

UT Southwestern
Medical Center

Ambulatory Procurement Audit

Internal Audit Report 20:04

January 21, 2021

Table of Contents

I. Executive Summary	3
• Background	3
• Scope and Objectives / Conclusion	5
II. Detailed Observations and Action Plans Matrix	9
III. Appendix	20
• Appendix A – Risk Classifications and Definitions	20

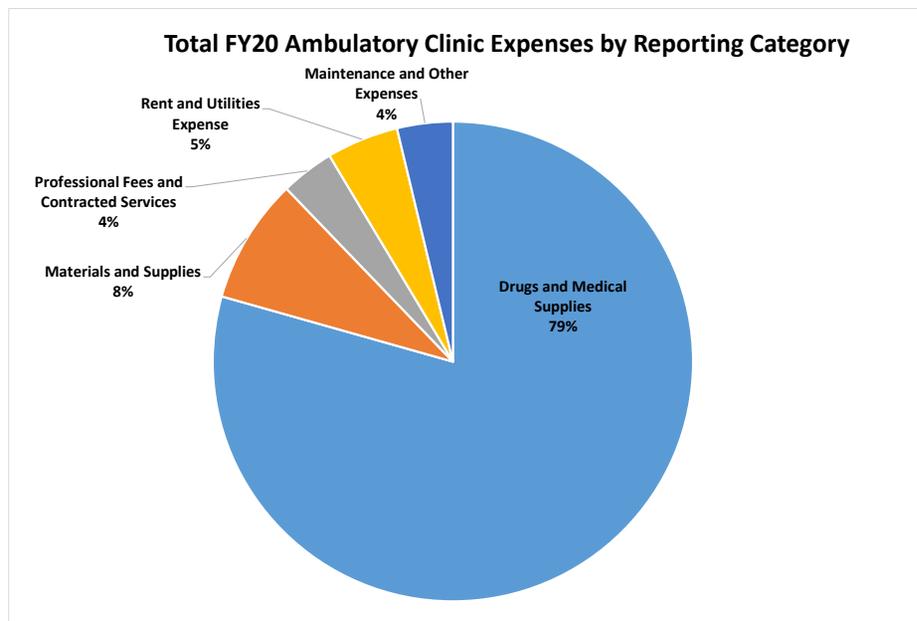
Executive Summary

Background

The UT Southwestern Medical Center (UTSW) operates over 150 clinical departments across multiple geographic clinic locations in the Dallas and Fort Worth metro area with designations of hospital based (100) and non-hospital based (53).

Hospital based clinics are managed by University Hospitals leadership and use the centralized University Hospitals' supply chain network for receiving and distribution of medical and office supplies, equipment and services supporting clinical operations and patient care and inventory management. Each hospital based clinic is responsible for identifying procurement needs.

Conversely, the non-hospital (ambulatory) based clinics are managed by their respective clinical academic department with support from the Ambulatory Operations leadership team and the Office of Supply Chain Management. Each ambulatory clinical location is responsible for identifying procurement needs and materials management processes including procurement of services, medical equipment and supplies, inventory receiving and distribution and periodic inventory balance management. Total dollars spent on ambulatory clinic procurement of goods and services is \$243M.



The chart to the left provides a summary of FY2020 ambulatory clinic expenses by key category.

The majority of the Ambulatory clinic operational expenses are spent on drugs and medical supplies (79%). The remainder primarily represented by materials & supplies (8%), rent and utilities (5%), and other fees & services expenses (8%).

Executive Summary

The Office of Supply Chain Management (SCM), reporting to the Associate Vice President of SCM, is responsible for the overall UT Southwestern supply chain management processes supporting campus hospitals and clinics, off-campus clinics, medical research, academic schools, as well as administrative and auxiliary functions. SCM's role in ambulatory procurement is to ensure timely and accurate requisition and purchase order review and processing once submitted by the requestor, receiving of supplies and equipment that meet quality standards at best value pricing and confirming compliance with State procurement rules and regulations and institutional policies and procedures.

The Office of SCM is organized into four logistical functions as follows:

- **Purchasing** coordinates with the requesting departments to acquire goods, services and equipment to support UTSW's goals to educate, conduct high-impact research and deliver patient care with a focus on quality, safety and service.
- **Contracts Management** is responsible for negotiating and ensuring terms and conditions to protect the institution are reflected in the contracts. They also coordinate with Institutional leaders to define institutional needs and ensure vendors provide the necessary evidence for executing contracts.
- **Strategic Sourcing** works jointly with Purchasing and Contracts Management to create strategic relationships with suppliers and assist departments with competitive bidding processes for procurement of services and goods. They also monitor vendor spending, execute comprehensive contracts and ensure compliance with state mandated regulations
- **Supply Chain Analytics** ensures data is appropriately captured and flows completely and accurately across systems to provide meaningful analytics (key metrics and dashboards) and accurate reporting to the SCM team, departments and senior management.

