

Texas Tech University Health Sciences Center El Paso Institutional Compliance Policy

Enterprise Risk Assessment	Policy: COMP 18
	Effective Date: January 1, 2017
References: 164.308(a)(1)(ii)(A)	
TTUHSC El Paso Institutional Compliance Website: http://elpaso.ttuhscc.edu/compliance/	

Policy Statement

To establish and document a systematic approach to the review significant university functions and to identify threats and vulnerabilities that have the potential of negatively impacting the mission and reputation of the university. This policy establishes a mechanism for Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to actively participate in the required enterprise risk management activities described by the Texas Tech University System Board of Regents.

Scope

This policy applies to activities associated with the TTUHSC El Paso Compliance Department.

Policy

1. TTUHSC El Paso will not tolerate any risks that:
 - a. Willfully expose students, employees or other people to unsafe environments or activities,
 - b. Intentionally violate laws, regulations, contractual obligations or other externally imposed requirements or,
 - c. Result in unethical behavior.

2. The compliance office will systematically complete risk analysis on the various major functions of the university. This includes an annual Health Insurance Portability and Accountability Act (HIPAA) security risk assessment using various tools provided by the U.S. Department of Health and Human Services.

3. The risk analysis process serves as a framework that will allow the Compliance Department to:
 - a. Document the university's risk associated with various functions,
 - b. Provide a mechanism to report the findings to senior management, committees and appropriate administrators,
 - c. Provide a methodology to rank the threats and vulnerabilities, and
 - d. Provide a methodology to track mitigation efforts over time.

4. The risk analysis process will focus on the following major risk categories:
 - a. Compliance,
 - b. Financial,
 - c. Operational, and
 - d. Strategic.

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5. Once the risk assessment has been completed, reports will be provided to the appropriate risk owner(s), supervisors and senior management.
6. Corrective action plans must include:
 - a. A mechanism to monitor the progress of the corrective action plan,
 - b. A reporting structure, i.e., key milestones and goals, and
 - c. A reporting structure, including reports to appropriate committees and senior management.

Frequency of Review

This policy will be reviewed June 1 of every even-numbered year by the institutional compliance officer, with recommendations for revisions forwarded to the Institutional Compliance Committee.

Review Date:

Revision Date: January 1, 2017