February 25, 2022

WALTER KAYE, MD
Executive Director, Eating Disorders Treatment and Research Center
UCSD
0985

Subject: ***Eating Disorder Clinic***
Report 2021-12

The final report for Eating Disorder Clinic, Report 2021-12, 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

cc: David Brenner   Karlee McGlone
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UC San Diego

AUDIT & MANAGEMENT ADVISORY SERVICES

Eating Disorder Clinic
Report No. 2021-12
February 2022

FINAL REPORT

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I. EXECUTIVE SUMMARY

Audit & Management Advisory Services (AMAS) has completed a review of the Eating Disorder Clinic at University of California San Diego Health (UCSDH) as part of the approved audit plan for Fiscal Year 2020-21. The objective of the review was to evaluate whether internal controls provide reasonable assurance that financial results are accurately reported, operations are effective and efficient, and activities are compliant with relevant policies.

Based on our review, we concluded that internal controls related to the UCSDH Eating Disorder Center for Treatment and Research (EDC) needed improvement to provide reasonable assurance that processes were effective and in full compliance with relevant policies and regulations. While UCSDH policies and procedures related to hospital-based clinics, along with EDC Departmental Policies & Procedures (DPPs) provided a strong framework, additional improvement is needed to ensure full compliance with policies and regulations.

We noted that opportunities for improvement related to the charge capture and charge reconciliation process, required documents related to admissions, insurance verification, and other clinical documentation in the patient's electronic medical record (EMR) within Epic, EDC policies and procedures, and management review of badge access and equipment lists. Management Action Plans to address our findings are summarized below:

> **A. Charge Capture and Charge Reconciliation Process**
> 1. EDC has coordinated with UCSDH Revenue Cycle to document an exception to UCSDHP 724.1 for the expected standard timing of EDC charge capture, and established the EDC charge capture timeliness standard.
> 2. EDC will develop and implement procedures for the billing function to document processes, including reviewing standard billed rates, charge posting, payments, and reconciliations, along with the purpose of each WQ.
> 3. EDC will evaluate the separation of functional responsibilities related to the EDC Billing area, which may include oversight by an individual other than the EDC Biller and Billing Manager or Patient Financial Services (PFS).
> 4. EDC has deactivated two WQs #15105 and #14595, and added two EDC WQs, #16755 and #16756, within the charge and payment reconciliation process.
> 5. EDC will implement a monitoring process to ensure co-payments are received timely, including consistent front desk policies during the check-in process to collect co-payments and appropriate follow-up with patients to ensure any patient's financial responsibility is remitted.
>
> **B. Documentation – Admissions, Insurance Verification, and Kardex Notes**
> 1. EDC will develop and document a complete checklist of all admission, insurance, and clinical documentation for each EDC program, define which are required to be included within the patient's EMR and include the complete list of documentation within the EDC DPP: Admission, Exclusion, Continued Stay Criteria, and Discharge. The Front Desk will use the checklist to verify that all documents are scanned into the EMR.

2. EDC will develop and document criteria and examples for a completed Kardex Note (Group and Meal Note) within an EDC DPP. This criteria will include personalized stamps for each licensed professional which will be purchased and implemented by the EDC to incorporate identifiable signatures in required Kardex Note documentation.
3. EDC will provide training to ensure that the EDC Admission team is familiar with the UCSDH admission requirements for a hospital-based clinic.
4. EDC will implement a QA process to ensure that required documentation is maintained within the patient's EMR, including verification of the number of visits for the day and reconciliation to the number of Kardex Notes scanned into Epic, and, on a sample basis, a review of the EMR, including Kardex Notes, to ensure they contain the required elements referenced above.

C. EDC Policies and Procedures
1. EDC will update the existing EDC DPPs to ensure a consistent format, inclusion of a purpose for each policy, reference to relevant UCSDHPs and/or EDC DPPs and other pertinent information.
2. EDC will develop and implement additional DPPs or incorporate by reference to UCSDH policies and procedures any remaining undocumented EDC operational, financial or compliance areas, including those noted below.

D. Badge Access and Equipment List
1. EDC will develop, implement, and document a process to obtain and review a badge access list of personnel who have access to the EDC facility on a quarterly basis to determine if appropriate access was given based on an employee's current position and employment status.
2. EDC will compile an equipment inventory listing and document a process to maintain and review the listing on an annual basis to ensure equipment is safeguarded and an accurate equipment inventory list is maintained.

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 Eating Disorder Clinic at University of California San Diego Health (UCSDH) as part of the approved audit plan for Fiscal Year (FY) 2020-21. This report summarizes the results of our review.

The UCSDH Eating Disorder Center for Treatment and Research (EDC) provides comprehensive eating disorder treatments as part of its mission to improve the lives of eating disorder sufferers and their families. The EDC has three separate Pediatric, Adolescent, and Adult hospital-based outpatient clinics, offering day treatment / partial-hospitalization (PHP), and intensive outpatient (IOP) levels of care for children, adolescents, and adults struggling with food, weight and eating disorders, and related symptoms and behaviors. All programs have a foundation of Family Based Therapy (FBT) and Dialectical Behavior Therapy (DBT).

Additionally, the EDC has a service agreement with Rady Children's Hospital of San Diego (RCHSD) to provide staff and faculty for an inpatient Medical Behavioral Unit at RCHSD specializing in eating disorders for children through young adults. Staffed with expert physicians and psychologists, this inpatient unit at RCHSD provides medical stabilization of abnormal cardiovascular function and helps those who are severely underweight and require nutritional restoration under expert care. Staff includes nurses, licensed psychiatric technicians, dietitians, mental health providers and adolescent medicine and child psychiatry specialists.

Per EDC management financial reporting, in FY 2021, total patient revenue was $13.9M and expenses were $14.0M compared to FY2020 when patient revenue and expenses totaled $14.7M. In 2019, EDC transitioned from a non-licensed facility to the hospital license for UCSDH. This transition consisted of integrating clinical practices with UCSDH which included updates to the EDC departmental policies and procedures (DPPs) and practices, along with an expansion for hospital licensed space, including an industrial kitchen. As hospital-based outpatient clinics, the EDC has to comply with regulatory requirements, along with UCSDH policies and procedures (UCSDHP), and applicable licensure requirements. Clinic activities are periodically monitored by the UCSDH Environment of Care (EOC) rounds every six months, which includes Environment of Safety and Health (EH&S) and Infection Control. UCSDH Regulatory Affairs and Pharmacy units also perform monthly rounds to ensure relevant standards are met. External audits/inspections are performed by the Joint Commission, County of San Diego, and other regulatory bodies. In addition, in 2020, EDC transitioned to the UCSDH electronic medical record (EMR) system, Epic, for both clinical documentation and patient billing.

III. AUDIT OBJECTIVE, SCOPE, AND PROCEDURES

The objective of the review was to evaluate whether internal controls provide reasonable assurance that EDC financial results are accurately reported, operations are effective and efficient, and activities are compliant with relevant policies. The scope included Fiscal Year 2021. In order to achieve our objective, we performed the following:
- Reviewed applicable UCSDH and EDC departmental policies and procedures and state and federal regulations;

- Reviewed the EDC Admission Packet, Insurance Protocol, and Admissions, Registration, Scheduling and Billing Workflow;
- Interviewed the following:
  - EDC Finance Manager;
  - EDC Admissions Manager;
  - EDC Clinical staff;
  - EDC Billing Manager;
  - UCSDH Regulatory Affairs management;
  - UCSDH Revenue Cycle management;
  - UCSD Department of Psychiatry Administrative Vice Chair;
- Judgmentally selected a sample of 30 EDC patients from the three clinics and performed the following:
  - Determined if required Admissions documents were signed by the patient and uploaded into the patient's EMR in Epic; and
  - Determined if insurance was verified and required insurance forms were uploaded into the patient's EMR;
- Judgmentally selected a sample of 15 EDC patients from the three clinics and performed the following:
  - Determined if documentation supported the patient's attendance on date of the billed encounter;
  - Determined if the main diagnosis is documented as an Eating Disorder diagnosis;
  - Determined if patient charges were accurate based on the program and if the contracted rate and posted timely; and
  - Determined if the claim was paid timely or denied;
- Evaluated each EDC Epic work queue (WQ) to determine if adequate controls are in place;
- Performed a walkthrough of the EDC facility to observe and evaluate the controls in place related to the check-in process, medication storage, the infection control process for equipment, and food preparation, distribution, and storage processes, along with the sanitation of the kitchen and dining areas;
- Judgmentally selected a sample of three months of invoices for the UCSDH and RCHSD service agreement related to the inpatient Eating Disorders / Medical Behavioral Unit and evaluated that supporting documentation was maintained, amount was calculated correctly, and paid timely; and
- Reviewed the EDC financial reports and evaluated the controls in place related to management oversight to ensure accurate and timely reports.