The Jaggaer application is used to support procurement activities and manage contracting activities. Information from Jaggaer interfaces with the PeopleSoft Financials application for payment activities.

Executive Summary

Scope and Objectives

The Office of Internal Audit has completed its Ambulatory Procurement Audit. This is a risk-based audit and part of the fiscal year 2020 Audit Plan. The audit scope included fiscal year 2020 procurement activities supporting non-hospital based clinics. The audit objectives were as follows:

- Evaluate ambulatory procurement processes and controls for effectiveness, standardization and quality and achievement of business objectives.
- Assess processes and controls to ensure compliance with Texas Education Code (TEC) §51.9337 regulations, relevant System and Institutional policy guidance and the UT Southwestern SCM Procurement Handbook.

We conducted the audit according to guidelines set forth by *The Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing*.

Conclusion

Opportunities exist to improve oversight for non-hospital based (ambulatory) clinics' procurement and inventory management practices to ensure proper procedures are followed and adequate internal controls are in place. The ambulatory clinics operate independently in a decentralized environment. As such, not all clinics have clearly defined roles and responsibilities for key procurement and inventory activities. Also with limited resources in the clinics, focused on providing clinical care to patients, there are limitations in the ability to ensure segregation of duties to protect clinic assets. Adopting a centralized materials management oversight function will give the clinics the ability to have resources to manage the procurement and inventory and reduce the risk of having inadequate controls to protect supplies and equipment. Detailed ambulatory clinic observations can be found in the "Ambulatory Materials Management Observations" section below.

UT Southwestern has policies and procedures in place to ensure compliance with the guidelines outlined in Texas Education Code (TEC) §51.9337. However, there are opportunities to improve the sole source exclusive acquisition process and supporting documentation to provide evidence of compliance with guidelines. Detailed Supply Chain Management observations can be found in the "Supply Chain Observations" section below.

Executive Summary

Included in the table below is a summary of the observations noted, along with the respective disposition of these observations within the Medical Center internal audit risk definition and classification process. See Appendix A for Risk Rating Classifications and Definitions.

Priority (0)	High (0)	Medium (5)	Low (0)	Total (5)
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The key improvement opportunities are summarized below.

Ambulatory Materials Management Observations

- 1. **Update the Ambulatory Clinic Materials Management Oversight Function** – Roles and responsibilities are not clearly defined and oversight and monitoring is not in place for all ambulatory clinics to ensure adequate internal controls are in place for procurement and materials management activities. Lack of defined roles and responsibilities increases the risk of theft and higher than expected supply costs and decreases in patient satisfaction.
- 2. **Establish Standard Ambulatory Clinic Materials Management Procedures and Training** – Uniform guidance, materials management standard operating procedures and materials management training are not in place increasing the risk of excessive supply costs or undetected theft of supplies.

Supply Chain Observations

- 3. **Improve Documentation for Sole Source Arrangements** – Approved Exclusive Acquisition Justification (EAJ) forms, which allow for sole source procurement, do not include supporting documentation to support independent SCM review and analysis required to approve the request increasing the risk of noncompliance with procurement regulations and the risk of overpayment.
- 4. **Improve System Controls to Monitor Contract Spend to Prevent Spending Beyond Approved Limits** – The Jaggaer application control designed to flag purchase order requests in excess of approved contractual and budget amounts is not functioning as intended. This increases the risk of noncompliance with procurement regulations, contract terms and increases the risk of overspending.

Executive Summary

- 5. **Implement Monitoring Controls to Improve Vendor Setup Timeliness** – There were delays in new vendor registration setup in the Jaggaer system, which impacts the timeliness in issuing purchase orders and vendor contracting.

Management has plans to address the opportunities identified in the report and in some cases has already implemented corrective actions. These responses along with additional details for the key improvement opportunities listed above are listed in the Detailed Observations and Action Plans Matrix (Matrix) section of this report.

We would like to take the opportunity to thank the departments and individuals involved in this audit for the courtesies extended to us and for their cooperation during our review.

