

**UNIVERSITY OF CALIFORNIA, DAVIS  
AUDIT AND MANAGEMENT ADVISORY SERVICES**

**Vendor On-Site Monitoring  
Audit & Management Advisory Services Project #18-22**

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**Fieldwork Performed by:**  
Janet Cox, Senior Auditor

**Reviewed and Approved by:**  
Leslyn Kraus, Director

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**MANAGEMENT SUMMARY**

**Background**

At the request of UC Davis Health (UCDH) Leadership, Audit and Management Advisory Services (AMAS) reviewed the existing policies and practices related to the oversight of the electronic system utilized for monitoring of Health Care Industry Representatives (HCIR) when on-site at a UCDH location. The request for the review originated from a University of California Office of the President (UCOP) system wide inquiry into processes for managing and monitoring HCIRs when on-site.

UCDH began utilizing the vendor credentials verification system Reprax<sup>1</sup> in 2009 to assist in the conveyance of UCDH policies to HCIRs, the management of HCIR credentials and the access privileges provided to HCIRs. Implementing Reprax allowed UCDH to establish vendor policies and credentials that were institutionally specific and adaptable to the varying classification of vendors that were on-site at UCDH.

An HCIR visiting a UCDH location must register with Reprax, which requires the HCIR to pay an annual fee and create a profile selecting a vendor classification from the options provided by Reprax<sup>2</sup>. The HCIR must then add UCDH to their profile to be able to check-in using a UCDH kiosk. The HCIR would provide Reprax the proof of vaccinations, liability coverage, certifications or other credentialing information as necessitated by the UCDH credentialing policy embedded into Reprax for the vendor classification the HCIR selected.

UCDH Purchasing has assumed the roles of obtaining access for UCDH users, maintaining supplies for the Reprax kiosks, and acts as the primary point of contact for HCIRs having difficulty obtaining access. AMAS however, was not able to identify the assignment of responsibility for monitoring and updating Reprax policies and credentials.

**Purpose and Scope**

AMAS commenced the analysis of Reprax by reviewing existing UCDH Hospital Policy & Procedures (HP&P) 2202 Vendor and Contracted Services and UCDH HP&P 2204 Vendor Relationships. These policies provide guidance on the expectations of HCIRs utilization of Reprax and the interactions of UCDH providers and staff with HCIRs, including that all HCIRs must print an identification badge from the Reprax kiosk and display that badge on their person for the duration of their visit. Per policy, UCDH staff are not to interact with HCIRs that do not display a current UCDH label from Reprax.

AMAS then obtained access to the Reprax system to perform analysis, including identifying UCDH users, policy and credential assignments by vendor classification, HCIR exception requests and those HCIRs with negative events and/or outstanding compliance issues. AMAS limited the review to the HCIR visits occurring in FY 2017. AMAS also met with personnel from UCDH Purchasing, the UCDCM Operating Room and Ambulatory Care Administration.

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<sup>1</sup> The vendor has changed the name of the current system to SEC<sup>3</sup>URE, but "Reprax" is used throughout the report, as it is the name UCDH users are most familiar.

<sup>2</sup> The level of membership and the fee amount the HCIR must pay to Reprax can vary depending on the vendor classification selected.

## **Conclusion**

AMAS found that though UCDH policies do include guidance requiring a HCIR to check in/out through Reprax, and that UCDH employees are responsible for enforcement of that requirement, the policies do not include guidance for internal maintenance or management of the system. This lack of oversight has resulted in a system with an inaccurate and outdated list of users, policies and credential requirements that allows HCIRs to gain access even if out of compliance.

UCDH would benefit from the development of a work plan to establish policy on the maintenance and management of the Reprax system. This policy should define processes for obtaining access to Reprax; validating and updating policies and credential requirements; and include ongoing monitoring for vendor classification confirmation in addition to monitoring of the system for risk indicators.