IV. CONCLUSION

Based on our review, we concluded that internal controls related to the EDC hospital-based outpatient clinic operations needed improvement to provide reasonable assurance that processes were effective and in full compliance with relevant policies and regulations. While UCSDHP and EDC DPPs provided a strong framework, additional improvement is needed to ensure full compliance with policies and regulations. In our review, we noted some inconsistency within the charge capture and reconciliation process and gaps in WQ oversight. In some cases, this resulted in missing co-payments and incorrect payments that were not detected timely. It appeared that charge capture, billing, and reconciliation

processes were not fully documented, and an exception to UCSDH policy for timeliness of charge capture should be obtained. Moreover, the separation of functional responsibilities related to the EDC Billing area should be evaluated, as we noted one individual who had access to perform all aspects of the billing process without secondary review.

Furthermore, in our review of a sample of patients, we noted instances where required admissions, insurance verification, and program and clinical notes, such as the Kardex Note for EDC hospital-based outpatient clinics within Epic, were not fully documented. We also noted that EDC did not perform a quality assurance (QA) process to ensure that required documentation are part of a patient's EMR, and the EDC DPPs did not specify the required documentation to be included within a patient's EMR. Staff may also benefit from additional training on UCSDH Admission requirements.

We also identified opportunities for improvement related to the EDC DPPs. The format of the EDC DPPs was inconsistent, as some did not have a purpose for the policy and other pertinent information. In addition, some DPPs did not reference relevant UCSDH policies in EDC operational, financial and compliance areas, such as protected health information (PHI), privacy, data security, admissions, insurance, and clinical documentation requirements, Epic and EMR documentation, information systems, equipment, and other pertinent areas.

We also determined that badge access and equipment inventory listings by EDC management were not reviewed on an annual or other periodic basis to determine if appropriate access was given based on an employee's current position and employment status, and to ensure equipment is safeguarded and the inventory list is accurate.

These observations are discussed further in the balance of this report.

V. OBSERVATIONS REQUIRING MANAGEMENT ACTION

A.	Charge Capture and Charge Reconciliation Process
The EDC is not in compliance with UCSDHP 724.1 Charge Capture policy for timeliness, and there is not a documented exception to the policy. Furthermore, the EDC does not have an approved DPP to outline billing procedures, and there was inadequate separation of duties in the billing function. We also noted instances of patient encounters with incorrect payments received and incorrect standard billed rates. Finally, two active EDC WQs were noted as not being currently used with no billing activity accumulating, and two active WQs were identified that EDC management was not aware of.	
Risk Statement/Effect	
Non-compliance with UCSDHP 724.1 and inconsistent charge reconciliation processes could lead to billing errors resulting in missed or incorrect patient revenue. Also, without a separation of duties within the billing function, there is an increased risk of both erroneous and inappropriate actions.	
Management Action Plans	
A.1	EDC has coordinated with UCSDH Revenue Cycle to document an exception to UCSDHP 724.1 for

	the expected standard timing of EDC charge capture, and established the EDC charge capture timeliness standard.
A.2	EDC will develop and implement procedures for the billing function to document processes, including reviewing standard billed rates, charge posting, payments, and reconciliations, along with the purpose of each WQ.
A.3	EDC will evaluate the separation of functional responsibilities related to the EDC Billing area, which may include oversight by an individual other than the EDC Biller and Billing Manager or Patient Financial Services (PFS).
A.4	EDC has deactivated two WQs #15105 and #14595, and added two EDC WQs, #16755 and #16756, within the charge and payment reconciliation process.
A.5	EDC will implement a monitoring process to ensure co-payments are received timely, including consistent front desk policies during the check-in process to collect co-payments and appropriate follow-up with patients to ensure any patient's financial responsibility is remitted.