Sincerely,

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Executive Summary

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Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<h1>Ambulatory Materials Management Observations</h1>		

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>Risk Rating: Medium ●</p> <p>1. Update the Ambulatory Clinic Materials Management Oversight Function</p> <p>Each ambulatory clinic leadership team is responsible for the materials management function. Available administrative or clinical personnel perform these duties and appropriate segregation of duties may not be in place increasing the risk of loss or theft of medical supplies. Monitoring is not performed to ensure clinic processes and controls are effective for timely receipt of products to meet clinical needs and procedures are consistently followed to ensure appropriate inventory management practices.</p> <p>Inconsistent materials management practices and lack of defined roles and responsibilities increases the risk of insufficient supplies available to support patient care, excessive supply costs and patient dissatisfaction.</p>	<ol style="list-style-type: none"> 1. Update materials management guidance and define roles and responsibilities for clinic, SCM and Ambulatory personnel to ensure consistent materials management functions across the clinics. 2. Develop training plan for implementation of guidance and roles and responsibilities. 3. Once guidance has been implemented, perform periodic monitoring to ensure expected procedures are occurring as intended. 4. Coordinate with Ambulatory Operations to evaluate feasibility on a site by site basis of centralized materials management resources for ambulatory clinics. Develop implementation plan once evaluation is completed. 5. Enhance current analysis of supply costs to include comparative reviews by specialties across all clinical geographical locations to identify cost savings opportunities. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> 1. The Ambulatory Operations and Supply Chain Management teams are working together to develop standard operating procedures with defined roles and responsibilities by key area. 2. Once guidance and roles and responsibilities have been developed, a training program will be implemented to provide training to all clinic leaders. 3. The Ambulatory Operations and Supply Chain Management teams will define monitoring procedures to ensure expected controls are occurring as intended. 4. Pilot program is in process to provide centralized supply chain resources to the offsite Medical Centers and selected clinic locations. The Ambulatory Operations and Supply Chain Management teams are evaluating the cost benefit of implementing centralized resources to manage on campus ambulatory clinic materials management operations. Based on cost benefit analysis and available funding, develop plan to include an onsite pilot and implement centralized resources and processes across the onsite ambulatory clinics.

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
		<p>5. Using the existing ORBIT reporting we have developed standardized reporting of ambulatory clinic procurement data. Next step is to update analysis to include comparative review by specialties and locations.</p> <p><u>Action Plan Owners:</u></p> <p>Directors, Ambulatory Operations Associate Vice President, Supply Chain Management</p> <p><u>Target Completion Dates:</u></p> <ol style="list-style-type: none"> 1. February 28, 2021 2. March 31, 2021 3. March 31, 2021 4. February 28, 2021 – Develop plan including funding sources and location implementation schedule April 30, 2021 – Kick off pilot program June 30, 2021 – Implement phased centralized plan 5. April 30, 2021

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>Risk Rating: Medium ●</p> <p>2. Implement Ambulatory Clinic Materials Management Procedures and Clinical Staff Training</p> <p>Ambulatory clinics do not have standard operating procedures for materials management activities and have not had training on proper materials management processes to ensure appropriate practices and reduce the risk of excessive costs for procured good and services or theft.</p> <p>A review of materials management processes and controls at the Richardson Plano Clinic and the Park Cities Clinic noted the following:</p> <ul style="list-style-type: none"> - In both clinics, roles and responsibilities are not defined to ensure orders are placed based on anticipated needs, purchase orders are from contracted suppliers and receiving is handled by another employee. These activities are assigned based on availability to assist at the time and adequate segregation of duties may not be in place. - Some clinics maintain periodic inventory counts and do not track inventory usage and do not have defined par values to identify supply reorder points increasing the risk of undetected supply misappropriation. 	<ol style="list-style-type: none"> 1. Develop standard operating procedures for clinic materials management activities. 2. Implement standard operating procedures and define materials management roles and responsibilities. 3. Ensure standard operating procedures at the Richardson Plano Clinic and the Park Cities Clinic to ensure segregation of duties is in place, supply needs are forecasted and orders are placed with key contracted suppliers. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> 1. We will develop standard operating procedures for clinic materials management activities. 2. In coordination with Ambulatory Operations and department leadership teams, will provide ambulatory and department leadership training and implement standard operating procedures across the ambulatory clinics. Updates will be made as needed based on rollout of the centralized plan. 3. Once the standard operating procedures and training are completed, they will be implemented in the Richardson Plano and Park Cities Clinics. <p><u>Action Plan Owners:</u></p> <p>Directors, Ambulatory Operations Associate Vice President, Supply Chain Management</p> <p><u>Target Completion Dates:</u></p> <ol style="list-style-type: none"> 1. February 28, 2021 2. March 31, 2021 3. March 31, 2021

