

Campus Alert System

Executive Summary

The Institution's ability to communicate quickly and effectively with its workforce during an emergency is essential in promoting transparency and trust. MD Anderson Alert is the institution's emergency notification system designed to quickly notify MD Anderson's community using text, phone or email. These notifications are delivered via Everbridge, a cloud-based platform. The messaging, delivered to various audiences based upon type, may include building and facility updates, system downtime, weather warnings, and emergency alerts with safety instructions for employees. Everbridge issued roughly 21,000 notifications during Fiscal Year 2025 and is relied upon by multiple sub-user groups (i.e., Division of Surgery, askMDAnderson, Nursing, etc.) across the institution.

Internal Audit reviewed the processes and controls governing Everbridge and its notification distributions from September 2024 to July 2025. Our review also considered actions taken by UTPH subsequent to an erroneous alert that occurred in March 2025. We identified three key opportunities to strengthen operations:

- **Formalize the review process** – document the review process within standard operating procedures and consistently apply the review process across all types of notifications to ensure notifications are subject to consistency, accuracy and accountability.
- **Ensure comprehensive, periodic training** - ensure the established refresher training process is completed timely by all Everbridge users to reinforce controls and processes, best practices, system capabilities, and emergency protocols.
- **Strengthen user access reviews** - enhance the review process to ensure that users have appropriate permissions based on their roles and responsibilities.

With these operational enhancements, the institution would significantly improve reliability, accountability, and overall effectiveness in the distribution of critical communications. It is essential to recognize that a mass notification system is more than a technical tool, it serves as a vital communication lifeline during emergencies and high-risk events. Ensuring the operational efficiency of Everbridge signifies an investment in upholding the organization's core values of safety, integrity, and stewardship.

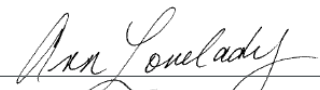
Further details are outlined in the Detailed Observations section.

Management Summary Response:

Management agrees with the observations and recommendations and has developed action plans to be implemented on or before June 30, 2026.

Appendix A outlines the objective, scope and methodology for the review.

The courtesy and cooperation extended to us by the Facilities Operations Center (FOC) team and UT Police Houston (UTPH) are sincerely appreciated.



Ann Lovelady, CIA, CHIAF CFE, CRMA, CCSA
AVP and Chief Audit Officer *Ad Interim*
October 27, 2025

DETAILED OBSERVATIONS

Formalize Review Process

RISK RATING: HIGH



Observation 1:

In March 2025, a message was erroneously distributed to MD Anderson's workforce from UTPH. The content of the message implied a threat to the campus. This message was a test but was not identified as such. At the time of the incident, no review process was in place. Subsequent to the incident, UTPH implemented a process to review emergency messages prior to distribution. However, at the time of our review, UTPH's process was not yet formally documented within their standard operating procedures (SOPs) and is not consistently performed across all alert types (timely warnings versus emergency notifications). Without a review process that is formalized and consistently applied, there is an increased risk that erroneous messages may be distributed to the institution.



Recommendation:

UTPH Management should formalize the established review process by documenting the process for messaging and applying the process to all notification types. Once formalized, this should be communicated to all UTPH users.



Management Action Plan

Responsible Executive: Shibu Varghese
Department/Division Executive: Paul Cross
Owner: Michael Redmond
Implementation Date: January 31, 2026

The Everbridge SOP will be enhanced to include procedures to document within the CAD the individual who performed the notification and the individual who reviewed the notification prior or immediately following the distribution of the alert.

Ensure Comprehensive Periodic Training Occurs

RISK RATING: MODERATE



Observation 2:

Currently, Everbridge user training is mandated at the time of initial access or upon request. UTPH has also implemented a refresher training practice to provide their users with ongoing hands-on training. However, a process was not yet in place to ensure that all users had reviewed the SOP and received the refresher training according to the established cadence. Without the governance process in place, training may be infrequent or not received, and as a result, users may become unfamiliar with system updates, established controls and procedures, best practices, or procedural changes.



Recommendation:

UTPH should ensure all relevant users complete the refresher training related to Everbridge as well as supporting controls and processes periodically.



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Staff inspections will be updated to include a supervisor signoff. This signoff will confirm that all individuals with access to Everbridge have completed refresher training at least once every two months. If anyone is found to be non-compliant, appropriate corrective action will be taken.

Strengthen User Access Review

RISK RATING: MODERATE



Observation 3:

Institutional policy requires that system access reviews be conducted regularly to ensure that user access is appropriate and aligned with job responsibilities. In accordance with this policy, Everbridge users are reviewed bi-annually.

The current user access review process includes confirming with each relevant department that the user access within their sub-user group is required and appropriate. In the two most recent bi-annual user access reviews, two different sub-user groups (Pediatrics and Nursing P9) did not respond nor confirm their users' access. Management confirmed that no follow up was done to obtain the necessary confirmations. When user access is not confirmed, the risks are increased that some access may be excessive or inappropriate.



Recommendation:

Management should strengthen the user access review process. Confirmations should be obtained from all user departments. The results of this confirmation process should be documented and reviewed by a supervisor to ensure that the process was performed as intended. Additionally, management should regularly compare the user access listing with the active employee listing instead of placing sole reliance on departments for confirmation.



Management Action Plan

Responsible Executive: Dr. David Jaffray and Shibu Varghese

Department/Division Executive: Jay Patel and Devina Patel

Owner: Sonya Royal and Derek Weaver

Implementation Date: June 30, 2026

Enterprise Support Systems (ESS) will perform their routine semi-annual access checks per their current process. If they do not hear back from the contacts within a set period of time, that list will be shared with Everbridge Steering Committee. The Committee will determine next steps, which might be an escalation to next level or removing access and notifying the POC.

Appendix A

Objective, Scope, and Methodology:

Internal Audit conducted a review of the Everbridge system, which is utilized for campus alerts. The objective was to review the controls and processes in place to ensure that campus wide emergency alerts are accurate and timely. The period of review was September 1, 2024, to July 31, 2025.

Our methodology included, but was not limited to, the following procedures:

- Interviewed key personnel and reviewed relevant organizational policies as well as standard operating procedures to understand current processes.
- Assessed training and oversight to confirm that new and current users receive adequate instruction.
- Evaluated access review procedures and assessed appropriateness based on job roles and group assignments.
- Analyzed notification content to determine whether message language was appropriate and aligned with the intent.
- Validated distribution lists against the employee directory for accuracy and completeness.

Our internal audit was conducted in accordance with the *Global Internal Audit Standards*. The internal audit function at MD Anderson Cancer Center is independent of the *Generally Accepted Government Auditing Standards (GAGAS)* requirements for internal auditors.

Audit Team: Megan Dotson, Cassie Grounds.

Number of Priority Findings to be monitored by UT System: None

A Priority Finding is defined as “*an issue identified by an internal audit that, if not addressed timely, could directly impact achievement of a strategic or important operational objective of a UT institution or the UT System as a whole.*”