A. Charge Capture and Charge Reconciliation Process – Detailed Discussion

Charge Capture Policy

Per UCSDHP 724.1 Charge Capture:
- Charges should be posted within 24 hours from services rendered;
- Department Managers are responsible for:
    o Ensuring that documentation supports charges, charge entry, error correction, and charge reconciliation procedures are implemented and followed, and ensuring that employees are trained in procedures and systems; and
    o Reviewing available charge reconciliation and departmental revenue reports to ensure that charges are accurately posted and recorded.

EDC Patient Billing Process

The EDC Billing area consists of two individuals, an EDC Clinic Biller and an EDC Billing Manager. EDC billing is completed on a weekly basis as a result of the limited Billing resources, the nature of the EDC patient program schedules, and the manual charge capture process within Epic. Once the week has been completed at the clinics, the EDC Clinic Biller posts the charges to the patient accounts and, once that is completed, the EDC Billing Manager reviews the charges and submits the claims. The EDC Billing Manager completes the charge reconciliation process using the established WQs for charges posted, claims submitted, outstanding patient balances, and denials. Since the EDC posts charges on a weekly basis, the process differs from UCSDHP 724.1 for the timeliness standard for charges to be posted. An approved exception to UCSDHP 724.1 for timeliness of charges has not been documented by UCSDH Revenue Cycle; however, UCSDH Revenue Cycle agrees that the EDC billing process differs from this policy and should be documented as an exception.

The UCSDHP 724.1 states that departments are responsible to ensure that documentation supports charges and charge entry, error correction, and charge and payment reconciliation procedures are implemented and followed, and to ensure that employees are trained in procedures and systems. As

part of the EDC billing transition project to Epic, an EDC Billing workflow was documented. However, the documented workflow did not have the details outlined to be in adherence with the UCSDHP 724.1 to ensure the timely and accurate processing of charges in order for appropriate reimbursement and to associate relevant costs to the services rendered. Written procedures included in the DPP would provide a tool for employees to be trained by and provide consistent processes related to the billing area. The DPP should include procedures for the processing of charges for services rendered, established standards for timeliness and accuracy, required documentation that supports charges, error corrections, and charge and payment reconciliation procedures. In addition, EDC does not have a complete list of WQs, along with the purpose and responsible party for each WQ, and a reconciliation that patient accounts are paid accurately in a timely manner or a write-off was approved appropriately.

An opportunity for improvement was also noted regarding the separation of duties within the Billing area. One individual, the EDC Billing Manager, has access to post charges, review the standard billed rate, make changes to the Biller entries, review the accounts in the WQs, submit the claims, manage denials and outstanding patient balances, and approve the write-off of any patient balances. Per the EDC Billing Manager, Patient Financial Services (PFS) has the same type of super-user access, however, there is no direct or ongoing PFS oversight. Per EDC management, there have been recent initial discussions to create behavioral health patient access and billing teams, which may yield additional process improvements or benefits in the future. Creation of this team may facilitate resolution of separation of duties conflicts.

Furthermore, while evaluating EDC WQs, we noted that two EDC WQs, #15105 Eating Disorder Appeals and #14595 Eating Disorder Transfers, 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 two other active EDC WQs, #16755 Self Pay and #16756 Unmapped Rejections, that EDC Billing was unaware of and was not using in their processes. These WQs have been reviewed and will be added to the charge and payment reconciliation process. We noted that as of October 19, 2021, there was an estimated $53,000 in WQ# 16755 Self Pay which represents patient co-payments outstanding. Per discussion with EDC management, the EDC Front Desk staff have a process to collect the co-payments at the time of patient check-in. However, we noted that it appears to be an inconsistent process to collect these co-payments timely since recent outstanding co-payment balances are within the WQ #16755.