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<h1>Supply Chain Observations</h1>		

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>Risk Rating: Medium ●</p> <p>3. Improve Documentation for Sole Source Arrangements</p> <p>The use of approved Exclusive Acquisition Justification (EAJ) forms are only to be used to justify sole source arrangements in certain circumstances including proprietary product, research operations, emergency purchases and professional services.</p> <p>Adequate supporting documentation is required to support the use of a sole sourcing arrangement. The EAJ forms do not include supporting documentation to reflect independent SCM review and analysis required to approve the request. When these forms are used, and the normal bidding processes are not followed to evaluate multiple vendors for providing goods and services, it increases the perception risk of unfair purchasing practices and noncompliance with procurement regulations resulting in reputational risk and regulatory fines.</p>	<ol style="list-style-type: none"> 1. Update the EAJ review and analysis criteria to ensure the EAJ form includes appropriate documented evidence to support the consideration of competitive bidding before the decision was made to execute a sole source arrangement. 2. Provide updated training for EAJ processing to department purchasers as well as the SCM team to ensure consistent completion and review of EAJs. 3. Update the approval process to ensure review and confirmation that all required elements and complete supporting documentation is available in the EAJ form as defined in the Procurement Manual. 4. Implement monitoring to ensure form includes appropriate documented evidence to support the sole source arrangement. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> 1. We are updating the EAJ review and evaluation procedures to ensure standard required steps are performed and form includes supporting documentation to support the EAJ review, analysis and conclusion. 2. We will provide training to both the SCM team and the department purchasers on the updated EAJ instructions. 3. We will provide approvers with training to ensure they are verifying the supporting documentation during the EAJ approval process. 4. The Assistant Vice President will implement and oversee monitoring procedures and will provide feedback to the Strategic Sourcing team on additional improvements. We are updating internal procedures to ensure final approved EAJs containing appropriate documented evidence is stored in the Strategic Sourcing files as well as with the corresponding purchase order. <p><u>Action Plan Owners:</u></p> <p>Associate Vice President, Supply Chain Management</p>

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>In FY2020 the EAJ procurement type accounted for 12% (\$113M) of total approved purchase orders. A review of FY20 approved EAJs identified the following:</p> <ul style="list-style-type: none"> - Documentation was not available to support review of other sources and alternative goods/services that have been considered and evaluated and did not include explanations why the other identified sources and products/services would not meet the requirements of the Institution. - SCM users did not enter estimated spending on an emergency procurement EAJ which did not allow for proper approval levels to be completed in advance of the purchase. 		<p><u>Target Completion Dates:</u></p> <ol style="list-style-type: none"> 1. February 28, 2021 2. February 28, 2021 3. April 30, 2021 4. April 30, 2021

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>Risk Rating: Medium ●</p> <p>4. Improve System Controls to Monitor Contract Spending To Prevent Spending Beyond Approved Limits</p> <p>A Jaggaer system application control was designed to flag purchase order requests in excess of approved limits but is not functioning as intended increasing the risk of noncompliance with procurement regulations and contractual terms and increased risk of overspending.</p> <p>As of August 2020, there were 50 instances totaling \$3.1M where approved purchase order totals are in excess of the approved contract and/or budget amount. In some instances, required competitive bidding processes were not completed, and POs were approved above the established limits.</p> <p>Examples include:</p> <ul style="list-style-type: none"> - FY20 purchased services for \$200,000 were approved based on a contract executed for \$50,000 with no additional required review or approvals. - Equipment purchases totaling \$212,000 were in excess of an approved \$80,000 EAJ. 	<ol style="list-style-type: none"> 1. Coordinate with Information Resources to correct the system application control so budget variance flag operates as intended. 2. Review instances where PO spending exceeded the approved contract/budget amount to determine contract updates that are needed and additional approval levels that may be required. 3. Ensure "Enforce Budget" option is set to "True" for all applicable procurement types. Routinely monitor and review all instances where "Enforce Budget" is not activated for active contracts. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> 1. We have coordinated with Information Resources to correct the system control so spending in excess of approved amounts can be flagged for analysis. 2. The Sourcing and Purchasing teams are reviewing the instances where the purchase order amounts exceeded the approved contract and/or budget amount to determine if contract updates are needed. Purchasing team implemented manual tracking controls for review of submitted POs to confirm requested spend is not in excess of an approved contract. 3. The Contracts team has implemented a monthly review of spending to confirm the appropriate usage of "Enforce Budget". <p><u>Action Plan Owners:</u></p> <p>Associate Vice President, Supply Chain Management Director, Peoplesoft Financials and Supply Chain, Information Resources</p>

