

MISSION POSSIBLE: A TEAM APPROACH TOWARDS COMPLIANCE, CASE MANAGEMENT, AND QUALITY

BY:

SANDY KELLER, RN, CHC, VP COMPLIANCE

KAREN MAL, RHIA, CHC, COMPLIANCE MANAGER

CAROLINE MARCEAUX, RN, MSN, CNO ACADIA GENERAL HOSPITAL

KATIE SCHMALTZ, RN, ACM, DIRECTOR OF CASE MANAGEMENT, ACADIA GENERAL HOSPITAL

NEW ORLEANS REGIONAL NCCA CONFERENCE

APRIL 27, 2018



OBJECTIVES

- **PRACTICAL GUIDANCE FOR INCORPORATING COMPLIANCE INTO OPERATIONAL PROCESSES**
- **STRATEGIES FOR SHIFTING FROM AN EXTERNAL, REGULATORY FOCUS TO INTERNAL ALIGNMENT**
- **LEVERAGING TECHNOLOGY AND DATA TO EFFECT CHANGE**

COMPLIANCE

- **DEPENDENCE ON THOSE DOING THE WORK ON THE FOREFRONT THAT MAINTAINS THE ORGANIZATIONS COMPLIANCE WITH RULES & REGULATIONS**
- **DISCUSSION OF SCENARIOS HIGHLIGHTING THE IMPORTANCE OF CASE MANAGEMENT, QUALITY, & COMPLIANCE.**
 - **2 MIDNIGHT RULE**
 - **REPORTING A CONCERN/CULTURE**
 - **COMPLIANCE & REGULATORY COMMITTEE**

Healthcare is “compliant” if...

Requirements

1. It meets quality standards;
2. Is medically necessary;
3. Is provided by qualified physicians and staff;
4. Is provided without improper financial incentives;
5. Is provided in a way that respects patient's rights;
6. Is provided in an approved facility;
7. Is reimbursed correctly;
8. Is documented, charged, and billed correctly.

Laws / Rules

Scope of
Practice/Licensure
Issues

Stark/AKS

OCR/HIPAA

False Claims Act/
Overpayments Rule

CMS CoPs

OIG
exclusions

SCENARIO ONE 2 MIDNIGHT RULE & MEDICAL NECESSITY

**KATIE SCHMALTZ, RN, ACM, DIRECTOR OF CASE MANAGEMENT,
ACADIA GENERAL HOSPITAL**

2 MIDNIGHT RULE SCENARIO

- **ADMISSION ORDERS**
- **DOCUMENTS**
- **AUDITS**
- **KEY PLAYERS WORKING TOGETHER**

UTILIZATION REVIEW ADMIT TO DISCHARGE AND BEYOND

- **MEDICAL NECESSITY REVIEW**
- **PHYSICIAN ADVISOR**
- **UR COMMITTEE**



LIST OF REGS/REQUIREMENTS DEPENDENT ON CASE MANAGEMENT

- **MEDICAL NECESSITY – FALSE CLAIM**
- **UR PLAN – CONDITION OF PARTICIPATION – MEDICARE CERTIFICATION**
- **DISCHARGE PLANNING – CONDITION OF PARTICIPATION – MEDICARE CERTIFICATION**
- **IMPORTANT MESSAGE & MOON – CMS BILLING REQUIREMENT**
- **SIGNED IP STATUS ORDER – CMS BILLING REQUIREMENT**
- **INPATIENT ONLY PROCEDURES – CMS BILLING REQUIREMENT**
- **REVIEW INFORMED CONSENTS – COP & LOUISIANA LAW**
- **PHYSICIAN COMPETENCY AND QUALITY – CONDITION OF PARTICIPATION – GOVERNANCE**

SCENARIO 2 SURGERY INSTRUMENT WITH TISSUE

**CAROLINE MARCEAUX, RN, CNO
ACADIA GENERAL HOSPITAL**

BE OBJECTIVE- INVOLVE SOMEONE EXTERNAL

- **INVOLVING SOMEONE
EXTERNAL SHOWS STAFF LEVEL
EMPLOYEES THAT YOU ARE
TAKING CONCERNS SERIOUSLY
AND ARE WILLING TO REMOVE
YOUR OWN BIASES.**

