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## Annual Compliance Work Plan – Calendar Year 2024

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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 2024. 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

### **Gift Card Audit**

Effective auditing and monitoring are key elements of an effective compliance program. In 2023, Finance conducted an audit of Gift Card purchases to determine adherence to internal policies and procedures, as well as to any grant rules and regulations regarding the use of Gift Cards. Changes were recommended consistent with findings and evolving state requirements. In 2024, there will be audits at a program level to determine the compliance with the additional state requirements and consistency of processes.

**Complete: Staff completed project in Q3 as described. There were no findings and operational recommendations were made to Finance leadership.**

### **Policy Management Site Assessment**

Policies and standards are one of the key elements of an effective compliance program. In 2023, the agency pursued, procured, and began implementation of a new policy management system. The plan is to fully implement the new PowerDMS policy management site in Q2 2024. In late Q3 or Q4, we will evaluate the implementation and survey staff to understand how this site is received in support of their understanding of policies and assisting them in their duties.

**Complete: The PowerDMS System was implemented in Q3. Therefore, the follow-up survey was not distributed until late Q4. The results suggest high levels of satisfaction with the ease of use for searching policies and completing reading assignments. The primary complaints surround the early challenges making sure to limit the distribution of policies to those who need them. This is an area for improvement in 2025. The core PowerDMS users who have served as the implementation committee will assess the need for any changes in the system and then develop tools to improve user experience and communication related to system use.**

## **Compliance Training Curriculum**

Effective 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 or to consider content from other sources like the Relias Learning Management System.

**Ongoing:** The majority of the work on this item was deferred from 2024 for two reasons. First, there was limited capacity in the 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. There have been conversations on the options for assessing the current content and deciding on how to present the information in the future. There has also been an initial review of the content available in Relias. Another reason to continue this into 2025 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.

## **Technology Asset Management**

Technology assets have been deployed, monitored, and recovered with various platforms. Part of an effective technology management process includes the ability to track users, locations, purchases, and contracts. A new system, FreshService, is being implemented to help manage the wide range of activities required for effective Lifecycle Management within the Technology Asset Management program. Following implementation, Finance will conduct an audit to ensure the accuracy of the transition and any new asset acquisitions and dispositions.

**Complete:** FreshService has been implemented in early 2024. Once the asset inventory was assembled and migrated, an audit was planned. The audit was completed by Finance staff and findings were sent to HI&T. The audit findings related to gaps in implementation of the new ticketing system for HI&T, which were expected due to a phased implementation of FreshService. Some missing relevant information is managed outside the HI&T processes and plans were made to correct that gap.

The audit revealed discrepancies in how items acquired with grant funding or non-grant funding are being recorded. The need for more accurate categorization in FreshService was identified as part of the audit, as a category of “missing item” needs to be refined. A review of items marked as “missing” will be completed to determine a more appropriate status and adjustments will be made accordingly.

HI&T leadership have created an action plan which includes training of technology staff in adjustments being made from the audit findings. Regular monitoring will be done by a member of the technology staff to ensure progress and the resolution of gaps. Another audit by the Finance team will be conducted in the first half of 2025.

## **Auditing and Monitoring of Technology Vulnerabilities**

Effective auditing and monitoring are key elements of an effective compliance program. Lake County Health Department and Community Health Center is a Covered Entity within Lake County. This means that we must comply with requirements under the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state laws with respect to protecting the privacy and security of health information. Recent incidents related to technology vulnerabilities and the required responses prompted increased vigilance on information technology operations. LCHD controls segments of the technology infrastructure. County IT controls other segments.

The Director of HI&T has engaged the Lake County Chief Information Officer and Virtual Chief Information Security Officer to identify critical core systems and systems that perform healthcare data transactions that will require further isolation from County Infrastructure to achieve HIPAA compliance. A Security & Privacy Operations Committee (SIPOC) has been established to assure comprehensive action in response to the heightened need for assessments and timely response. The SIPOC will address vulnerabilities, determine how HI&T and County IT are responding, and how to improve.

We will identify the current gaps in the structure, set action plans to mitigate the gaps, respond to security incidents, and develop a log monitoring and response process. Action plans will include dates, costs, responsible parties, and implications for not closing gaps.

Complete: The initial startup from County IT was slow. The Health Information and Technology (HI&T) Director engaged the Lake County CIO to prioritize technology security. The County implemented an aggressive strategy to identify vulnerabilities and enhance security across core infrastructure, focusing on shared technologies for efficiency.

LCHD continues managing critical health systems while improving security and privacy. To address emerging threats, LCHD has shifted from a committee-based approach to hiring full-time staff dedicated to security and privacy risk management. Recruitment for a manager to lead this team is in progress, with a focus on collaboration across compliance and safety functions.

This team identifies infrastructure gaps, develops action plans with clear timelines, and promptly addresses security incidents. They also manage logging, monitoring, and response processes. They will provide an annual IT Security and Privacy plan integrated into the HI&T Operations planning.

By taking these steps, LCHD and County EIT will enhance compliance with HIPAA and other regulations, improve risk management, and ensure system security and patient data protection.