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<ul style="list-style-type: none"> - FY20 spend of \$94,000 was in excess of an approved purchasing agreement executed for \$14,000 with no competitive bidding. 		<p><u>Target Completion Dates:</u></p> <ol style="list-style-type: none"> 1. Completed 2. February 28, 2021 3. Completed

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>Risk Rating: Medium ●</p> <p>5. Implement Monitoring Controls to Improve Timeliness of Vendor Setup</p> <p>There are delays in the Jaggaer new vendor registration setup due to lack of reporting and unclear roles and responsibilities for monitoring setup timeliness. Defined procedures are not in place to monitor vendor registration progress or identify and remediate sources of delays which results in delays in vendor contracting and processing of purchase orders.</p> <p>In addition, the current system interface from PeopleSoft to Jaggaer includes periods of timeout where the Jaggaer vendors are not active and orders cannot be completed while PeopleSoft vendor maintenance activities are in process. This results in delays in placing orders.</p> <p>For FY20, the average vendor setup time was 27 days while the baseline new implementation goal was seven days. New vendor registration delays were due to the following:</p> <ul style="list-style-type: none"> - Incorrect vendor information entered into Jaggaer by system users. - Vendor email system security settings that limited the delivery of the registration notification emails. 	<ol style="list-style-type: none"> 1. Review current open vendor registrations and identify the root cause of delays. Implement procedures to remediate each open registration. 2. Develop escalation process and procedures to ensure timely completion of vendor registrations. 3. Develop analytical tools and reports to enhance monitoring of the timing for the vendor setup by capturing the types of delays and timing in each of the phases during the setup and ensure the SCM team is meeting the department key performance indicators (KPIs). 4. Develop plan in coordination with the Accounts Payable (AP) team to ensure the most efficient oversight over vendor management activities. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> 1. The Supply Chain team is reviewing each open vendor registration to identify the root cause of delays. 2. The Supply Chain team is updating vendor setup procedures to include escalation with department leaders to ensure timely completion of vendor registrations. 3. The Supply Chain team is developing reporting to monitor this process. 4. We are coordinating with the Vendor Maintenance team to update process maps for PeopleSoft and Jaggaer and will identify opportunities for improvement. Then develop a plan to improve efficiencies in the process. <p><u>Action Plan Owners:</u></p> <ol style="list-style-type: none"> 1. – 3. Associate Vice President, Supply Chain Management 4. Associate Vice President, Supply Chain Management <p>Assistant Vice President, Accounting and Fiscal Services</p>

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<ul style="list-style-type: none"> - Incomplete or incorrect information entered by vendor representatives to complete their part of the registration process. 		<p><u>Target Completion Dates:</u></p> <ol style="list-style-type: none"> 1. February 28, 2021 2. February 28, 2021 3. February 28, 2021 4. February 28, 2021

Appendix A – Risk Classifications and Definitions

To aid your review of each observation within the Detailed Observations and Action Plans Matrix of this report, please note that we have included a color-coded depiction as to the perceived degree of risk represented by each of the observations identified during our review. The following chart is intended to provide information with respect to the applicable definitions and terms utilized as part of our risk ranking process:

Risk Definition- The degree of risk that exists based upon the identified deficiency combined with the subsequent priority of action to be undertaken by management.	Degree of Risk and Priority of Action	
	Priority	An issue identified by Internal Audit that, if not addressed immediately, has a high probability to directly impact achievement of a strategic or important operational objective of a UT institution or the UT System as a whole.
	High	A finding identified by Internal Audit that is considered to have a high probability of adverse effects to the UT institution either as a whole or to a significant college/school/unit level. As such, immediate action is required by management in order to address the noted concern and reduce risks to the organization.
	Medium	A finding identified by Internal Audit that is considered to have a medium probability of adverse effects to the UT institution either as a whole or to a college/school/unit level. As such, action is needed by management in order to address the noted concern and reduce the risk to a more desirable level.
	Low	A finding identified by Internal Audit that is considered to have minimal probability of adverse effects to the UT institution either as a whole or to a college/school/unit level. As such, action should be taken by management to address the noted concern and reduce risks to the organization.

It is important to note that considerable professional judgment is required in determining the overall ratings presented on the preceding pages of this report. Accordingly, others could evaluate the results differently and draw different conclusions. It is also important to note that this report provides management with information about the condition of risks and internal controls at one point in time. Future changes in environmental factors and actions by personnel may significantly and adversely impact these risks and controls in ways that this report did not and cannot anticipate.