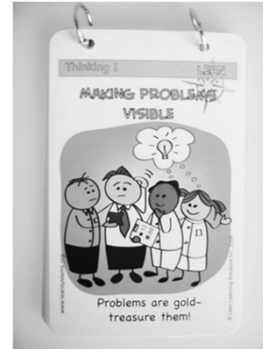


INCREASE TRANSPARENCY WHEN SOMETHING IS *WRONG*

GET TO THE ROOT OF THE PROBLEM-

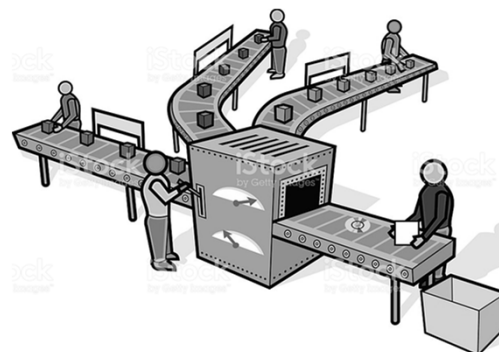
- RCA
- FMEA

MUST HAVE- STAFF CLOSEST TO THE WORK INCLUDED IN THESE PROCESSES



GET LEAN

- CREATE STANDARDIZED WORK
- IMPROVE EFFICIENCY
- ELIMINATE VARIATION AND REDUCE ERROR RATES



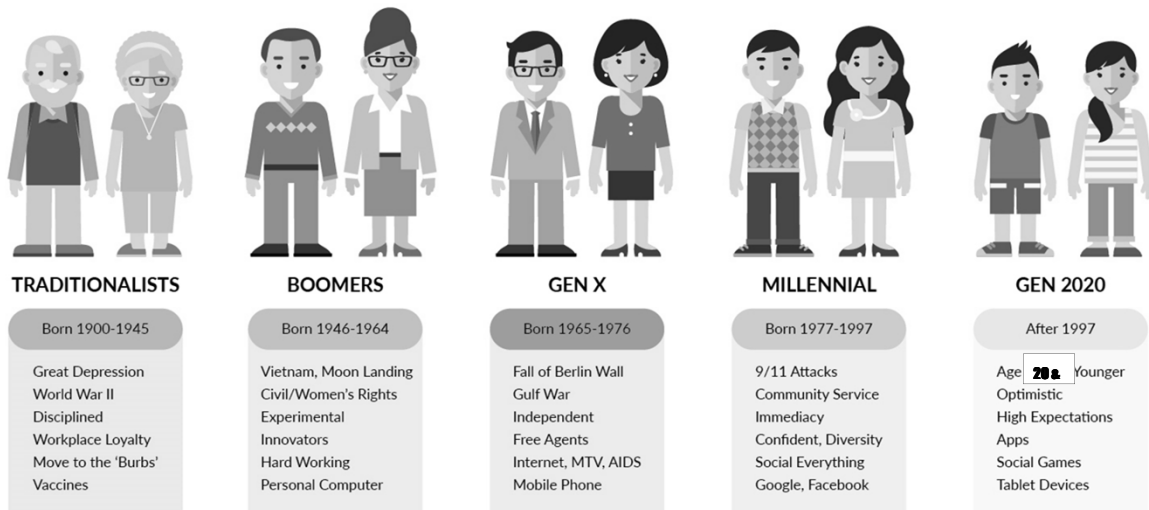
CULTURE

- WHAT IS A “JUST” CULTURE?

A JUST CULTURE EXISTS WHEN TEAM MEMBERS TRUST EACH OTHER, ARE REWARDED FOR PROVIDING INFORMATION ABOUT ADVERSE OUTCOMES AND EVENTS, AND ARE CLEAR ABOUT THEIR RESPONSIBILITIES REGARDING SAFE AND COMPLIANT BEHAVIORAL CHOICES.

