May 18, 2023

STACIE SAN MIGUEL, M.D.
Interim Executive Director, Student Health and Well-Being
Director of Medical Services, Student Health Services
UC San Diego
0039

Subject: **Student Health Services**
Report 2023-12

The final report for Student Health Services, Report 2023-12, is attached. We would like to thank all members of the department for their cooperation and assistance during the review.

Because we were able to reach agreement regarding management action plans in response to the audit recommendations, a formal response to the report is not requested. The findings included in this report will be added to our follow-up system. We will contact you at the appropriate time to evaluate the status of the management action plans.

UC wide policy requires that all draft reports be destroyed after the final report is issued. We also request that draft reports not be photocopied or otherwise redistributed.

Christa Perkins
Director
Audit & Management Advisory Services

Attachment

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UC San Diego

AUDIT & MANAGEMENT ADVISORY SERVICES

Student Health Services
Report No. 2023-12
May 2023

FINAL REPORT

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I. EXECUTIVE SUMMARY

Audit & Management Advisory Services (AMAS) has completed a review of the Student Health Services at University of California San Diego (UCSD) as part of the approved audit plan for Fiscal Year (FY) 2022-23. The objective of our review was to perform an overall assessment of Student Health Services (SHS), including limited review of Student Health and Well-Being (SHW) administrative functions which support SHS, to determine whether internal controls provide reasonable assurance that operations are effective, financial results are accurately reported, and activities are compliant with relevant policies, procedures, and regulatory requirements.

Based on our review, we concluded that internal controls related to SHS clinic operations and selected SHW Administrative support functions needed improvement to provide reasonable assurance that processes were effective and in full compliance with relevant policies and regulations. While SHW policies and procedures (P&Ps) provided a strong framework, additional improvement is needed to ensure full compliance with policies and regulations. SHW does have several external reviews which do provide a strong foundation for operations, including the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) recertification process which occurs every three years and was recently completed in March 2022.

We identified several opportunities for improvement in our review, including some inconsistency within the charge capture and reconciliation process and gaps in Epic work queue (WQ) oversight which, in some cases, resulted in incorrect claims that were not detected timely. In addition, there appears to be an opportunity to automate some Epic functionality and to ensure that the setup of new providers includes the completion of all the necessary fields.

Furthermore, we noted that SHS clinic operations do not receive inspections and/or reviews on a routine basis by UCSD Health (UCSDH) departments which are provided to other UCSDH clinical locations, such as Office of Compliance & Privacy (OCP), Pharmacy, Environment of Care (EOC), Regulatory Affairs, etc. While SHS has a variety of external reviews and accreditations, there may be gaps in routine oversight as compared to other UCSDH clinic sites. There was also not a consistent SHS process to ensure that patient comments and complaints are escalated appropriately and timely to the UCSD Office for the Prevention of Harassment & Discrimination (OPHD) when applicable. In addition, we noted that the interpreter services documentation within Epic for SHS clinic patients was not in strict compliance with all policy requirements, as we noted instances where the preferred language and interpreter services were not documented, or documents were not provided in Spanish when required.

We also determined that SHW were not aware of the standard UCSD Oracle financial reports and management tools and instead performing a manual process, which increases the risk of errors. We also noted various discrepancies between the SHW Capital Asset Management System (CAMS), Clinical Technology, and SHW department inventory listings and that the documentation of inventory records for the SHS Pharmacy biennial inventory could also be improved. Finally, we noted that the SHW P&P review and approval process is manual in nature, and does not fully document the organizational approvals. Opportunities for improvement were noted in the areas of charge capture and reconciliation process, UCSDH oversight, patient comments and complaints escalation process, interpreter services, financial management, equipment and pharmacy inventory processes and policies and procedures.

Management Action Plans to address these findings are summarized below:

A. Charge Capture and Reconciliation Process

1. Management will continue to work with the Revenue Capture Workgroup initiative and enhance department billing policies to incorporate charge capture and reconciliation processes, such as reviewing charge posting, void and write-off threshold and management approval, claim submission, payments, and reconciliations, along with a complete list of Epic WQs (description, purpose, responsible party) and other sources of patient services reimbursement.
2. Management will continue to explore opportunities to automate the billing process within Epic.
3. Management will deactivate the three identified WQs (#3457, 15487 and 15951) with no accumulating activity.
4. Management will coordinate with appropriate UCSDH leadership to streamline the on-boarding process to ensure that all necessary fields are updated in Epic for medical privileges so that billed claims are systematically identifying the correct healthcare provider.
5. Management will coordinate with appropriate UCSDH leadership to implement and document a process to ensure that the SHS Fee Schedules are updated within Epic and add the procedures to the department billing policy.
6. Management will review the charges for the last 12 months for the identified CPT codes set to a $0 charge on the fee schedule to ensure the encounters were billed correctly.
7. Management will coordinate with appropriate UCSDH leadership to implement a process to update the student insurance coverage within the patient's EMR each quarter when the deadline has passed to update insurance coverage and add the procedures to the department billing policy.

