Opening a New Hospital/ Medical Center  
A Look at the Imperative Role of Compliance

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Agenda

About Kaiser Northwest & Westside Medical Center
Getting Started
Highly Reliable Organization
Key Compliance Activities
Licensing and Accreditation/Medicare Billing
Lessons Learned
A Look at Kaiser Permanente Northwest

Hospital Compliance
Hillsboro, Oregon (Portland Metro)

Kaiser Westside Medical Center (KWMC)

The excitement is building
What does opening a hospital involve?

Noteworthy milestones

- **January 2007**: Oregon Certificate of Need Issued
- **June 2009**: Groundbreaking
- **July 2009**: Construction Begins
- **December 2009**: Service Delivery Plan Finalized
- **December 2010**: Completion of Initial Construction
- **February 2011**: Project Handoff to Operational Departments
- **June 2011**: Major Construction Ends
- **November 2011**: Compliance Plan Approved
- **February 2012**: LED Certification
- **June 2012**: Medical Office Opens
- **March 2013**: Hiring Staff
- **May 2013**: Medical Office Opens
- **June 2013**: Final Planning
- **July 2013**: 72-Hour Simulation
- **August 2013**: Hospital Opens

- **6/1/2013 - 8/5/2013**: Imaging Satellite
- **6/1/2013**: State Licensing
- **7/4/2013 - 7/20/2013**: Mark TIC Survey
- **8/20/2013 - 9/22/2013**: TIC Survey
- **9/24/2013**: Medicare Certification Received
- **10/1/2013**: Hospital Opens
When does Compliance get involved?

- Hospital Compliance was part of the AR&L, Compliance and Legal Workgroup which began in June 2010
  - Other areas joined – Quality, Safety, Infection Control, Chief Nursing Officer, Chief Medical Officer, Risk Management, Labor Partners
  - Later known as “Big Q”
- Development of a “Compliance Plan”
- Initial review of building floor plans

What is our first task?

Identify all applicable laws and regulations

- Federal
- State
- The Joint Commission
- Licensing Bodies
- Local
How do we track compliance?

- Categorize legal/regulatory requirements
  - Licensing
  - Building and facilities
  - Provision of care
  - Billing and finance
- Notify key players
- Develop timeline
- Track compliance

What needs to be tracked?

Some examples

- Required staff
  - What leaders and positions are required to be on-site?
  - What committees are required? Who are the required members?
- Required signage
- Required trainings
- Licensing/certification requirements
- Facility/building requirements
- Obtaining approvals from governing bodies
Get Involved

Big Q
- Tracked hospital preparation and readiness for August opening.

Leadership Team
- Hospital Compliance Officer

Command Center
- All follow up was tracked in this meeting which transitioned to the daily operations brief after opening.

Business Partners
- Hospital Leadership
- Engineering
- Facilities
- Safety
- Admissions/ Business Office
- Legal
- Infection Control
- Chief Medical Officer
- Accreditation, Regulatory and Licensing
- Pharmacy
- Quality
- Nursing- leaders and floor staff
- Surgical Services
- Hospital Compliance
- Information Technology
- PT/OT/Speech Therapy
- Lab
- Clinical Informatics
- Imaging
- Labor
Highly Reliable Organization

“The core passion of everyone who works at KWMC is to provide our patients, their families, and the community with the highest level of care and service.”

— KWMC Cultural Norms and Expectations

Patient-and-Family Centered Care

Cultural Norms and Expectations at Westside Medical Center

- Leadership – “everything in the culture is focused on patient and family centered care”
- Hearts and Minds – “fully committed to the shared values of patient-and-family centered care”
- Respectful Partnership – “Every care interaction is anchored in a respectful partnership, anticipating and responding to patient and family needs.”
- Reliable Care – “Patients say, ‘Staff was available to give the care I needed’."
- Evidence-based Care – “there is open communication and apology”
A Challenge to Overcome

Westside Specialty Medical Office opened three months before the hospital.