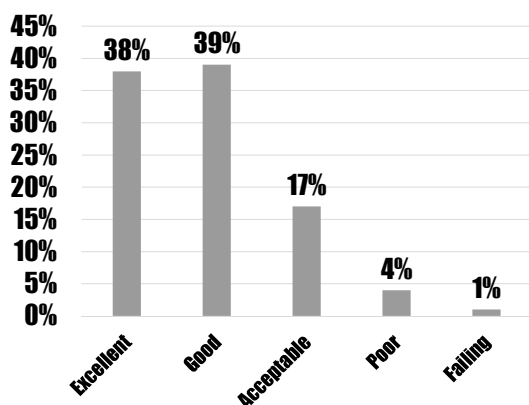
MOST IMPORTANTLY, THERE IS A *SHARED* ACCOUNTABILITY FOR RISK AVOIDANCE.

Five Generations Working Side by Side in 2020

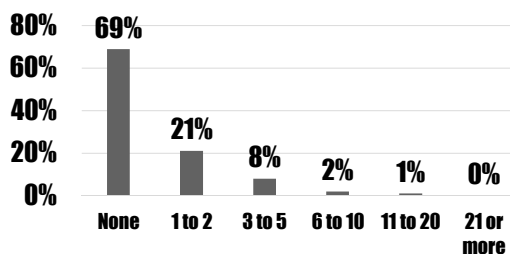


PATIENT SAFETY CULTURE SURVEY RESULTS

OVERALL PATIENT SAFETY GRADE



NUMBER OF EVENTS REPORTED



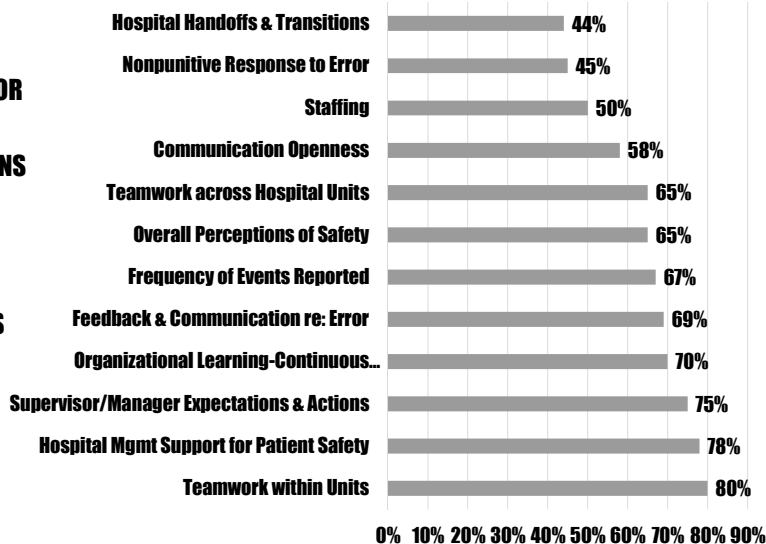
WINS

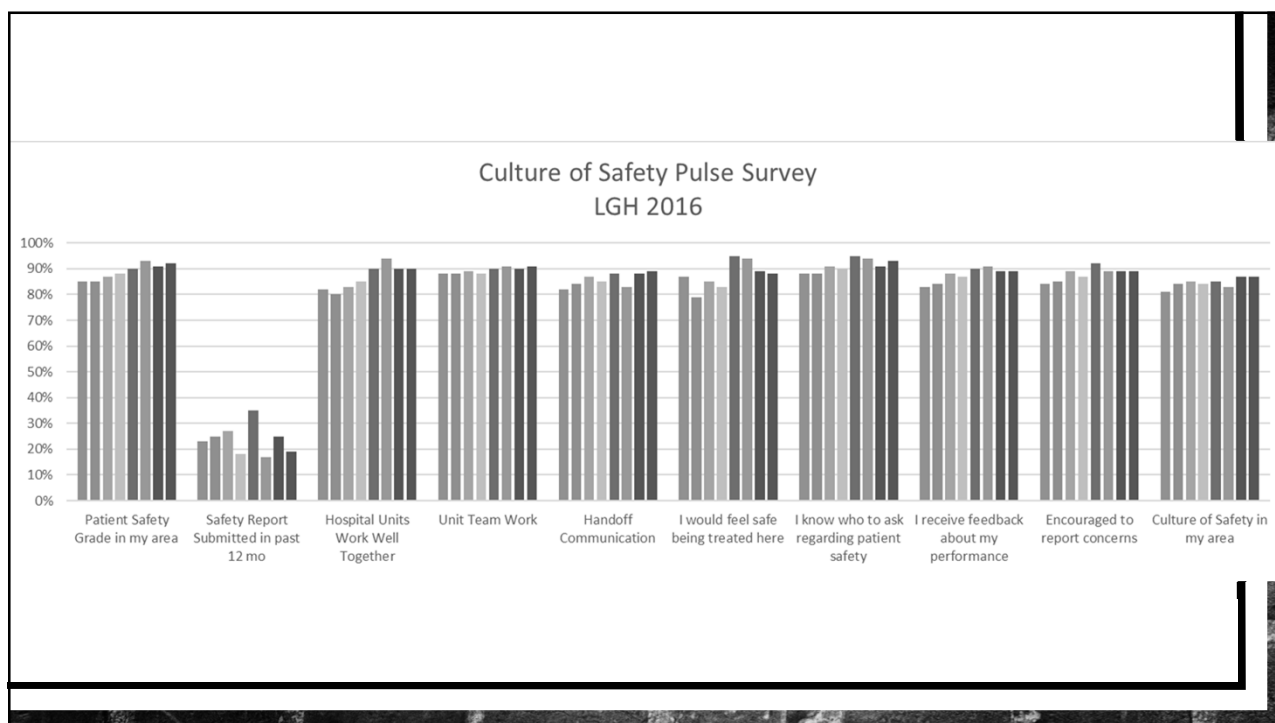
1. TEAMWORK WITHIN UNITS
2. HOSPITAL MANAGEMENT SUPPORT FOR PATIENT SAFETY
3. SUPERVISOR/MANAGER EXPECTATIONS & ACTIONS