## **OBSERVATIONS, RECOMMENDATIONS, AND MANAGEMENT CORRECTIVE ACTIONS**

### **A. Oversight of Vendor On-Site Monitoring System**

**The current policies and processes related to maintenance and monitoring of Reprax are not sufficient to ensure the system is accurate and the HCIR access is appropriate.**

During the assessment of UCDH's utilization of Reprax, AMAS was unable to identify policy or guidance on the expectations of the internal management and monitoring of the Reprax system. This included direction on obtaining and defining user access, a process for assigning and updating required policies and credentials within Reprax by vendor class, and a means to verify the vendor classification self-assigned by the HCIR is consistent with the services provided at UCDH. Additionally, AMAS found that a review process to monitor for HCIRs that are not compliant with UCDH established policies and procedures did not exist, and a consistent process for advising UCDH HCIRs of their non-compliant status, including consistent disciplinary actions was not in place. See appendix A for detailed examples.

### **Recommendations**

UCDH Compliance, in coordination with other UCDH department leaders, should develop a work plan to establish a new policy and processes for the maintenance and management of Reprax. The policy should address user access, policy updates, review of policy and credential assignments based on vendor classification, validation of HCIR self-assigned vendor classification, and on-going monitoring for HCIR compliance concerns and other risk indicators.

### **Management Corrective Actions**

By August 15, 2018, UCDH Compliance will deliver a work plan outlining the steps necessary to establish policy and processes for the maintenance and management of Reprax.

**B. Enforcement of existing policy for HCIR**

HP&P 2202, Vendor and Contracted Services at UCDMC, states that HCIRs who do not have an appointment and/or are not displaying a valid UCDH Reprax issued identification badge must be instructed to leave and the incident reported to UCDH Purchasing. However, AMAS received feedback from some UCDH personnel that they have and do meet with HCIRs that are not displaying the required badge, and confirmed with UCDH Purchasing personnel that such feedback is rare.

**Recommendations**

UCDH Compliance should distribute a reminder to all UCDH personnel of the need to confirm all HCIR visits comply with policy, are by appointment, and that a UCDH issued Reprax identification badge is visible on their person.

**Management Corrective Actions**

By April 15, 2018, UCDH Compliance will communicate the current expectations for meeting with an HCIR to all UCDH personnel.

## Appendix A

Detailed discussion of opportunities to improve policies and processes for maintenance and monitoring of Reprax.

- There is not a process for department leadership to approve access requests to Reprax.
- Most UCDH user profiles have administrative level access to Reprax.
- The Reprax customer service team, instead of UCDH personnel, currently grants user access and permissions.
- Of the 45 user profiles that were identified: four are assigned to terminated staff, nine have never accessed the system, and 13 have not accessed the system in over 12 months.
- The policies uploaded to Reprax for HCIR acknowledgment are not current versions of the policies. For example, the policy for Vendor Contracted Services in Reprax is dated 2010, though the latest version of the policy is dated 2016.
- Seven of the eight policies uploaded into Reprax indicate annual acknowledgement by the HCIR is required. However, most policy assignments to the different vendor classifications are designated as “not required or visible for the representatives in this category”, meaning that the HCIR can gain access without seeing or acknowledging the policies.
- Any user with administrative privileges can overwrite the credentials in Reprax.
- There are circumstances when an HCIR can request an exemption from an assigned credential but a defined process has not been developed for the review and approval (or denial) of these requests, causing some requests to remain outstanding for months. (As of 1/5/18, there is an exemption request outstanding from 9/30/17.)
- A report of HCIR visits occurring between September 1, 2017 and November 30, 2017 identified 38 visits by 26 HCIRs whose premium membership with Reprax had lapsed<sup>3</sup>.
- A Reprax Compliance report for the vendor classification “Vendor Rep with access to the OR” was run for a period of 180 days and identified 82 instances of HCIRs gaining access with expired or incomplete credentials<sup>4</sup>.

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<sup>3</sup> A lapsed premium membership reverts the HCIR to a basic membership, which does not include credential verification capability.

<sup>4</sup> Reprax has a 15 day grace period for TB tests and a 30-day grace period for general liability coverage. Other areas of non-compliance that would permit access are related to vaccinations.