HEAR NO EVIL, SEE NO EVIL: 10 WAYS TO PROACTIVELY IDENTIFY COMPLIANCE ISSUES IN YOUR ORGANIZATION

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DISCLAIMER

• This material is designed and provided to communicate information about privacy and compliance in an educational format and manner.

• The authors are not providing or offering legal advice but, rather, practical and useful information and tools to achieve compliant results.

• Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful.

• Applying best practice solutions and achieving results will vary in each hospital/facility and clinical situation.
WHEN ALL IS QUIET……..

OBJECTIVES

• If all is quiet in your organization, does it mean all is well?
• Strategies to engage your workforce and create a culture of compliance
• Discussion of proactive best practices
OUTLINE

• Round the Way: Privacy & Compliance Rounding
• Case Management: Referral Snapshot
• Shadowing positions: Looking to Understand your Compatriots
• Not your Typical Audit-Audit
• Say What? Right to Restriction Re-education
• Grievance Committee: Prevent Compliance Grief
• IT Steering Committee: Compliance at the Wheel
• Getting a Seat at the Table
• Medical Identity Theft: Worse than a Stolen Wallet
• Social Media: What is your Social Responsibility Policy?

ROUND THE WAY: PRIVACY & COMPLIANCE ROUNDING

Where do you go?

What to look for:

• Privacy – not verifying the identity of people before talking to them, on the phone or personally
• Leaving PHI at the Nursing Station
• EHR log off
• Passwords on Post-It Notes
• Flip your badge
• Vendor pamphlets next to food
• Collateral material for public use
• Discharge process for patients
ROUND THE WAY: PRIVACY & COMPLIANCE Rounding

Impromptu quizzing

• How do nurses communicate with the physicians? Texting? IM?
• Who to contact to report issues?
• What is considered a violation?
• What is appropriate access to the EHR? Physicians vs. workforce

CONTINUED-ROUND THE WAY: PRIVACY & COMPLIANCE Rounding

Reporting observations

• Double back and do a quick debrief/email
• Consider unit specific or house-wide
• Use it for documentation of a proactive process

Benefits

• Support local Compliance branding
• Hawthorne Effect
• Staff Feedback Opportunity
  • Concerns
  • Policy application
  • Assistance
CASE MANAGEMENT: REFERRAL SNAPSHOT

Vendor control
- How are marketers managed?
- Are post-acute marketers checking in to see a patient and then wandering the halls?
- Subverting patient choice?

Patient Satisfaction – Are patients finding a place that meets their needs? Geographically, same language, religion etc.

CASE MANAGEMENT: REFERRAL SNAPSHOT

Audit:
- Is there a high correlation between 1 or 2 Case Managers and 1 or 2 post-acute providers?
- Is there a referral trend based on physician?
- Accounts Payable – which post-acute providers are getting a high % of your $$ and why?
CONTINUED-CASE MANAGEMENT: REFERRAL SNAPSHOT

Questions to Ask:
- How is a physician placement recommendation handled?
- How are “difficult to place patients” placed?
- How are the Case Managers giving patients choice of post-acute care? Scripting?
- What process does your case management team use for placing patients who don’t have a destination preference?

CONTINUED-CASE MANAGEMENT: REFERRAL SNAPSHOT

Questions to Ask
- Are staff going out to the patient’s home? What can they do while they are there?
- Are your Case Managers helping physicians after discharge?
- Are staff inappropriately obtaining DME for the patient – even though the patient should be getting it from their physician?
SHADOWING POSITIONS: LOOKING TO UNDERSTAND YOUR COMPATRIOTS

Pharmacy
  • Controlled Substances
  • Un-used Medication Credit
  • 340b
Emergency Department staff
  • EMTALA
  • Treatment Privacy
  • Medical Necessity

When you talk, you are only repeating what you already know. But if you listen, you may learn something new.
— Dalai Lama

SHADOWING POSITIONS: LOOKING TO UNDERSTAND YOUR COMPATRIOTS

Operating Room staff
  • Crowd control
  • Phones
  • Device credits

Admitting and Registration staff
  • EMTALA
  • Nondiscrimination
  • Fair billing practices
NOT YOUR TYPICAL AUDIT - AUDIT

If it can be quantified:
- Transportation vouchers
- Complementary meal tickets
- Car charging stations

Ask:
- Who gets to take advantage of it?
- What is the purpose?
- What is the expense?

NOT YOUR TYPICAL AUDIT - AUDIT

Time Card Sleuthing
- Payroll – Ghost Employees?
- Staff clocking in the parking garage and then going to work?
- Culture of compliance or culture of ignorance?