Sample Testing Results

We evaluated a sample of 15 EDC outpatient clinics patients and selected one week for each patient with an admission date between July 1, 2020 and June 30, 2021. Based on the sample selected, EDC's average length of time for charge posting from the date of services rendered is 16 days and the average length of time for payment posting is 36 days. For one encounter, charges were posted 70 days after services were rendered. Per EDC management, this was due to an outstanding note by the clinician which held the claim until closed. Out of a sample of 77 encounters, the following was noted:
- 10 encounters had incorrect payments from one insurance company, Cigna, which was not previously identified because the EDC does not perform a routine payment reconciliation; and
- 16 encounters had incorrect standard billed rate amounts since the Charge Description Master (CDM) is updated manually and a review of the updated CDM was not performed in a timely basis to ensure that the standard billed rates were entered correctly.

B.	Documentation - Admission, Insurance Verification, and Kardex Notes
Admission, insurance, and Kardex Note documentation was missing or incomplete within the patient's EMR within Epic based on a sample selected.	
Risk Statement/Effect	
Missing or incomplete required documentation could result in a denied claim due to inadequate supporting documentation for a billed encounter.	
Management Action Plans	
B.1	EDC will develop and document a complete checklist of all admission, insurance, and clinical documentation for each EDC program, define which are required to be included within the patient's EMR and include the complete list of documentation within the EDC DPP: Admission, Exclusion, Continued Stay Criteria, and Discharge. The Front Desk will use the checklist to verify that all documents are scanned into the EMR.
B.2	EDC will develop and document criteria and examples for a completed Kardex Note (Group and Meal Note) within an EDC DPP. This criteria will include personalized stamps for each licensed professional which will be purchased and implemented by the EDC to incorporate identifiable signatures in required Kardex Note documentation.
B.3	EDC will provide training to ensure that the EDC Admission team is familiar with the UCSDH admission requirements for a hospital-based clinic.
B.4	EDC will implement a QA process to ensure that required documentation is maintained within the patient's EMR, including verification of the number of visits for the day and reconciliation to the number of Kardex Notes scanned into Epic, and, on a sample basis, a review of patient EMR, including Kardex Notes, to ensure they contain the required elements referenced above.

B. Documentation - Admission, Insurance Verification, and Kardex Notes – Detailed Discussion

Based on interviews with EDC management, a patient's complete EMR includes admission, insurance, and other clinical documentation of patient care, as defined below. The UCSDHP 320.1 Timely Preparation and Authentication of Medical Records states that the obligations of health care providers is to prepare, review, complete and authenticate documentation of patient care. Based on the EDC Admission Packet[1] and interviews with EDC management, the required documentation is submitted and the EDC Insurance

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[1] The EDC Admission Packet includes the following forms: Medical Monitoring, Insurance Verification and Financial Responsibility Estimate, Insurance Card, Patient Information, Medical/System History, Adolescent/Pediatric (or Adult) Medical Clearance Form, Authorization to Release PHI, and other medical information / previous records (if applicable). The patient's EMR included other forms, such as the Notice of Privacy Practices Acknowledgement Receipt (NPP), Terms and Condition of Service: Admission, Medical Services, and Financial Agreement (COTA) - Outpatient, Insurance Verification Form, Confidentiality Statement Shared Clinical Appointment, Treatment Information and Consent Form, and New Admission: Adolescent/Pediatric Program or Adult Commitment.

team completes an Insurance Verification Form on which a patient's signature is required. The Admission and Insurance documents are scanned into the patient's EMR within Epic. The Kardex Note (Group and Meal Note) are a required medical document of an EDC patient's EMR and source document for a billed encounter. It is required to be completed and signed by a licensed professional. However, we noted that the EDC has not defined what documentation is to be included in a complete medical record within the patient's EMR or recognized that list within an EDC DPP. In addition, interviews indicated that the EDC Admission team was not familiar with the Admission requirements for a hospital-based clinic and the relevant UCSDHPs.