OPPORTUNITIES

1. HOSPITAL HANDOFFS & TRANSITIONS
2. NON-PUNITIVE RESPONSE TO ERROR
3. STAFFING

Safety Culture Composites





JUST CULTURE DOESN'T *ONLY* SUPPORT SAFETY CULTURE

- Encourage Reporting
- Support Learning Organization
- Focus on Systems v. Individuals
- Coaching v. Punishing
- Root Cause Analysis
- Welcome and Embrace Surveillance
- Encourage Accountability and Ownership

Compliance



Case Management



Quality



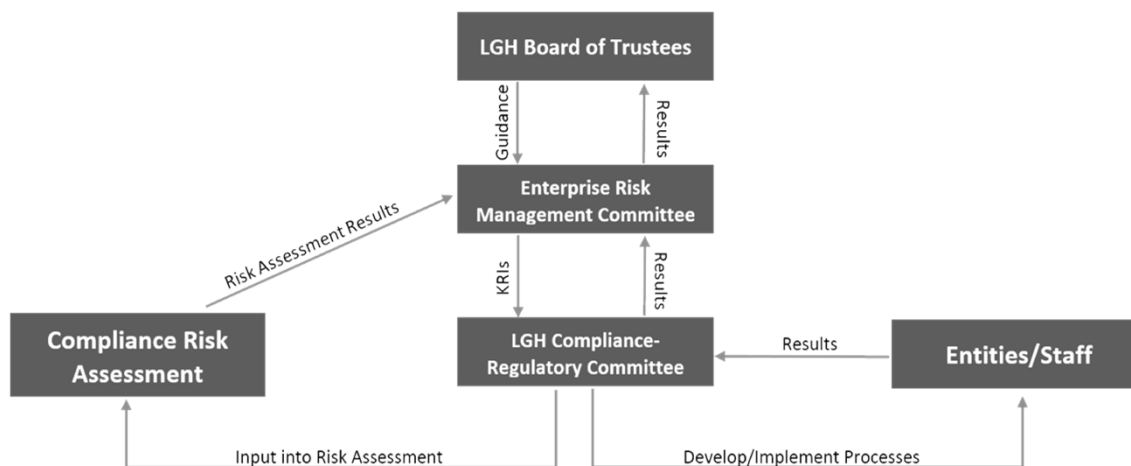
LIST OF REGS/REQUIREMENTS DEPENDENT QUALITY

