Auditing Compliance with the Privacy Rule

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Agenda

◆ SJHHC Background Information

◆ Importance of Monitoring

◆ Monitoring Tools

◆ Results of Audits

◆ Conclusion

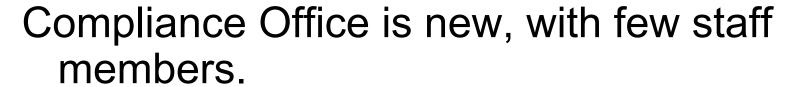# SJHHC Background Information

- Integrated Delivery Network
- 431 beds
- 1 main hospital with 21 ancillary sites
- Catholic Institution
- Located in Syracuse, NY
- Designated a Magnet Hospital for Nursing Excellence
- Part of a three-hospital alliance for laboratory services
- Some affiliated physicians use a Physicians Office Building located on campus
- Most physicians are not employed by the hospital

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SJHHC Background Information

Compliance Office is new, with few staff members.

◆ Other departments must be utilized:
  - Performance Improvement
  - Information Services
  - Network Resource Education Department
  - Financial Services
  - Patient Collections
  - Medical Records

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Importance of Monitoring

Part of the Privacy Rule

◆ History of effective monitoring policies and procedures will be helpful if a complaint about your organization is received

◆ Helps integrate Privacy Compliance with compliance efforts in the organization

Importance of Monitoring

Results of monitoring efforts can be useful:

- ◆ May help with Security Rule Compliance

- ◆ Bring inconsistencies to light

- ◆ Highlight opportunities to modify policies/procedures

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Monitoring Tools

- **Physical Security**
  - Walkthroughs
  - Policy and Procedure Review
- **Systems Security**
  - Access reviews
  - Role-based access
- **Information Security Assessment**

Monitoring Tools

◆ **Physical Security**

- Walkthroughs were done prior to Privacy Rule Implementation
- Modified self-assessment tool after implementation to incorporate Security Rule
- Piloted updated tool in a clinical and a non-clinical area
- Performance Improvement sent out tool to areas and compiled results
- First time = self-assessment
- Subsequent times = different departments will survey each other

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Monitoring Tools

◆ **Systems Security**

- Updated access policies as needed

- Incorporated Role Based Access when possible

- Conduct a monthly review of access to a sample of patients

  - Employees, Physicians, VIPs, patients with restrictions

- Conduct reviews of individual employee access when indicated

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Monitoring Tools

◆ **Systems Security Audit**

- ◆ Patient list sent monthly to Compliance Officer
- ◆ Compliance Officer selects sample and sends to IM and Medical Records
- ◆ IM pulls access history of designated individuals and sends to Medical Records
- ◆ Medical Records reviews access by system and documents inappropriate access
- ◆ Results sent to Compliance Officer for investigation

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Monitoring Tools

◆ **Information Security Assessment**

  ◆ Engaged with Syracuse University to provide a Behavioral Assessment of Information Security

    ◆ Interviews with key staff and management

    ◆ Walkthroughs of various areas

    ◆ Shadowing designated employees

Audit Results

◆ Audit results are compiled regularly and reviewed by:

  ◆ Director of Corporate and HIPAA Compliance

  ◆ Designated Performance Improvement Representative

  ◆ Vice President of Corporate Services

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Audit Results

- ◆ Suspicious access:
  - ◆ Sent to Directors or Managers of designated areas (employee)
  - ◆ Sent to Vice President of Medical Affairs (affiliate)
  - ◆ Access is investigated and action taken as appropriate

Audit Results

◆ Process Gaps:

- Process gaps are reviewed with the Director or Manager of the appropriate area
- If gaps are Network-wide, they are reviewed with the appropriate Vice President
- Policies and procedures are updated as needed
- Training materials are updated as needed

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Questions?