

OFFICE OF AUDIT, COMPLIANCE & ETHICS

University of Connecticut Health Center (UCHC) Compliance Office

Internal Investigation / Inquiry Guidelines

Internal investigations are sometimes necessary to better understand process errors, conflicts and concerns, and to facilitate compliance decision-making. This policy describes the authority of and methodology used by the UCHC Compliance Office to investigate allegations of potential non-compliance in accordance with the Federal Sentencing Guidelines for Organizations and other federal compliance program guidance.

The Compliance Office will provide a prompt and deliberate response to all allegations of non-compliance and / or the discovery of potential non-compliance through operations monitoring. This response will consider the origin, nature, risk level, credibility, and previous or current investigation activity by either internal or external parties. A clarification of the information/allegation will be made through this initial inquiry and a determination will be made whether to proceed to investigation stage. It is anticipated that many minor complaints can be resolved at inquiry stage with reinforcement of compliance education or other assistive guidance.

When proceeding to investigation stage, the process will include examination and analysis according to the following guidelines:

- Prompt review of the factual information surrounding a potential compliance issue to make a case-by-case determination as to whether a violation has occurred. This review will be conducted by the Compliance Office staff under the direction of the Corporate Compliance Integrity/Privacy Officer (CCIPO). The Compliance Office may lead the investigation or may refer it to another appropriate UCHC specialty area, including but not limited to the Office of Diversity and Equity, Human Resources, the Faculty Review Board, the Chairperson of the Faculty Standing Committee for Research Misconduct, legal counsel, auditors or special consultants, etc.
- The review may include interviewing crucial personnel and/or obtaining documents or other records that will assist in the fact-gathering process. All members of the UCHC community are obligated to cooperate with compliance investigations. Any individual made aware of the allegation shall also be asked to keep the investigation confidential and not disclose the identity of the subject or issues raised, unless otherwise required by law. Individual(s) implicated in the investigation, or representative(s) of the department(s), implicated in the investigation, will receive notification in a timely manner, as determined appropriate by the CCIPO, that a review is being conducted. The Compliance Office will advocate for and protect the rights of all individuals involved in the matter to be reviewed, including those accused, those participating in the investigation, and those bringing forward the concern. Retaliation against employees for making good faith reports is strictly prohibited. UCHC shall provide appropriate protection and support to employees who may experience retaliation or unfair treatment related to reporting a compliance concern.

- Following the factual review of information, an analysis of the facts will be shared in a formal or informal report to the (CCIPO) which will state the issue, describe the investigative process, the results of the investigation, as well as the plan for corrective action to ensure future compliance.
- Reports of each investigation including any recommendations for corrective action will be presented to the senior-most manager of the department/unit where the compliance concern was described.
- The finding of an unsubstantiated claim of non-compliance may be shared as appropriate with the accused.
- Whenever there is credible evidence during an investigation that suggest violation of criminal, civil or administrative laws, these findings will be discussed with in-house counsel [the Assistant Attorney General's Office] for review and guidance regarding reporting or otherwise acting upon the violation in concert with the appropriate federal and/or state authority within the required timeframe.
- Reasonable effort will be made to complete inquiries/investigatory reviews within 90 days. Any inquiries anticipated to extend beyond 90 days will be reviewed and approved by the Chief Audit and Compliance Officer.

Approved By: _____
Iris Mauriello (signed)

Date: _____
4/09/09

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Corporate Compliance Integrity/Privacy Officer
University of Connecticut Health Center