B. UCSDH Oversight

Management will consult with the UCSDH Quality and Patient Safety (QPS) office to assess their current oversight activities and perform a gap analysis to identify any potential improvements that could be integrated into their oversight.

C. Patient Comments and Complaints Escalation Process

1. Management will implement a process to more clearly identify patient feedback that may relate to harassment or discrimination based on protected class or a report of prohibited conduct, escalate these on a timely basis to OPHD.
2. Management will engage OPHD for additional training and/or guidance on the categorization and identification of potential SHW reportable issues to OPHD.

D. Interpreter Services

1. Management will adhere to the SHW Interpreter Services P&P regarding documentation of interpreter services provided and if they are declined.
2. Management will consider including any additional requirements in the UCSDH Policies and Procedures (UCSDHP) 301.9 Interpreter Services within their departmental Interpreter

Services P&P, such as the requirements for documenting patient's preferred language in the EMR Face Sheet, use of interpreter service if a language other than English, interpretation of vital medical documents, and other policy requirements.

E. Financial Management

Management will coordinate with the UCSD Business Intelligence & Analytics (BIA) team within the Information Technology Services (ITS) department to determine what financial reports and tools are available or may need to be developed for the department's financial reporting needs. The newly created Strategic and Data Analytics manager role is expected to be directly responsible for this coordinated effort.

F. Equipment and Pharmacy Inventory Processes
1. Management will perform an initial evaluation of current equipment on-site and reconcile with CAMS and Clinical Technology inventory records to ensure records are complete and accurate.
2. Management will document a process for biennial physical inventory using the CAMS and Clinical Technology listings and maintain an accurate inventory listing.
3. Management will maintain a SHS Pharmacy controlled substance inventory record that includes the name, address, and DEA registration number of the registrant, and the signature of the person or persons responsible for taking the inventory.

G. Policies and Procedures

Management will coordinate with the UCSDH OCP and UCSDH IT to identify an appropriate centralized database solution capable of storing, updating, and documenting the approval process for SHS P&Ps, and monitoring updates to the AAAHC standards, if available.

Observations and related Management Action Plans are described in greater detail in section V. of this report.

II. BACKGROUND

Audit & Management Advisory Services (AMAS) has completed a review of the Student Health Services at University of California San Diego (UCSD) as part of the approved audit plan for Fiscal Year (FY) 2022-23. This report summarizes the results of our review.

UCSD Student Health Services (SHS) is a division within the Student Health and Well-Being (SHW) cluster. The four divisions of SHW includes SHS, Health Promotion Services (Health Promotion), Counseling and Psychological Services (CAPS), and SHW Administration. SHS provides medical care to UC registered students from board certified primary care physicians and nurse practitioners, including primary care, urgent care, and support services, such as laboratory, pharmacy, optometry, and x-ray. SHS has been accredited by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) since 1995. SHW transitioned to the electronic medical records (EMR) and billing system, Epic, also used at UCSD Health (UCSDH), in 2019. Per SHW management financial reporting, in FY 2021-2022, overall SHW revenue was $34.1M, including SHS clinic income of $12.7M, with total SHW expenses of $25.2M and a SHW net revenue of $8.9M over that same period.

In 2011, the University of California (UC) Regents made health insurance a mandatory non-academic condition for enrollment. To ensure that all students have adequate health care coverage, including ongoing primary and specialty care, and to satisfy the mandatory health insurance requirement, UCSD automatically enrolls all registered students into a UC self-funded student health benefit plan called UC Student Health Insurance Plan (UC SHIP) for UCSD graduate and undergraduate students. This coverage provides medical, behavioral health, pharmacy, dental, and vision care benefits. Part of this quarterly fee is retained by the UCSD SHS for administration and overhead costs. The rest of these funds are in a UC SHIP pass-through account to the University of California Office of the President (UCOP).

If a student is covered by an outside insurance company, the student can submit a waiver application. All registered students have access to the SHS facility whether they have UC SHIP or not. Students can enroll in the UCSD Reduced Access Fee for Tritons (RAFT) program, if insurance is waived. The RAFT provides scheduled visits, in-house laboratory services, and x-ray services at no additional cost when rendered at UCSD SHS. Students who waive UC SHIP but do not purchase RAFT will be required to pay the full cost of all services at SHS.

