April 8, 2015

To: Giuseppe N. Colasurdo  
President

From: Daniel G. Sherman, MBA, CPA, CIA  
Assistant Vice President


We have completed our audit of the institution’s Emergency Preparedness Plans. This audit is part of our fiscal year 2015 audit plan and was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

BACKGROUND
Audits of Emergency Preparedness Plans are required by the State of Texas House Bill number 1831 (HB 1831). HB 1831 states, in part, “Every institution shall conduct a safety and security audit of the institution's facilities at least once every three years”. Among other requirements, the bill also states an institution shall adopt and implement a multi-hazard emergency operations plan for use at the institution. The plan must address mitigation, preparedness, response, and recovery. Healthcare facilities, such as the UT Harris County Psychiatric Center (HCPC), are also required to follow a more extensive set of requirements for emergency preparedness in order to be accredited by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission), the nation’s predominant standards setting and accrediting body in healthcare.

OBJECTIVES
The objectives of this audit were to assess the adequacy of processes and policies developed to respond to emergency events at UTHealth, UT Physician's (UTP) and HCPC.

SCOPE AND METHODOLOGY
Auditing and Advisory Services (A&AS) reviewed the Emergency Preparedness procedures and interviewed emergency management personnel at UTHealth, UTP and HCPC. We compared the Emergency Management Plan for UTHealth and UTP to HB 1831 requirements and to the Joint Commission required standards for HCPC. Evidence demonstrating the required steps were implemented for UTHealth, UTP and HCPC was also examined.
Specifically, we reviewed documentation and other evidence such as risk assessments/hazard analysis, emergency related agreements, Safety Council Meeting agendas/minutes, distribution lists, emergency drill schedules and related results, and incident reports in order to determine each of the HB1831 requirements were met.

AUDIT RESULTS

**UTHealth and UTP Emergency Management Plans**
During our testing, we noted UTP relies on UTHealth for certain emergency situations. We reviewed the Professional Services Agreement between UTHealth and UTP for the emergency services to be provided. In addition to the emergency services provided by UTHealth, we noted UTP has executed an Emergency Response Plan covering emergency situations not outlined in the Professional Services Agreement. These situations include fire, evacuation, office security, medical communications and bomb threats.

In addition, we conducted a walkthrough and observation of the UTHealth message alert system, (UTHealthAlert) to verify UTHealth’s ability to respond to an emergency via early warning/notification. Based on our observation, we noted the UTHealthAlert is a mass electronic communication system coordinated between the UTHealth emergency team and UT Police Department that provides the capability of rapidly notifying the campus community through text messaging about events of imminent threat, crisis or harm.

Based on our review of the UTHealth and UTP emergency preparedness plans, procedures are adequate and contain the required elements of HB 1831.

**HCPC Emergency Operations Plan**
In order to determine the adequacy of emergency preparedness procedures at HCPC, A&AS performed a comparison of the standards required by the Joint Commission to the HCPC Emergency Operations Plan (EOP). Based on this comparison, we determined the HCPC EOP fully complied with 108 of 111 (98%) the required standards.

Although all of the Joint Commission standards were included in the HCPC EOP, our testing revealed three of the standards were partially, but not fully in compliance. Specifically, the standards were mentioned in HCPC EOP; however, were not sufficiently outlined in order to comply with the Joint Commission requirements for the respective standards.

For example, although the HCPC EOP describes “**how**” the hospital will communicate the names of patients &/or deceased with other healthcare organizations, it does not specify “**under what circumstances**” the communication will occur as outlined in the Joint Commission required Standards. For another standard, the HCPC EOP describes how the hospital will communicate with suppliers, other healthcare and government agencies; however, it does not specify “**how the hospital will communicate with identified alternative care**”.

These particular issues were discussed with HCPC Safety Management and changes were incorporated into the HCPC EOP prior to the conclusion of our fieldwork in order to comply with the Joint Commission. Therefore, no recommendation is necessary.
We also noted the HCPC EOP does not include a “revision date” on the procedures within the EOP to indicate periodic updates or revisions. Without an indicated revision date, it may be difficult for HCPC to demonstrate the EOP is up-to-date and regularly maintained as required. We have suggested to HCPC Safety Management to include a “revision date” on the updated version of their EOP as well as publicize it on their intranet and they have agreed to do so going forward.

CONCLUSION
Management has developed and implemented processes and policies to adequately prepare for and respond to emergency events that may affect the UTHealth community. A minor issue was noted in some of the verbiage relating to HCPC’s Emergency Operations Manual and a suggestion was made to include a “revision date” in order to demonstrate to the Joint Commission that the manual is regularly updated and maintained.

We would like to thank all of the individuals at UTHealth, UTP and HCPC who assisted us during our review.

Daniel Sherman, CPA, CIA
Assistant Vice President

Senior Audit Manager: Nat Gruesen, CIA, CISA, CFE
Auditor Assigned: Diarra Boye, Staff Auditor

Issue Date:

cc: Audit Committee
    Dr. Robert Emery
    Andrew Casas
    Stephen Glazier