



POLICY TITLE: Appropriate Discipline for Compliance Program Violations

Responsible Department: Audit and Compliance

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SUMMARY & PURPOSE:

To outline the factors that are considered in determining appropriate disciplinary action for employees who violate applicable laws and regulations, the Code of Ethics, other Corporate Compliance Program standards, or otherwise engage in wrongful conduct.

POLICY:

Employee corrective action plans, including disciplinary action as appropriate, are consistent with the organization's commitment to ensure compliance with applicable laws and regulations, the Code of Ethics, all other Compliance Program standards, and all applicable laws and regulations. Disciplinary action will be taken on a fair and equitable basis.

SCOPE/APPLICABILITY:

All employees of South Miami Hospital (SMH).

PROCEDURES TO ENSURE COMPLIANCE:

1. An employee who violates any law or regulation, the Code of Ethics or any Program standards, or otherwise engages in wrongful conduct shall be subject to a corrective plan of action and/or disciplined, as appropriate.
2. SMH also may take corrective and/or disciplinary action against supervisors who fail to detect or report misconduct on the part of employees under their supervision. Failure to detect misconduct means that the supervisor knew about the misconduct, but failed to identify the misconduct as potentially violating applicable laws and regulations, the Code of Ethics, or Compliance Program standards.
3. Corrective/disciplinary action may take one or more of the following forms:
 - a. Imposition of a corrective action notice, which may include training, education and other remedial measures;

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

- b. Verbal warning;
 - c. Written warning;
 - d. Suspension with pay;
 - e. Suspension without pay; and/or
 - f. Termination.
4. When corrective and/or disciplinary action is appropriate, the severity of the action will depend on a variety of factors, including, but not limited to:
- a. the nature and severity of the violation;
 - b. whether the violation was committed intentionally, recklessly, negligently or accidentally;
 - c. whether the employee had previously violated any laws, regulations or Compliance Program standards;
 - d. whether the violation is part of a pattern and practice of non-compliance;
 - e. whether the employee self-reported his or her misconduct; and
 - f. whether (and the extent to which) the employee cooperated with BHSF in connection with its investigation of the misconduct.

SUPPORTING/REFERENCE DOCUMENTATION:

- United States Federal Sentencing Guidelines
- Office of Inspector General Compliance Program Guidance for Hospitals
- Office of Inspector General Supplemental Compliance Program Guidance for Hospitals

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

BHSF Administrative Policy: HR 5250 Employee Conduct

BHSF Administrative Policy: HR 5300 Corrective Action

ENFORCEMENT & SANCTIONS:

Compliance program violations are assessed by the Corporate Vice President and Chief Compliance Officer who in collaboration with Human Resources recommends the appropriate discipline to senior management or the Board of Trustees if the person subject to discipline is at an executive level.