In addition, UCSD SHS has a Memorandum of Understanding (MOU) with the UCSD Department of Extended Studies (DES) – International Program (IP) for SHS to provide UCSD DES-IP students outpatient healthcare services. Some services, such as office visits (e.g., Primary Care, Nurse Clinic visits), influenza vaccinations, and Tetanus vaccinations for injuries are 100% covered. Urgent Care is a $20 fee and all other health services are at the student's expense. UCSD DES-IP provides SHS an annual amount of $55,000 to fund the program. Any outstanding open debt from the student is paid by UCSD DES-IP and then the open debt is subsequently collected from the students. In addition, payroll costs for one Registered Nurse (RN) are to be funded by UCSD DES-IP.

III. AUDIT OBJECTIVE, SCOPE, AND PROCEDURES

The objective of our review was to perform an overall assessment of Student Health Services, including limited review of SHW administrative functions which support SHS, to determine whether internal controls provide reasonable assurance that operations are effective, financial results are accurately reported, and activities are compliant with relevant policies, procedures, and regulatory requirements. The scope included FY 2021-2022. In order to achieve our objective, we performed the following:

- Reviewed the following:
  - Applicable UCOP, UCSD, and SHW departmental policies and procedures and state and federal regulations;
  - The most recent external and internal inspections/reviews, certifications, and licenses for SHS clinic operations;
  - SHW financial reports and controls in place related to management oversight to ensure accurate and timely reports;
- Performed a walkthrough of the SHS facility to observe controls in place related to SHS operations within the different clinical areas, including Pharmacy, Optometry, Primary Care, Urgent Care, Laboratory, and Radiology;
- Obtained an understanding of the UCSD Student Financial Solutions process related to the handling of the UC SHIP registration fees, and how SHS outstanding open debt is handled;
- Interviewed the following:
  - SHS Medical Services Director;
  - SHW Finance Manager;
  - SHW Department Business Officer (DBO) / Medical Services Officer (MSO);
  - SHW Billing and Insurance Supervisor and Coordinator;
  - SHW Credentialing Coordinator;
  - SHS Clinical Management;
  - SHS Chief Pharmacist;
  - UCSD OPHD and Title IX Director; and
  - UCSD Student Financial Solutions management;
- Evaluated the following:
  - SHW procurement card (p-card) management practices and list of department p-card holders to determine if p-card holders were active department employees;
  - The approval process related to department expenses, including a judgmental sample of ten expense reports to determine if expenses were reviewed and appropriately approved;
  - Each SHS Epic WQ to determine if adequate controls are in place and performed a charge lag analysis (service date to post date);
  - The SHS credentialing process including a sample of five credentialing application packets from August 2022-February 2023 to evaluate for completeness, along with the SVSH related questions as part of new hire;
  - The capital equipment inventory process including a three-way reconciliation of SHS equipment records in UCSD Capital Asset Management System (CAMS), UCSDH Clinical Technology (formerly known as BioMed Engineering), and the UCSD SHW inventory list;

o Controls related to SHS Pharmacy security and inventory process based on a sample of SHS Pharmacy CII Controlled Substance reconciliation and inventory reports;
o SHS Pharmacy processes related to waste, expired, and disposal of drugs and reviewed a sample of an expired drugs log; and
o A selected judgmental sample of cases from the SHS patient feedback report from July to December 2022 to determine if cases were escalated appropriately;
- Reviewed the *Student Health On-site Visit Report* and recommendations from an on-site visit by representatives from the UCSDH OCP, UCSD OPHD, and AMAS related to compliance with the updated UC Sexual Violence and Sexual Harassment (SVSH) policy related to healthcare settings and performed follow-up on the status of recommendations;
- Judgmentally selected a sample of ten SHS patient encounters with sensitive exams from the FY 2021-2022 Epic Charge Report to review compliance related to required medical documentation for the encounter within Epic and determined the following:
  o If chaperone was documented;
  o If interpreter services was documented, if patient primary language was not English;
  o If diagnosis was documented;
  o If encounter was signed and closed within 72 hours of date of service;
  o If UCSD-SHS Consent for Procedure Form was signed (if applicable);
  o If site marking and time-out was documented on surgical procedures (if applicable); and
  o If plan of care and follow-up instructions (After Care Summary) were documented;
- Judgmentally selected a sample of ten SHS patient encounters from the FY 2021-22 Epic Charge Report to review compliance related to the billing process and determined the following:
  o If the patient attended on the date of the billed encounter;
  o If patient charges were accurate and billed appropriately; and
  o If claim was paid timely or denied. If denied, determine reason and follow-up made.