- **REPORT A CONCERN – 7 ELEMENTS OF COMPLIANCE PROGRAM**
- **NON-RETALIATION – 7 ELEMENTS OF COMPLIANCE PROGRAM**
- **INVESTIGATE – 7 ELEMENTS OF COMPLIANCE PROGRAM**
- **POLICIES & PROCEDURES**
- **INFECTION CONTROL – CONDITIONS OF PARTICIPATION & THE JOINT COMMISSION**

SCENARIO 3 COMPLIANCE & REGULATORY COMMITTEE BEST PRACTICE SHARING

**KAREN MAI, RHIA, CHC, COMPLIANCE MANAGER
LAFAYETTE GENERAL HEALTH SYSTEM**

CRC EVOLUTION



LAFAYETTE GENERAL HEALTH COMPLIANCE – REGULATORY COMMITTEE SEPTEMBER 19, 2017 9:00AM-11:30AM

AGENDA

- I. WELCOME (5 minutes)
 - Sandy Keller, Vice-President/LGH Corporate Compliance & Regulatory
- II. PREVIOUS MEETING EVALUATION (5 minutes)
 - Sandy Keller, Vice-President/LGH Corporate Compliance & Regulatory
- III. KEY RISK INDICATORS (10 minutes)
 - Sandy Keller, Vice-President/LGH Corporate Compliance & Regulatory
- IV. REGULATORY UPDATES (30 minutes)
 - Katie Schmaltz, Director/AGH Case Management
 - Case Management – Important Message from Medicare Update
 - Patricia Fisher, Coordinator/LGH Regulatory and Accreditation
 - ACA Section 1557 Updated Signage Requirements
 - Janet Gundry, Associate General Counsel/LGH Legal
 - General Consent and Balanced Billing Act
- V. COMPLIANCE AUDIT RESULTS (10 minutes)
 - Karen Mai, Manager/LGH Corporate Compliance
 - Two-Midnight Rule (Follow-Up)
- VI. COMPLAINT MANAGEMENT PROCESS – BEST PRACTICE SHARING (15 minutes)
 - Denise Trahan, Director/LGH Regulatory & Accreditation
- VII. RISK ASSESSMENT (30 minutes)
 - Denaé Hebert, Compliance Specialist/LGH Corporate Compliance
- VIII. NEXT MEETING (5 minutes)
 - Sandy Keller, Vice-President/LGH Corporate Compliance & Regulatory

— 10 MINUTE BREAK —

IX. BREAK-OUT SESSIONS (45 minutes)

COMPLIANCE	INFORMATION SYSTEMS/ HIPAA	INFECTION CONTROL & RISK	REGULATORY/ ACCREDITATION
• nThrive Reports & Appeals Process	• HIPAA Audit/Monitoring Process & Patient Portal	• CMS Infection Control Worksheets	• Protocol Orders

MEETING AGENDA

LESSONS LEARNED

- **SHARING AUDIT RESULTS**
- **SHARING THE COMPLIANCE AUDIT PLAN**
- **EDUCATION**
- **TRANSPARENCY & ACCOUNTABILITY+**
- **SAFE ENVIRONMENT TO ASK QUESTIONS/NON-PUNITIVE**

LEVERAGING TECHNOLOGY

TECHNOLOGIES

- **ENSOCARE – CASE MANAGEMENT SOLUTION THAT INTEGRATES WITH ELECTRONIC MEDICAL RECORD**
 - RE-ADMISSIONS IDENTIFIED WHEN REGISTERED IN ED
 - INPATIENT ORDER SIGNATURE
- **COMPLIANCE TOOLS –**
 - INCIDENT SOFTWARE
 - SURVEY MANAGER/ AUDIT TOOL
 - NTHRIVE – RAC TRACKING TOOL
 - POLICY MANAGER – DATABASE FOR ALL POLICIES

QUESTIONS?

THANK YOU