How to Use "Measuring Compliance Program Effectiveness" – Some Perspectives

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The Guide:
What It Is and
What It Is Not

Measuring Compliance Program Effectiveness: A Resource Guide

Right-sizing the Guide:
A Tool For Any Size Organization

Laura Riddell, Mountain Land Rehab
Laura E. Ellis, Office of Inspector General
Putting Measures into Practice: A Discussion of Examples

Assessment
1.27

Essential Compliance Policies and Procedures exist

- Can staff articulate Policies and Procedures?

Compliance Officer
2.27

Compliance Officer Independence and Objectivity

- Review the CO Job Description
- CO reporting structure?
- CO in the Org Chart
- Independence
- Authority to retain counsel
Compliance Plan

2.45

What is the Company Doing to Drive the Compliance Culture?

- Surveys
- What does the company incentivize?
- What does the company promote?
- Is the Compliance Program tied to Mission, Vision, and Values?

Employee Screening

3.9

All employees are screened prior to hire

- Audit HR files to ensure documentation supports that newly hired employees were screened prior to their first day worked

Training

4.10

The organization evaluates policy and/or compliance failures and provides re-education to applicable staff

- Audit failures to determine if training is considered in corrective action
- Audit to ensure re-training completed
- Track for reoccurrence to determine understanding and effectiveness
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Monitoring and Auditing Work Plan

5.40

Auditing and Monitoring Process
- Document and process review
- How is the annual Work Plan developed?
- Who is responsible for the Work Plan?

Sample Monitoring & Auditing Tool

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Monitoring Parameters</th>
<th>Information Source</th>
<th>Method of Data Collection</th>
<th>Data Collection Frequency</th>
<th>Data Analysis &amp; Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>License &amp; Licensure Checks</td>
<td>- For all licensed positions</td>
<td>- All applicable licensing agencies</td>
<td>- Data from DSS and CMS</td>
<td>- Adverse event reports and complaints</td>
<td>- Adverse event reports and complaints, benchmarking, regulatory audits</td>
</tr>
<tr>
<td>Minimum Performance Standards</td>
<td>- For all employees</td>
<td>- Employee survey</td>
<td>- Data from survey</td>
<td>- Adverse event reports and complaints</td>
<td>- Adverse event reports and complaints, benchmarking, regulatory audits</td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td>- For all employees</td>
<td>- Employee training records</td>
<td>- Data from training records</td>
<td>- Adverse event reports and complaints</td>
<td>- Adverse event reports and complaints, benchmarking, regulatory audits</td>
</tr>
</tbody>
</table>
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HCCA Clinical Practice Compliance Conference
October 16, 2017, Phoenix AZ

Awareness
6.12
Distinction between disciplinary action and non-retaliation
• Interview staff for understanding
• P&Ps support discipline
• Assess the difference between discipline and non-retaliation
• Make sure of appropriate protections

Timeliness of Response
7.42
Self Disclosure Guidelines
• Document reviews and interviews
  – Are there written guidelines for self disclosure?
  – Do they address everyone that is impacted?
  – Do they address information to be shared with regulators?

Questions?
Comments?
How Will You Use This Guide?

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Laura E. Ellis, Office of Inspector General
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How do you know if you have an effective Compliance Program?

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Resources:
https://oig.hhs.gov/authorities/docs/physician.pdf