IV. CONCLUSION

Based on our review, we concluded that internal controls related to SHS clinic operations and selected SHW Administrative support functions needed improvement to provide reasonable assurance that processes were effective and in full compliance with relevant policies and regulations. While SHW policies and procedures (P&Ps) provided a strong framework, additional improvement is needed to ensure full compliance with policies and regulations. SHW does have several external reviews which do provide a strong foundation for operations, including the AAAHC recertification process which occurs every three years and was recently completed in March 2022.

We identified several opportunities for improvement in our review, including some inconsistency within the charge capture and reconciliation process and gaps in WQ oversight which, in some cases, resulted in incorrect claims that were not detected timely. In addition, there appears to be an opportunity to automate some Epic functionality and to ensure that the setup of new providers includes the completion of all the necessary fields.

Furthermore, we noted that SHS clinic operations do not receive inspections and/or reviews on a routine basis by UCSDH departments which are provided to other UCSDH clinical locations, such as

OCP, Pharmacy, EOC, Regulatory Affairs, etc. While SHS has a variety of external reviews and accreditations, there may be gaps in routine oversight as compared to other UCSDH clinic sites. There was also not a consistent SHS process to ensure that patient comments and complaints are escalated appropriately and timely to OPHD when applicable. In addition, we noted that the interpreter services documentation within Epic for SHS clinic patients was not in strict compliance with all policy requirements, as we noted instances where the preferred language and interpreter services were not documented, or documents were not provided in Spanish when required.

We also determined that SHW were not aware of the standard UCSD Oracle financial reports and management tools and instead performing a manual process, which increases the risk of errors. We also noted various discrepancies between the SHW CAMS, Clinical Technology, and SHW department inventory listings and that the documentation of inventory records for the SHS Pharmacy biennial inventory could also be improved. Finally, we noted that the SHW P&P review and approval process is manual in nature, and does not fully document the organizational approvals.

These opportunities for improvement are discussed in greater detail in the balance of this report.

V. OBSERVATIONS REQUIRING MANAGEMENT ACTION

A.	Charge Capture and Reconciliation Process
We noted several opportunities to improve controls related to charge capture, fee schedule and reconciliation processes to better ensure timely and accurate billing.	
Risk Statement/Effect	
Inconsistent charge reconciliation processes could lead to billing errors resulting in missed or incorrect patient revenue.	
Management Action Plans	
A.1	Management will continue to work with the Revenue Capture Workgroup initiative and enhance department billing policies to incorporate charge capture and reconciliation processes, such as reviewing charge posting, void and write-off threshold and management approval, claim submission, payments, and reconciliations, along with a complete list of Epic WQs (description, purpose, responsible party) and other sources of patient services reimbursement.
A.2	Management will continue to explore opportunities to automate the billing process within Epic.
A.3	Management will deactivate the three identified WQs (#3457, 15487 and 15951) with no accumulating activity.
A.4	Management will coordinate with appropriate UCSDH leadership to streamline the on-boarding process to ensure that all necessary fields are updated in Epic for medical privileges so that billed claims are systematically identifying the correct healthcare provider.

A.5	Management will coordinate with appropriate UCSDH leadership to implement and document a process to ensure that the SHS Fee Schedules are updated within Epic and add the procedures to the department billing policy.
A.6	Management will review the charges for the last 12 months for the identified CPT codes set to a $0 charge on the fee schedule to ensure the encounters were billed correctly.
A.7	Management will coordinate with appropriate UCSDH leadership to implement a process to update the student insurance coverage within the patient's EMR each quarter when the deadline has passed to update insurance coverage and add the procedures to the department billing policy.

A. Charge Capture and Reconciliation – Detailed Discussion

SHS Patient Billing Process

SHS clinic patient encounters are closed and signed off by the provider within 72 hours of the date of service and the SHW Billing and Insurance team works on these charges on a daily basis and submits the claims on a weekly basis. The SHW charge reconciliation process uses the established WQs for charges posted, claims submitted, outstanding patient balances, and denials. However, these steps are not formally documented in a department P&P. Written procedures, not currently included in the SHS Billing P&P, would provide a tool for employees to be trained by and provide consistent processes related to the billing area. The Revenue Capture Workgroup within SHW has mapped out flowcharts to help staff understand the billing process which could be incorporated in the SHS Billing P&P. SHS works with various partners, such as the UCSD Student Financial Solutions who provides student billing and account services. The SHS Billing P&P could also include topics such as the charge capture and reconciliation processes, including reviewing charge posting, void and write-off threshold and management approval, claim submission, payments, and reconciliations.

We also noted that all SHS clinic patient encounter charges are posted manually by the SHW Billing and Insurance team after the service is completed and the medical record documentation has been completed by the provider. For UCSDH, charges are automatically dropped after test resulting or the completion of an exam, which better ensures accurate and timely charge data based on the procedure performed. Management indicated that there may be other potential opportunities for Epic automation.