- This was not part of the plan. Flexibility was required.
- Imaging Department (a hospital department) scheduled to open with the hospital
- How will clinic patients receive imaging services?
- Application to State allowing us to operate Imaging as a satellite of Kaiser Sunnyside Medical Center
- Satellite had to be fully opened and then closed to re-open as a Westside Hospital department

Preparing Staff For Opening

<table>
<thead>
<tr>
<th>Big Top Event</th>
<th>3+ months training</th>
<th>Continued Learning</th>
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<tbody>
<tr>
<td>Westside Orientation two + months prior to opening</td>
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<tr>
<td>One week of learning, team-building, uniform fittings and more</td>
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<td>900-1500 attendees each day</td>
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<td>Included transfers</td>
<td>Leadership beginning training earlier</td>
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<td>All staff taking interpersonal communications classes</td>
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<tr>
<td></td>
<td>Tracers and test runs</td>
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<tr>
<td></td>
<td>72 hour simulation</td>
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<tr>
<td></td>
<td>Continued tracers</td>
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<tr>
<td></td>
<td>Rounding on units</td>
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<td>Staff aware of knowledge gaps</td>
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<td>Survey and License Preparation</td>
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<td>Specialized trainings</td>
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Compliance Participation Right Before Opening

- Education
  - Big Top Presentation
  - Rounding
  - Compliance Training

- Tracers and Rounding
  - Active participation in both walk-through and scenario based tracers

- Survey and License Prep
  - Policy Reviews
  - Progress Tracking
  - Auditing
  - Staff Knowledge

Licensing and Accreditation
Pre-Opening Activities

- Major compliance projects
  - HIPAA Readiness Audit
  - Regulatory Signage Audit
  - Medicare COP Review
  - EC in the ED (Emergency Contraception)
  - Simulation Documentation Audits
  - Employee File Audits
  - Shared Service Agreements
  - Pharmacy Audit
  - EMTALA Response Plan & Training
  - Policy Revision & Creation

Other Compliance Preparation Work

- Compliance rounding and training
  - Focus on Principles of Responsibility
  - "We Are Ready" booklet
  - Patient Rights and Responsibilities
- "Live" auditing of process compliance during simulations
- Continued tracking of compliance readiness (Site of Service)
- National Facilities Compliance visit
- Continued work with AR&L team to submit and track licensing paperwork
  - State licensing
  - Pharmacy
  - OCR Submission
  - Lab / CLIA
  - Imaging
  - Medicare Certification
## The Surveys

<table>
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<tr>
<th>State Licensing</th>
<th>Mock TJC Survey</th>
<th>TJC Survey</th>
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<tbody>
<tr>
<td>Approximately 1 month before opening</td>
<td>Full 3 day mock survey</td>
<td>Successful survey – accreditation obtained</td>
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<tr>
<td>No findings</td>
<td>Actual staff and patients involved</td>
<td>3 indirect findings</td>
</tr>
<tr>
<td>Positive experience for hospital and state</td>
<td>Findings taken to command center for follow up</td>
<td>1 direct finding</td>
</tr>
<tr>
<td>Learning opportunity</td>
<td></td>
<td>Active leadership engagement during process led to real-time training and improvements</td>
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## Compliance’s Role in Surveys

- **During the surveys**
  - Running
  - Scribing
  - Escorting
  - Proofing policies and materials
  - Researching
- **After the surveys**
  - Participation in action plan development and resolution
  - Tracking action plans through completion
  - Auditing and monitoring activities to ensure ongoing compliance
**Medicare Billing**

A longer process than imagined

![Timeline diagram showing milestones such as Medicare Certification, Hospital Open, CMS/The Joint Commission Survey, Government Shutdown, Corrective Action Plan Submitted & Accepted.]

**Lessons Learned**

- Some audits or reviews must be repeated once patients are in the hospital.
- Create a clear ownership for HR and Credentialing files and processes.
- Survey preparation for staff should include physicians.
- Clearly define responsibilities for staff during and after surveys.
- Keep track of surveyor and participant locations during surveys.
Questions?

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