Expense Reports
- $1000 meals - who was involved?
- Entertainment expense - who is being entertained?
- Supplies, charges valid?
SAY WHAT?
RIGHT TO RESTRICTION RE-EDUCATION

An HIV patient requests a restriction to not disclose the HIV status to their father. The patient discussed this with their day shift nurse, Joan, who acknowledges and says “no problem, we won’t let him know”, but she does not document this anywhere. At shift change, Joan fails to mention this to the night shift nurse, Ben. When the father is visiting that night, Ben brings in the patient’s anti-retroviral and explains the medications as he is giving them, per policy.

SAY WHAT?
RIGHT TO RESTRICTION RE-EDUCATION

Creating a policy
  • Discretionary Requests
  • Billing Transmission Prevention
  • Approval
Education House-wide
Patient Education
Patient Portal Implications
GRIEVANCE COMMITTEE: PREVENT COMPLIANCE GRIEF

Common Issues:
- Inappropriate documentation – “my nurse isn’t charting my pain!”
- Patient safety
- Inappropriate employee behavior – sexual harassment
- Physicians – “I never saw my doctor!”
- Bill complaints – audit charges – care inappropriate
- Privacy - access to charts just to see or justified

IT STEERING COMMITTEE: COMPLIANCE AT THE WHEEL

IT Security
- Does your organization have generic passwords?
- Role based access assigned accurately?
- Re-assessing, annually, quarterly, monthly?
- De-activation timelines
IT Steering Committee: Compliance at the Wheel

Generated report capabilities
- Co-signing for residents and mid-levels
- Physician order sign-offs
- Questionable access

Getting a Seat at the Table
Changing the perception - most people welcome an extra set of helpful hands
Committee Participation:
- RAC
- Quality
- Medical Staff
- IT or Informatics
- Patient Care Services
- Business Development
- Policy Review Committee
- Regulatory Readiness (The Joint Commission)
GETTING A SEAT AT THE TABLE

5 Things to Listen For:

- Does “it” provide something of value to a physician or other referral source?
- Does “it” change how services are documented, coded, billed, or reimbursed?
- Does “it” involve a possible conflict of interest?
- Does “it” involve moving or disclosing protected health care information?
- Does “it” require engagement of others (Patient Safety, Legal, HR, IT, etc.)?

MEDICAL IDENTITY THEFT:
WORSE THAN A STOLEN WALLET

Detection
- Patient Friendly Statements
- Direct Patient Reporting
- Fraud Detection Software

Prevention
- Train and Know your Staff
- Know your Patient
- Fraud Trends
- Policies and Procedures
CONTINUED-MEDICAL IDENTITY THEFT: WORSE THAN A STOLEN WALLET

Mitigation

• Investigative tips:
  • Driver’s license vs. medical record
  • Police report or legal documentation
  • Credit reports
  • Privacy caution
• Hold on billing
• Notify BA
• Provider Notification
• Correction or Amendment of the Record

SOCIAL MEDIA: WHAT IS YOUR SOCIAL RESPONSIBILITY POLICY?

RT Kristal posts: “OMG! Look at how slammed we are tonight!” and posts the patient assignment board.

• Creating policy
• Education for staff
• Guidance for patients and visitors.
• Areas of restriction for devices
• Enforcement-what is allowed
• Balancing the 1st Amendment
## The Reality of Social Networks

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Kristal (1 person)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2</td>
<td>Kristal’s Friends (153 friends)</td>
</tr>
<tr>
<td>Jana</td>
<td>Austin</td>
</tr>
<tr>
<td>Level 3</td>
<td>Kristal’s Friends’ Friends (26,928 people)</td>
</tr>
<tr>
<td>Average 176 friends x Kristal’s 153 friends = 26,928 people</td>
<td></td>
</tr>
<tr>
<td>Jana’s 237 Friends</td>
<td>Austin’s 124 Friends</td>
</tr>
<tr>
<td>= 26,928 people</td>
<td></td>
</tr>
<tr>
<td>Level 4</td>
<td>Their Friends’ Friends (Over 4.7 million people)</td>
</tr>
<tr>
<td>Average 176 friends x 28,928 people = 4,739,328 people</td>
<td></td>
</tr>
</tbody>
</table>

One person’s post grows exponentially based on “friending”.

Kristal posts information about a patient she treated in the ED on her Facebook page and how interesting the case was.
BIBLIOGRAPHY


- Hambleton, Margaret (2016) Vice President, Corporate Compliance Officer, Dignity Health - *5 Things (to Listen For)*