SHS WQ Oversight

We performed an evaluation of SHS WQs, and noted that SHS does not have a complete list of SHS-related WQs, along with the description, purpose and responsible party for each WQ. While evaluating the SHS WQs, we noted that three WQs, #3457 UC PB SHS Review, #15487 CN SHS Med Charge, and #15951 UC SHS Hold for Missing Client Account, were established in the initial transition to Epic; however, these are not actively used, have no accounts assigned and $0 balances and should be de-activated.

In addition, we identified that WQ #9209 UC PB SHS No Response had a higher level of accumulating charges than is typical, with 890 accounts totaling $70,616 compared to an approximate average of 15 accounts. Management indicated this was due to an error with the on-boarding of four new providers

and missing required fields within Epic, such as the National Provider Identifier (NPI) number, resulting in billing issues. Management was able to timely identify the core issue resulting in the growth of this WQ, and have initiated steps to address it.

Fee Schedule Inaccuracies

In our sample of ten patient encounters, we noted five encounters had incorrect charges based on the Epic fee schedule for the following CPT codes: 58300, 58301, 10160, 11982, 57454, which each had a $0 charge. Two encounters were billed correctly and three were not. SHS management stated that they will be reviewing the past 12 months of billing and correct any errors. SHS did not have a process to review and update fee schedules on a periodic basis.

Confirmation of Patient Insurance

In our sample review, we also noted one encounter had the wrong insurance coverage and billed insurance from the UC SHIP fee schedule for $20 instead of the correct RAFT fee schedule of $0 for the visit. This student was enrolled in UC SHIP at the beginning of the quarter but then decided to waive the insurance and also enroll in RAFT. This change was not updated in the patient's account. Insurance has been provided the refund of $20. This error was due to SHS not having a process to ensure that the patient insurance is correct mid-quarter when students have completed all changes regarding insurance.

B.	UCSDH Oversight
SHS clinic operations do not receive inspections and/or reviews on a routine basis by UCSDH departments which are provided to other UCSDH clinical locations (e.g., OCP, Pharmacy, Environment of Care (EOC), Regulatory Affairs, etc.).	
Risk Statement/Effect	
Non-compliance with regulatory requirements could result in fines and penalties. Unidentified hazards could result in patient or staff harm.	
Management Action Plan	
B.1	Management will consult with the UCSDH Quality and Patient Safety (QPS) office to assess their current oversight activities and perform a gap analysis to identify any potential improvements that could be integrated into their oversight.

B. UCSDH Oversight – Detailed Discussion

Inspections and/or reviews are not performed on a routine basis by UCSDH departments (e.g., OCP, Pharmacy, Infection Control, etc.) over SHS clinic operations, resulting in a potential gap in oversight over SHS clinic operations. While various inspections/reviews are performed, they may not cover the full scope of quality and safety topics appropriate to a patient care environment.

We did note that internal focused reviews of SHS operations are performed by the Campus Environment Health & Safety (EH&S) over laboratory and pharmacy areas related to any potential Title 19 fire code issues and the inspection of any waste items that would be disposed of through the regular campus Online Tag Program; however, controlled substances are not reviewed. The UCSDH Regulatory Compliance Quality Assurance (QA) Evaluation is conducted specifically over the SHS Radiology area on an annual basis. Also, SHS has an Infection Prevention Committee that is led by the SHS Nursing Director, as well as an internal peer review program that periodically reviews patient records for required medical documentation.

However, UCSDH Pharmacy, EOC, Regulatory Affairs, or other internal department roundings are only performed over SHS operations on an infrequent ad-hoc basis or upon request. These reviews would formally assess SHS clinic operations preparedness on a consistent basis in the following types of areas:
- EOC Rounds:
    - Security management, utility management, infection control, environment cleanliness, emergency management, hazardous materials management, and fire and life safety.
- UCSDH Pharmacy Unit inspection:
    - Medication organization, storage, locked and secure, restricted authorization to medication, optometry drops, expired/recalled drugs are removed to not be in use, medication labeled, medication refrigerators temperature, medication wasted in appropriate bins, oxygen tanks, and emergency medication supply.
- Regulatory Affairs Ambulatory Safety Rounds:
    - Timeouts, staff awareness of policies, infection control, equipment and furniture, cleaning exam room and medical equipment, medication management, sterile processing department review, and COVID-19 protocol.

