

COMPLIANCE 10.0

COMPLIANCE CORRECTIVE ACTION

Scope: All subsidiaries of Universal Health Services, Inc., including Acute and Behavioral Division facilities, Independence Physician Management (IPM), Prominence Health Plan and UHS of Delaware Inc. and their personnel.

Purpose: Development and imposition of Corrective Action Plans for compliance-related issues.

Policy: The Chief Compliance Officer, Division Compliance Officer and/or Facility Compliance Officers (“FCO”) may develop and, in consultation with Human Resources professionals, impose a Corrective Action Plan upon noncompliant staff or other persons subject to the UHS Compliance Program as a means of facilitating the overall Compliance Program goal of full compliance. Corrective Action Plans should be designed to first assist the noncompliant individual(s) to understand specific issues and reduce the likelihood of future noncompliance. Corrective action, however, shall be developed to effectively address the particular instance or issue of noncompliance, should reflect the severity of the noncompliance and shall be consistently applied.

Procedure:

The basis for corrective action may derive from internal compliance reviews, consultants' reports, audits, and other substantiated sources of noncompliant practices in any department by any person(s).

Elements of a Corrective Action Plan

The following constitute the minimum action which shall be taken in response to noncompliance with the Compliance Plan. A Corrective Action Plan for a first violation of noncompliance shall include these elements:

1. A clear statement of the specific problem(s) to be corrected.
2. A summary of the method used that discovered the problem.
3. A summary of the findings that include a root cause analysis of the noncompliance that will determine the extent and content of the Corrective Action Plan. The root cause may be found to include, for example, system or human error, negligence, reckless disregard of UHS policies or procedures, and applicable laws and regulations, or willful misconduct.

4. Remediation, which at minimum, shall include additional education or training by the Chief Compliance Officer, Division Compliance Office, and/or FCO or their designee if such root cause analysis indicates that education or training is appropriate.
5. Within ninety (90) days after the remedial education is completed, a follow-up audit of the corrective action implementation to determine whether the Corrective Action Plan is being followed and is effective.
6. A statement that the failure of an individual who is subject to a Corrective Action Plan to adhere to the plan shall be grounds for further corrective action that may include disciplinary procedures and/or actions.
7. A statement that corrective actions shall be in response to noncompliance during a given audit period, but noncompliance in previous audit periods can be considered in deciding upon the appropriate corrective action(s).
8. A statement that if a root cause analysis shows that the source of the problem was a reckless disregard of UHS or facility policies or applicable laws and regulations or willful misconduct, the Compliance Corrective Action policy shall yield to all appropriate provisions of the applicable Human Resources corrective action plans or policies.
9. Documentation regarding Corrective Action Plans will be filed and maintained by the Chief Compliance Officer or their designee for a minimum of seven (7) years after implementation of the Plan and are subject to the requirements of Compliance Policy **12.0 Compliance Document Retention.**

Revision Dates:

7-27-2020; 10-12-2017; 10-01-2015; 10-26-2012

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Reviewed and Approved by:

UHS Compliance Committee