Sample Testing Results

We evaluated a sample of 30 EDC outpatient clinic patients from July 1, 2020 to June 30, 2021 and noted instances where the Admission, Insurance, and Kardex Notes were not appropriately documented. We noted deficiencies in the patient's EMR for 12 of the 30 patients sampled, including the following Admission documents that were missing from the respective patient's encounter record:
- 7 did not have the Treatment Information and Consent Forms;
- 11 did not have the New Admission: Adolescent/Pediatric Program or Adult Commitment forms;
- 6 did not have the Confidentiality Statement Shared Clinical Appointment Forms;
- 7 did not have the Authorized to Release Protected Health Information (PHI) forms. One was noted as scanned but it was not a clear image; and
- 8 did not have the Admission: Medical Monitoring form.

In addition, out of the sample of the 30 patients noted above, we noted the following Insurance documents were missing from the patient's EMR or incorrectly scanned into an incorrect patient's EMR.
- 3 did not have a copy of the patient's Insurance card;
- 1 had an Insurance card attached to the wrong patient's EMR; and
- 1 did not have the Insurance Verification Form.

Lastly, we evaluated a sample of 15 EDC outpatient clinic patients and selected one week of billed encounters. A total of 77 encounters were selected and the following was noted:
- 8 had missing or not signed Kardex Notes; and
- 19 had illegible signatures and we could not confirm whether a licensed professional signed the Kardex Note.

We noted that the EDC does not perform a QA process to ensure that EMR documentation is complete and contains all required documents, including the applicable Kardex Note, within the patient's EMR. This type of QA process on a sample encounter basis would enable EDC to identify and remedy documentation deficiencies at the time of the patient encounter. The admission, insurance verification, and clinical documentation related to services provided within the programs should be documented within each patient's EMR within Epic.

C.	EDC Policies and Procedures
The EDC DPPs can be improved to ensure consistency, completeness, and alignment with relevant UCSDHPs.	

Risk Statement/Effect
Without comprehensive DPPs that are integrated with UCSDHP, there is increased risk that the EDC outpatient clinics may not be in compliance with policy and State and Federal regulations which could lead to fines and penalties.

Management Action Plans	
C.1	EDC will update the existing EDC DPPs to ensure a consistent format, inclusion of a purpose for each policy, reference to relevant UCSDHPs and/or EDC DPPs and other pertinent information.
C.2	EDC will develop and implement additional DPPs or incorporate by reference to UCSDH policies and procedures any remaining undocumented EDC operational, financial or compliance areas, including those noted below.

C. EDC Policies and Procedures – Detailed Discussion

The EDC DPPs outline specific policies and procedures regarding the clinics' operations which should align with UCSDH requirements and reference any relevant policies. EDC should adhere to applicable UCSDHPs, including UCSDHP 724.1 Charge Capture, which outlines the policy to ensure the timely and accurate processing of charges in order for appropriate reimbursement and to associate relevant costs to the services rendered. The admission, insurance verification, and clinical documentation related to services provided within the programs should be documented within each patient's EMR within Epic.

The DPPs, which are also known as Standard Operating Procedures (SOPs), are processes that are established by a department specifically for that department which should follow the guidelines that have been laid out by the UCSDHPs and UCOP and reference relevant institutional policies. The UCSDHP 216.5 Policy on Policies provides instruction on policy content and general format, including the identification, development, approval, implementation, maintenance and distribution for UCSDHPs and for DPPs. Also, per UCSDHP 216.5, Department Managers are responsible for ensuring that employees have received adequate orientation and training on UCSDHPs and DPPs related to their area/services. Finally, DPPs are expected to be reviewed every two (2) years or more often to meet applicable laws, regulations and/or changes in practice.