We did note that SHS does have the following external reviews, which do provide limited external oversight and mitigate the risk of safety and/or quality issues in the SHS clinic environment:
- The AAAHC recertification process occurs every three years and the last review was in March 2022;
- The California State Board of Pharmacy audits on a random basis with the last review in May 2021;
- The Certified Unified Program Agency (CUPA) - County of San Diego reviews the UCSD Pharmacy, Laboratory, and Infection Prevention areas on a random basis and was at UCSD in 2021 and 2022, but did not review SHS;
- The California Department Public Health (CDPH) Inspection - San Diego Branch reviews the SHS Radiology area every three years and the last review was in December 2019; and
- The Clinical Laboratory Improvement Amendment of 1988 (CLIA) program recertification occurs every two years and the last review was in November 2021.

However, since the currently conducted internal and external reviews are focused in nature and not routinely performed, a gap analysis in collaboration with QPS to assess their current structure and identify any potential improvements that could be integrated into the department's oversight would be beneficial.

C.	SHS Patient Comments and Complaints Escalation Process
SHW does not have a consistent process to ensure that patient comments and complaints are escalated appropriately and timely to OPHD when applicable.	
Risk Statement/Effect	
Non-compliance in escalating comments and/or complaints appropriately could result in possible fines, penalties, lawsuits, and an increase in risk to reputation.	
Management Action Plans	
C.1	Management will implement a process to more clearly identify patient feedback that may relate to harassment or discrimination based on protected class or a report of prohibited conduct, and escalate these on a timely basis to OPHD.
C.2	Management will engage OPHD for additional training and/or guidance on the categorization and identification of potential SHW reportable issues to OPHD.

C. SHS Patient Comments and Complaints Escalation Process – Detailed Discussion

SHW does not have a consistent process for the escalation of patient comments and complaints appropriately and timely to OPHD. University Policy (Policy and Procedure Manual (PPM) Section 200-23 Procedures for Discrimination and Harassment Complaint Resolution) states that discrimination and harassment based on certain protected categories is prohibited under University policy. Any person may make a report, including anonymously, to any Responsible Employee or to another appropriate office. Any Responsible Employee who receives a report of Prohibited Conduct shall forward all such reports to OPHD. In addition, policy (PPM Section 200-19 Reporting and Responding to Sexual Violence and Sexual Harassment) states that the OPHD is the Title IX Office at UCSD. The OPHD is responsible for receiving and conducting the administrative investigation of all reports of sex offenses, sexual harassment, discrimination, and retaliation filed on campus and is available to discuss options, provide support, explain University policies and procedures, and provide education on relevant issues.

SHW Sexual Misconduct of Healthcare Professional P&P states that should a health care professional be observed or perceived as exhibiting any type of sexual misconduct during the evaluation and/or treatment of a patient, this should be reported and escalated to OPHD. SHS also has a Comments – Complaints P&P that describes how a patient comment and/or complaint is reviewed by SHS management on a weekly basis, the escalation process, and a standard message to respond to posts on social media. Per the SHS Comment – Complaints P&P, patient feedback is reviewed with the SHS Medical Services Director and escalated to OPHD if necessary.

We reviewed a sample of 14 cases, and noted two SHS complaints which should have been escalated to OPHD based on the concern described, but were not. Also, there was one complaint that was identified on social media that was escalated appropriately to OPHD but not identified and routed on a timely basis. Per the SHS Comment – Complaints P&P, a search of online social media platforms will be conducted on a weekly basis, and a patient feedback report submitted into their tracking system upon

discovery and acknowledged within two business days of receipt. The P&P also states that once a report is submitted, it will be reviewed within five days. The social media complaint was initially reported on the platform on December 10, 2020, but not entered into the SHS tracking system until January 11, 2021 and forwarded to OPHD on January 13, 2021.

We also noted that the P&P does not specifically define the types of categories that should be used dependent on the type of comment received, which can contribute to the lack of identification of potential issues that warrant OPHD review due to the wide variety of case types that can be submitted. When reviewing patient concerns, SHS staff's understanding of potential harassment or discrimination issues is critical to ensuring appropriate referral of these cases.

D.	Interpreter Services

Interpreter services documentation within Epic for SHS clinic patients was not in strict compliance with all policy requirements, as we noted instances where the preferred language and interpreter services were not documented, or documents were not provided in Spanish when required.

Risk Statement/Effect

Non-compliance with applicable policies could result in an increase in patient complaints and grievances, lawsuits, and possibly fines and penalties.

Management Action Plans

D.1	Management will adhere to the SHW Interpreter Services P&P regarding documentation of interpreter services provided and if they are declined.
D.2	Management will consider including any additional requirements in the UCSDHP 301.9 Interpreter Services within their departmental Interpreter Services P&P, such as the requirements for documenting patient's preferred language in the EMR Face Sheet, use of interpreter service if a language other than English, interpretation of vital medical documents, and other policy requirements.

D. Interpreter Services – Detailed Discussion

We noted that interpreter services documentation for SHS clinic patients within Epic was not in strict compliance with all policy requirements. The SHW General Services Manual: Interpreter Services P&P states that the SHS seeks to provide accessible services and reduce or eliminate barriers to care. Furthermore, effective and clear communication is essential in providing appropriate and compassionate services. Recognizing that some UCSD students may not be fully fluent in English, or may be hearing impaired, this policy was implemented to address how to access interpretive services when needed. Any staff member and/or student may (and should) utilize these services if they are unsure whether they are being understood because of differences in language or if a student is hearing-impaired or deaf. SHW providers utilizing any form of interpreter services must document in the patient's EMR the date, time, method of interpreter service delivery (e.g. face-to-face, phone, video), the language that was used to communicate with the patient, and the interpreter's name or ID

number. If a patient refuses the use of an interpreter, this refusal should be documented in the medical record.

Also, per UCSDHP 301.9 Interpreter Services, there are additional documentation requirements in each encounter that should be included in the SHW Interpreter Services P&P or by reference, including the following:
- The patient's preferred language will be noted on the Face Sheet and within the EMR demographics. For patients whose preferred language is a language other than English, the use of an interpreter must be documented in the patient's EMR and on all critical forms, such as consents.
- The provider making use of an interpreter service will document the encounter in the patient's electronic health record and/or critical forms and include the date, time and source of the interpretation, interpreter name or ID#, language, and, when appropriate, relationship to patient, and whether patient refused the use of a certified/qualified interpreter.
- Vital documents that are not in the patient's preferred language will be interpreted to the patient or surrogate decision-maker by a certified/qualified medical interpreter.
- Written translation services are available to support and facilitate translation of vital and non-vital documents related to patient care.

We reviewed a sample of ten patients, and noted two patients medical records stated that the preferred language was not documented. One patient had a preferred language marked as Spanish, but it was not documented whether interpreter services was provided which is not consistent with SHS policy. Also, the consent form was not provided in Spanish as required by UCSDH policy.

E.	Financial Management
While standard UCSD Oracle financial reports and management tools and resources were available, the reports did not fully meet the needs of SHW. As a result, the current SHW financial reporting process is manual and uses a download of Oracle general ledger (GL) accounts, which increases the risk of errors.	
Risk Statement/Effect	
The manual financial reporting could result in unidentified errors and provide inaccurate or incomplete information to management.	
Management Action Plan	
E.1	Management will coordinate with the UCSD Business Intelligence & Analytics (BIA) team within the Information Technology Services (ITS) department to determine what financial reports and tools are available or may need to be developed for the department's financial reporting needs. The newly created Strategic and Data Analytics manager role is expected to be directly responsible for this coordinated effort.

E.	Financial Management – Detailed Discussion

Oracle Financial Reporting

Since the Oracle transition, SHW has not identified a standard report to use for financial reporting. Currently, the financial reporting process is a very manual process. The UCSD Oracle Budget to Actual Report is not used by SHW Finance since it separates out the core funds from the non-core funds and it does not easily separate the UC SHIP premiums. As a result, SHW developed a manual process to compile the SWH final financial reports by downloading the year-to-date Oracle GL. Since this is a manual process, there is an increased risk of errors.

SHW has added a new unit to their clusters called Strategic and Data Analytics. This unit will be comprised of a manager and two clinical informatics positions and will involve areas related to Epic and financial reporting. SHW is currently recruiting for the manager position, and then the other positions once that is filled.

F.	Equipment and Pharmacy Inventory Processes
We noted various discrepancies between the SHW CAMS, Clinical Technology, and SHW department inventory listings. Documentation of inventory records for the SHS Pharmacy biennial inventory could also be improved.	
Risk Statement/Effect	
Inaccurate inventory records can result in the possible loss of assets, theft, and fraudulent activities. In addition, inaccurate or incomplete equipment records could result in insufficient maintenance and result in staff or patient harm.	
Management Action Plans	
F.1	Management will perform an initial evaluation of current equipment on-site and reconcile with CAMS and Clinical Technology inventory records to ensure records are complete and accurate.
F.2	Management will document a process for biennial physical inventory using the CAMS and Clinical Technology listings and maintain an accurate inventory listing.
F.3	Management will maintain a SHS Pharmacy controlled substance inventory record that includes the name, address, and DEA registration number of the registrant, and the signature of the person or persons responsible for taking the inventory.

