

## **Annual Compliance Work Plan – Calendar Year 2025 - End of Year Summary**

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### **Purpose and Organization**

The Lake County Health Department and Community Health Center (LCHD/CHC) Compliance Program Work Plan (Work Plan) describes activities in support of the Agency's Compliance Plan during the calendar year 2025. It is used to provide a structured approach to implementing ongoing activities such as compliance program audits and training as well as "one time" projects intended to improve processes or program results.

The Work Plan addresses one or more aspects of the following seven elements of an effective compliance program:

- 1) Written Policies, Procedures, and Standards
- 2) Designation of a Compliance Officer and Compliance Committee
- 3) Effective Training and Education
- 4) Developing Effective Lines of Communication
- 5) Auditing and Monitoring
- 6) Enforcing Standards Through Well-Publicized Disciplinary Guidelines
- 7) Response to Violations and Development of Corrective Actions

### **Compliance Program Document Review**

The retirement of the Compliance Officer creates a need and an opportunity to assess the activities of the compliance program. This can start by reviewing current strength of activities around the seven elements of an effective compliance program. With the installation of a new Executive Director and the subsequent finalization of the agency's leadership structure, the agency will establish a process for reviewing the structure of the compliance program, the documents which exist in support of the program, and the staff dedicated to executing the program.

Ongoing: The mid-year appointment of the new Deputy Executive Director, who is also the Compliance Officer, served as a trigger for the Compliance, Privacy and Security workgroup to reformulate and refocus. A new tool for tracking the workgroup's action items was developed. The team reviewed the seven elements of an effective compliance program. New members were added to the team, including the Director of Finance and Administration, the Directors of Prevention, Healthcare and Behavioral Health, the IT Privacy and Security Operations Manager, and the Revenue Cycle Manager. Copies of previous compliance documents were collected and organized and now reside in one accessible online location.

## Compliance Training Curriculum

Timely, clear, and relevant training and education are key elements of an effective compliance program. The current general corporate compliance e-Learning module has been in use for several years. We will assess the content of the current module and determine what changes are required. The result might be to refresh the existing content which was developed by staff to be specific to LCHD. An alternative may be to also consider content from other sources like the Relias Learning Management System. Much of the work on this item was deferred from 2024 for two reasons. First, there was limited capacity in the Organizational Development (OD) team which is now corrected with the funding of an OD Specialist position to review the content, update certain information, and create new content, as needed. The second reason is the pending retirement of the Compliance Officer in early 2025. Compliance program documents will need to be updated as a result and deferring to 2025 saves duplicate efforts.

Complete: The general corporate compliance e-Learning was completely revised by the Learning and Development team, reviewed by subject matter experts and the members of the Compliance, Privacy and Security workgroup, and published in the Relias system in October 2025. All current staff take the training annually, and new staff at time of hire.

## Policy Management Site Assessment

Policies and standards are one of the key elements of an effective compliance program. The new PowerDMS policy management site was implemented in 2024. We evaluated the implementation through a survey of staff to understand 1) how this site has been received 2) how it supports their understanding of policies and 3) how it assists them in their duties. Survey results suggest the primary frustrations or suggested areas for improvement surround the early challenges making sure to limit the distribution of policies to those who need them. The core PowerDMS users who have served as the implementation committee will assess the need for any changes in the system and develop tools to improve user experience and communication related to system use.

Concurrent with the installation of a new Compliance Officer and the review of the Compliance Training Curriculum, additional tools and instructions will be created to foster effective use of the system. A primary focus will be to assure the distribution of relevant policies only to those who need them.

Ongoing: A subcommittee was formed to analyze the setup of the PowerDMS system, specifically what staff distribution groups were established, and how staff are assigned to the groups, how they get updated when staff change positions, and how terminated staff are removed from the system. The subcommittee is currently evaluating if the system needs to be overhauled, perhaps with fewer distribution groups, and will make a recommendation to the workgroup.

## New Lake County ERP System Implementation

The agency is positioned to actively participate in the implementation of the Workday System to replace the Oracle System known as BOSS. The system affects all aspects of our financials, human capital management, and almost every aspect of our administrative and business functions. A few staff have been assigned as representatives during key initial planning. We must assure inclusion in key decisions and system set-up while also communicating clearly internally to agree on strategies to receive maximum benefit from Workday.

Ongoing/Paused: The County announced on 9/17/25 that the Workday implementation has been paused, and the 12/1/25 go-live date has been postponed. Prior to that, however, health department staff were heavily involved, spending hundreds of hours on configuration and testing. Key representation included subject matter experts (SME's) from Human Resources, Payroll, Finance, Organizational Development, HI&T and Administration. The health department SME's met biweekly to coordinate communication and strategy internally. The Deputy Executive Director represented the health department in monthly county-wide Executive Steering Committee meetings.

## Roles-Based Access Control (RBAC)

RBAC will be a core feature to be implemented through Workday, the county's new Enterprise Resource Planning (ERP) system. This feature limits access to systems and data based on users' roles. This approach ensures employees can access only the information necessary for their job functions, reduces unauthorized access, and improves compliance.

This capability:

- Protects sensitive information like PHI and financial records
- Enhances compliance with HIPAA and organizational policies.
- Streamlines access management and reduces administrative overhead.

Through multiple initiatives, this effort will help to achieve the following goals:

- Complete role-mapping to implement RBAC in Workday.
- Ensure sensitive data access aligns with organizational policies.
- Conduct quarterly audits to identify and correct misaligned access.

Suspended: County decided not to pursue the role-based access model for Workday.

## Staff Training on Privacy

Given the ongoing threat of healthcare breaches, the privacy team is intensifying efforts to train staff on privacy and security best practices. The goal is to ensure all employees understand

their roles in protecting sensitive data and complying with regulatory requirements such as HIPAA.

Key considerations include:

- Improved staff awareness of privacy and security responsibilities.
- Reduced risk of breaches caused by human error.
- Reinforcing a culture of compliance and accountability.

Through multiple initiatives, this effort will help to achieve the following goals:

- Train clinical facing staff handling sensitive data.
- Develop post-assessment training for all trained employees. Achieve a minimum 90% score on post-training assessments across all trained employees.
- Develop a feedback loop to continuously improve training effectiveness based on employee evaluations and emerging trends.

Ongoing: A training on handling sensitive data and “HIPAA Do’s and Don’ts” was developed by Health Information Management (HIM) staff. The training was presented in person to clinical staff that are client-facing starting in June 2025, at Physical Health, Prevention and Behavioral Health programs. An after-training survey was developed to assess comprehension and is sent to staff electronically. Scores on the after-training assessments consistently range above 95%. The sessions have been very well received, so more are being scheduled into 2026.

### Technology Asset Management

Technology Asset Management ensures the protection of county assets and the sensitive client information they contain. This includes deployment, monitoring, tracking, and recovery of assets utilizing platforms like FreshService. This tool was implemented in 2024.

Effective asset management:

- Protects sensitive data residing on county assets.
- Improves tracking of users, locations, purchases, and contracts.
- Ensures compliance with financial and operational regulations.

Through multiple initiatives, this effort will help to achieve the following goals:

- Ensure 100% of employee deployed assets are tracked and managed in FreshService.
- Complete an audit of asset records by July of 2025.
- Maintain accurate and current asset records with less than a 1% discrepancy.

Complete: Every device with memory is being tracked in FreshService (cell phones, computers, tablets). The audit of assets was completed in May 2025. No lost, missing or untracked resource was reported in 2025.