We evaluated the relevant UCSDHP and EDC DPPs and noted varying formats for the DPPs, as some did not include a purpose. The DPPs did not consistently reference all relevant UCSDHPs and related EDC DPPs and EDC staff were not aware of the associated UCSDHP in certain operational, financial and compliance areas. Other areas with relevant UCSDH policies, including PHI, privacy, data security, admissions, insurance, scanning procedures, clinical documentation requirements, Epic and EMR documentation, information systems, and equipment, were not documented in or referenced by an EDC DPP. Overall, we noted 11 UCSDHPs that were not referenced within EDC DPPs, and a total of 20 EDC DPPs were reviewed and 15 out of those 20 EDC DPPs had opportunities for improvement.

Furthermore, specific areas have not documented a DPP, such as the front desk procedures for checking in patients, the collection of co-payments (patient's responsibility), the safeguarding and deposit of payments, and the reconciliations of deposits and outstanding co-payments.

D.	Badge Access and Equipment Inventory List
Badge access and equipment inventory listings were not maintained nor reviewed by EDC management on an annual or other periodic basis.	
Risk Statement/Effect	
Without a badge access list to EDC facility and periodic review of EDC badge access, there is an increased risk of unauthorized access to EDC facilities which could result in fraudulent activity or theft. Also, an inaccurate equipment inventory or theft could occur due to a lack of management oversight or review on a frequent basis.	
Management Action Plans	
D.1	EDC will develop, implement, and document a process to obtain and review a badge access list of personnel who have access to the EDC facility on a quarterly basis to determine if appropriate access was given based on an employee's current position and employment status.
D.2	EDC will compile an equipment inventory listing and document a process to maintain and review the listing on an annual basis to ensure equipment is safeguarded and an accurate equipment inventory list is maintained.

D. Badge Access and Equipment Inventory List – Detailed Discussion

Badge Access

The UCSDHP 538.2 Security Management Program is a policy to promote a safe and secure environment for UCSDH. It states that access to offices, laboratories, storage areas and other work spaces should be limited to authorized personnel and access to these areas are required to be approved by the Department Manager responsible for the space.

When a new hire, transfer, or promotion requires access to an EDC facility, the EDC management submits an Access Form to the UCSDH Security Services Office designating what access should be granted. When faculty and staff terminate or transfer to another department, the EDC retrieves the employee badge and submits it to the UCSDH Security Services Office.

We performed a walkthrough and observed the locations of the badge reader rooms. We were unable to obtain a badge access listing and noted that there is no process implemented to obtain a badge access list nor to review the listing by EDC management on a periodic basis. EDC should implement and document a process to monitor the badge access list on a periodic basis to ensure that access is limited to necessary and active personnel.

Equipment Inventory

The UCSDHP 428.3 Equipment Control states that Department Managers will appoint Inventorial Equipment Custodians and alternate custodians, ensure that the names of the currently assigned

custodians are on file with Equipment Management and that all departments will conduct an annual inventory of equipment assigned to their custody in coordination with Facilities Planning and Management Department's Equipment Management.

EDC has medical equipment and non-medical equipment located within the EDC facility. The medical equipment within the EDC is limited primarily to a blood pressure and heartrate reader, weight scale, glucometer, and an oxygen tank in each of the two exam rooms, plus urinalysis and drug screening equipment in the soil utility room. There are also two oxygen tanks maintained in the nurse's station available on an as needed basis and emergency kits are also maintained in strategic locations across the three floors. Finally, there is an industrial kitchen with cooking equipment and other appliances and a dining area.

We performed a walkthrough of the EDC facility and located the equipment listed above, along with separate clean and soiled utility rooms. It appears that equipment is sanitized and cleaned between uses. We noted that there are UCSDH internal rounds by Environment of Care and Regulatory Affairs - Hospital Ambulatory Safety as well as rounds by the UCSDH Environment Health & Safety and Infection Control divisions. Based on the recent UCSDH Infection Control rounds, it appears that there are proper controls in place to sanitize and monitor the equipment. The UCSDH Biomed division maintains the medical equipment listing for maintenance purposes. However, the EDC does not maintain an equipment inventory listing and does not have a process in place to review the inventory listing on a periodic basis. The EDC should develop, implement, and document a process to maintain and review an equipment inventory listing on an annual basis to ensure equipment is safeguarded and an accurate equipment inventory list is maintained.