F. Equipment and Pharmacy Inventory Processes – Detailed Discussion

Equipment Inventory

University policy (Business and Finance Bulletin (BFB)-BUS-29: Management and Control of University Equipment) states that the head of the custodial department is responsible for the care, maintenance, physical inventory and control of all inventorial equipment including ensuring that all physical inventories are completed. In addition, at least every two years, the University shall make a physical inventory of all equipment, property and other inventorial items. The Equipment Administrator shall establish local procedures to promote and ensure the proper safeguarding and timely and accurate verification of inventory property by custodial departments. Also, UCSDHP 818.2 Medical Equipment Management Program also provides that medical equipment management inspections, maintenance, testing, and repair must be effectively coordinated to meet the needs of UCSDH in routine and emergency circumstances. Clinical Technology is responsible for maintaining a written inventory of all medical equipment, and the user department should promptly report equipment failures, hazards, potential hazards, and operating problems to Clinical Technology.

SHW procures equipment through the UCSD Campus Procurement department and not through UCSDH Procurement. The SHW capital equipment records are maintained through CAMS. UCSDH Clinical Technology maintains a medical equipment listing to track the inspections and repairs to ensure that the equipment is safe for patient use.

We performed a three-way reconciliation between UCSD CAMS, Clinical Technology, and SHW inventory listings and noted discrepancies. CAMS has a total of $873,538 with 140 assets, the Clinical Technology list has a total of 224 assets and the SHW Inventory list has a total of $259,810 with 20 assets. AMAS noted that a capital asset with the highest dollar amount on the SHW Inventory list valued at $48,574 is not on the Clinical Technology list (Vivix-S VW Series DR ICID# 216090858).

Pharmacy Inventory

Per the DEA Pharmacist Manual revised 2022, the DEA registrant is required to take a new inventory at least every two years of all controlled substances. There is no requirement to submit a copy of the inventory to the DEA. Federal regulations (21 CFR 1304.11(a), (b) and (e)(6)) state that the inventory shall include information including the inventory date, timeframe, controlled substance names, finished form, the number of dosage units or volume of each, the number of containers of each, and the total count of the substance. Although it is not required by law or regulation, the DEA recommends that registrants keep an inventory record that includes the name, address, and DEA registration number of the registrant, and the signature of the person or persons responsible for taking the inventory.

SHS Pharmacy performs a quarterly reconciliation on CII controlled substances, as required. A biennial inventory is conducted of all controlled substances as required. The last biennial inventory was performed on June 30, 2022 by the Chief Pharmacist. The inventory requirements were met, including being signed and dated; however, the name of the person performing the inventory, the address, and the DEA registration number of the registrant was not documented.

G.	Policies and Procedures

The SHW P&P review and approval process is manual in nature, and does not fully document the organizational approvals.

Risk Statement/Effect

Without comprehensive departmental policies and procedures, there is an increased risk that SHW may not be in compliance with State and Federal regulations which could lead to fines and penalties.

Management Action Plan

G.1	Management will coordinate with the UCSDH OCP and UCSDH IT to identify an appropriate centralized database solution capable of storing, updating, and documenting the approval process for SHS P&Ps, and monitoring updates to the AAAHC standards, if available.

G. Policies and Procedures – Detailed Discussion

SHW has P&Ps to govern SWH operations and document a consistent process to comply with UC and UCSD policies and requirements, in addition to State and Federal regulations. However, based on our review of the SHW P&Ps, we noted an opportunity to formalize the approval and automate the P&P update process. Currently, the SHS P&Ps only contain the initials of the SHW management representative that approved the P&Ps. Per SHW management, all of the SHW policies are reviewed by the SHS Governing Body as well. The current process for policy approval does not fully document the job title, full name, committee and/or governing body approving them. We also noted that processes for documentation of the policy update and approval process are manual in nature.

Per discussion with SHW management, PowerDMS is a solution used by other Student Health clinics across UC and beyond. PowerDMS is a cloud-based policy management repository to manage policies and procedures across their lifecycle. It allows the users to develop, review, approve, distribute and track each policy, along with a crosswalk of the AAAHC Accreditation Manuals to the department's P&Ps. This can reduce the accreditation preparation time, and enhance accreditation readiness assessments, among other benefits.

UCSDH has recently implemented a policy management software called PolicyTech that allows the organization to automate the process to approve, revise, and renew, and distribute policies and procedures and has a centralized database. The primary difference between PowerDMS and PolicyTech is that the AAAHC standards are not specifically contained within PolicyTech to crosswalk to the department policies and to ensure compliance with the most current AAAHC standards. A centralized database solution to store, update, and document the approval process for SHS P&Ps and monitor updates to the AAAHC standards, if available, would eliminate the manual nature of the update process and reduce risk that required updates are missed or delayed.