



Administrative Policy
2023-09 Healthcare Compliance & Privacy Program –
Corrective Actions and Sanctions

Title	Healthcare Compliance & Privacy Program – Corrective Actions and Sanctions
Policy Owner and Contact Information	Office of Healthcare Compliance & Privacy Phone: 860-679-6060 Email: ohcp@uchc.edu Home Office of Healthcare Compliance & Privacy (uconn.edu)
Campus Applicability	All UConn Health campuses, including John Dempsey Hospital
Applies to	UConn Health Workforce Members
Effective Date	September 21, 2023

PURPOSE:

This document establishes expectations for development and recommendation of corrective action plans and sanctions in response to identified non-compliance with the University of Connecticut Healthcare Compliance & Privacy Program (the “Program”).

POLICY STATEMENT:

1. Corrective Action Plans

- 1.1. In response to identified non-compliance with the Program, the Office of Healthcare Compliance & Privacy (OHCP) may recommend development of corrective action plans to affected operational areas, including but not limited to departments, units, centers, institutes, schools, and divisions, as a means to promote and improve adherence to the Program.
- 1.2. The OHCP shall recommend corrective action plan development designed to:
 - (a) Improve and/or strengthen understanding of specific Program-related issues or risks in operational areas;
 - (b) Promote adherence to the Program;
 - (c) Improve the implementation of Program elements in operational areas;
 - (d) Mitigate risk recurrence and reduce the likelihood of future non-compliance; and
 - (e) Effectively address particular identified instances or issues of noncompliance.

2. Sanctions

- 2.1. The OHCP shall investigate reported and/or suspected violations before recommending sanctions.
- 2.2. The OHCP shall recommend sanctions for substantiated violations of Program-related requirements, including violations of associated compliance, privacy, or security policies or applicable state and/or federal laws and regulations.
- 2.3. The OHCP shall recommend sanctions for substantiated failures to report known or suspected violations of the Program.

- 2.4. The OHCP shall make sanction recommendations to Employee and Labor Relations and operational management responsible for evaluating and issuing disciplinary action.
- 2.5. The OHCP shall consistently recommend the same types of sanctions for similar occurrences of substantiated Program-related violations, and the OHCP shall allow for consideration of various influencing factors. Aggravating factors, e.g., repeated violations of the Program by the same individual, hindering an investigation, or large institutional exposure due to a violation, may increase the severity of the recommended sanction. Likewise, mitigating factors, e.g., self-reporting, minimal impact on patients and/or the institution, or inadequate training, may lessen the severity of the recommendation sanction. Neither the presence nor the absence of any particular type or volume of influencing factors guarantees an alteration to the sanction recommended by the OHCP.
- 2.6. The OHCP shall reserve the right to issue Program-related training and/or education following an investigation of a reported and/or suspected violation, regardless of investigation outcome.

DEFINITIONS:

Protected Health Information (PHI): Any information, including payment information, whether oral or recorded, transmitted, or retained in any form or medium, including demographic information collected from an individual, that:

- Is created or received by UConn Health;
- Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
- Identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected Health Information excludes information in education records covered by the Family Educational Right and Privacy Act (FERPA), records described in 20 USC 1232g(a)(4)(B)(iv), employment records held by UConn Health in its role as an employer, or healthcare records related to individuals who have been deceased for more than 50 years

Corrective Action Plan: A documented set of tasks, deliverables, and timelines developed to address findings and observations designed to eliminate causes of non-compliance with related federal and state regulations.

Sanctions: Recommended penalties or disciplinary measures levied against a Workforce Member in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, or other applicable University Policies or procedures following a substantiated occurrence of non-adherence to policy, regulation, or other enforceable requirement.

Workforce Member: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UConn Health, is under the direct control of UConn Health, whether or not they are paid by UConn Health.

REFERENCES:

HIPAA Privacy Rule: §164.530 Administrative Requirements. January 25, 2013.

[Compliance Program Guidance for Hospitals](#) (63 Fed. Reg. 8987; February 23, 1998)

[Supplemental Compliance Program Guidance for Hospitals](#) (70 Fed. Reg. 4858; January 31, 2005)

[Compliance Program Guidance for Individual and Small Group Physician Practices](#) (65 Fed. Reg. 59434; Oct. 5, 2000)

PROCEDURES/FORMS:

None

RELATED POLICIES:

[2014-04: Sanctions for Privacy and Security Violations](#)

[Code of Conduct](#)

[Academic Policies and Procedures Manual](#)

[Medical Staff Bylaws](#)

ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

APPROVAL:

Bruce Liang (Signed)
Bruce Liang, MD, FACC
Interim Chief Executive Officer, UConn Health
Executive Vice President for Health Affairs

9/21/2023
Date

Elle Box (Signed)
Elle Box
Chief Healthcare Compliance & Privacy Officer
Administrative Policy Committee Co-Chair

9/18/2023
Date

Janel Simpson (Signed)
Janel Simpson
Chief Administrative Officer
Administrative Policy Committee Co-Chair

9/19/2023
Date

POLICY HISTORY:

New Policy Approved: 9/23

Revisions:

Reviewed Without Changes: