ensure management of the units that have been dropping valuables off at the ED2 understand that they are not allowed to do this since procedures must be consistent and uniform for all units.

While the above option of allowing the non-ED medical staff to drop off valuables at the ED2 may solve half of the safety concerns of medical staff, security and safety concerns still exist when the medical staff must retrieve valuables from the PSOC and walk them back to discharged patients.

Public Safety management will discuss safety concerns of dropping off patient valuables at the PSOC with various unit management at the medical center and decide, as a collaborative effort, if other viable and feasible options exist.

Some alternative options to consider may be the following:

- Move the PSOC location to an area inside of the medical center so the non-ED medical staff will not have to exit the medical center when dropping off and retrieving patient valuables envelopes, especially in the late evening hours;
- Start keeping the doors always locked to the room where the PSOC front entrance door is located, making it only accessible with an employee identification badge;
- Require non-ED medical staff to always walk valuables in dual custody to and from the PSOC; and/or
- Provide all non-ED units at the medical center with two-way radios for their medical staff to carry with them in dual custody when dropping off and retrieving patient valuables envelopes from the PSOC. These two-way radios can be used by staff to dispatch for help or assistance from the Public Safety Office especially in emergency situations.

Due date: November 1, 2023

5. Policies, Procedures, and Process Workflows

Background

Patient valuables processes changed as of October 2020, when the Cashiers Office was replaced by the Public Safety Office as the responsible party for storing and releasing patient valuables. Due to this significant change, UCI Health patient valuables policies, procedures, and process workflows were also updated accordingly.

Patient valuables policy owners also changed from initially being the UCI Health Controller when the Cashiers Office was involved in the process, to the Assistant Chief of UCIPD when the Public Safety Office took over, to finally ending with the Director of Medical Surgical Services under the Nursing Administration department.

Observation

Despite the significant patient valuables process changes and policy updates that were already made, these processes continue to evolve as improvements continue to be made and internal control weaknesses are addressed.

As management action plans are developed and implemented for the observations and internal control weaknesses noted herein, these process improvements and changes should be reflected accordingly in UCI Health, Public Safety Office, ED, and other department-specific policies, procedures, and process workflows.

Moreover, there are many steps being performed in the patient valuables process that currently lack conformity, consistency, standardization, and that deviate from policy. There have been situations where patient valuables have been misplaced, discarded, and stolen resulting in dereliction of duty and negligence on the part of the medical center. These concerns involving impropriety and misappropriation of patient valuables can severely impact patient relations and cost the medical center significantly.

Another concern about the lack of consistency and specificity pertains to a UCI Health listing of areas that collect patient valuables that is not currently being maintained. This centralized listing of patient valuables areas and contacts is important in case of concerns regarding a patient's valuables, issues that need to be addressed, and policy changes that need to be communicated to applicable department units. In reference to auditing, maintaining this listing can also assist with keeping track of the audits that should be conducted by the Public Safety Office on a quarterly basis as noted in UCI Health patient valuables policy.

Understandably, management may want some policies to remain high-level to have more of a general process overview allowing for some flexibility, however, since these patient valuables processes involve many steps and nuances, some policies, procedures, and/or process workflows should be more specific to provide conformity, consistency, and structure.

Detailed documented processes may be useful when newly hired employees or even tenured employees need to refer to these documents for guidance on how to perform specific steps in the patient valuables process.

Recommendation

While this audit was in progress, the Patient Experience department, in collaboration with Nursing and the Public Safety Office, have drafted a UCI Health patient valuables policy to replace the current policy and covers some areas that were not adequately addressed in the current policy. However, IAS advises that some of these patient valuables policies, procedures, and process workflows be more specific and detailed to ensure more uniformity and consistency in processes among departments and staff.

Specificity in some policies, procedures, and process workflows, in addition to proper training, followed by periodic policy enforcement, should mitigate process inconsistencies, ambiguities, and noncompliance that currently exists among departments and staff thereby strengthening internal controls.

Proper training of all staff should follow once policies, procedures, and process workflows have been adequately and sufficiently updated.

Once departments have been adequately trained, then enforcement of policies, procedures and processes should be consistently monitored to ensure compliance among all departments and staff.

Lastly, Patient Experience or Nursing should maintain a listing specifying all UCI Health areas that collect patient valuables. This listing should include the contact information of the patient valuable's point person in each area, any unique circumstances or processes for each particular area, the dates that the quarterly audits were conducted in each area, any identified issues, and any other information deemed relevant by the area and/or listing owner.

Management Action Plan

Patient Experience department in collaboration with Nursing and the Public Safety Office have drafted a UCI Health patient valuables policy to replace the current policy that covers some areas that were not adequately addressed in the current policy. However, we will develop and expand on some of these policies, procedures, and process workflows to be more comprehensive, specific, and detailed to ensure more uniformity and consistency in processes among departments and staff. Step by step guidelines and examples may be provided for key processes.

As management action plans in section V. above are developed and implemented, these revised process improvements will be included in UCI Health policies, procedures, and process workflows as applicable.

As necessary, department-specific patient valuables policies, procedures, and process workflows of Nursing, Public Safety, ED, Pre-Operative Services, Post-Operative Services, OSS/Ambulatory PACU, Medical-Surgical Nursing, CDDC,

Imaging, and Telemetry Unit, (and any other area that collects patient valuables that may not have been listed here) will be updated as well. Step by step guidelines and examples may be provided for key processes.

Patient Experience will maintain a listing specifying all UCI Health areas that collect patient valuables. This listing should include, at a minimum, the contact information of the patient valuable's point person of each area, any unique circumstances or processes for each particular area, the dates that the quarterly audits were conducted in each area, any issues identified, among other pertinent and relevant information.

Once all UCI Health patient valuables policies, procedures, and process workflows have been adequately updated, Patient Experience, Nursing, and the Public Safety Office will determine the proper training techniques for all applicable departments and whether we will train department management and then have them train their own staff or alternative training options. This training should be conducted on a periodic basis which will be decided and implemented accordingly.

Once departments have been adequately trained, then the Public Safety Office will consistently enforce and monitor compliance of policies, procedures, and processes by conducting and documenting quarterly audits of the entire patient valuables processes. Additionally, Patient Experience and/or Nursing may also decide to conduct quarterly audits of the Public Safety Office.

Due date: November 1, 2023