

# The Best Approach to Design Effective Corrective Action Plans (CAP)

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1

## Disclaimer

The views shared today are not necessarily the view of our  
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2

## Overview

- Discuss and review the CMS Guidance for Performing Root Cause Analysis (RCA)
- Provide resources tools and techniques
- Review the RCA, Corrective Action Plan (CAP) and monitoring documentation best practices

## Background - Compliance Program Effectiveness

### **US Federal Sentencing Guidelines (Ch. 8): Effective Compliance and Ethics Programs**

- Exercise due diligence to prevent and detect criminal conduct
- Due diligence and the promotion of an organizational culture that encourages ethical conduct and a commitment to compliance with the law
- After criminal conduct has been detected, the organization shall take reasonable steps to respond appropriately to the criminal conduct and to prevent further similar criminal conduct, including making any necessary modifications to the organization's compliance and ethics program.

## Root Cause Analysis Background

- A method to identify underlying cause(s) of a failure(s).
- Assists in identification of solutions to mitigate further instances of failure.
- Provides a systematic organized and unbiased approach to evaluate causes.
- A structured facilitated team process.

## Root Cause Analysis Steps

Steps	Explanation
1. Identify the event to be investigated and gather preliminary information	Events and issues can come from many sources (e.g., incident report, risk management referral, resident or family complaint, health department citation). The facility should have a process for selecting events that will undergo an RCA.
2. Charter and select team facilitator and team members	Leadership should provide a project charter to launch the team. The facilitator is appointed by leadership. Team members are people with personal knowledge of the processes and systems involved in the event to be investigated.
3. Describe what happened	Collect and organize the facts surrounding the event to understand what happened.
4. Identify the contributing factors	The situations, circumstances or conditions that increased the likelihood of the event are identified.
5. Identify the root causes	A thorough analysis of contributing factors leads to identification of the underlying process and system issues (root causes) of the event.
6. Design and implement changes to eliminate the root causes	The team determines how best to change processes and systems to reduce the likelihood of another similar event.
7. Measure the success of changes	Like all improvement projects, the success of improvement actions is evaluated.

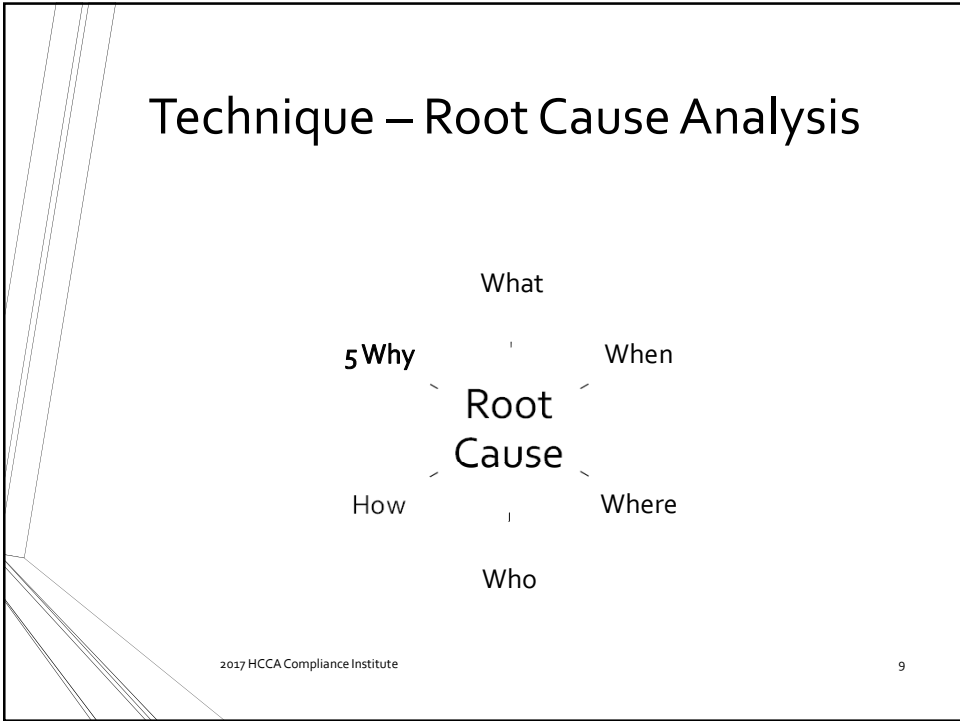
## Describe What Happened

- Everyone should be in agreement that they have the information necessary to accurately define what happened.
- The five whys helps ensure nothing is missed and that everything is factual about the event.
- Be careful about leaping to conclusions and solutions!



## Contributing Factors

- First need to understand the facts surrounding the event that lead to the problem.
- Assess what conditions existed to produce the effect.
- Assess sequence of events to understand the condition that influenced the effect or effects of the problem.  
Interview those involved in the incident.



## Root Cause and The 5 Why's

<b>Problem Statement</b>	<b>One sentence description of event or problem:</b> <i>Your 14 year old received a D in geometry.</i>
Why? ➡	Because not all the assignments were turned in.
Why? ➡	Because the assignments were incomplete.
Why? ➡	Because geometry is a struggle to understand.
Why? ➡	Because it is necessary to ask for additional support.
Why? ➡	Because it is embarrassing to get more classroom support.
<b>Root Cause(s)</b>	Your 14 year old is afraid to ask for help because they're embarrassed for struggling with geometry and they've never struggled before.
<b>Corrective Actions</b>	Get a Tutor to work with your teenager.
	<b>To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?</b>

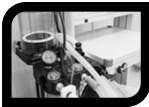
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## Scenario

- The Hospital’s Director of Patient Financial Services informs you that they have received a letter from a Recovery Audit Contractor (RA) requesting a refund for \$500,000 overpayment and that they exceeded 60 day overpayment rule.
- You contact the Health Information Management (HIM) Director to inquire if CMS made any record requests.
- The Director of HIM discloses that CMS requested 20 records a few months back and then a few months later requested an additional 100 records.
- The focus of the audit was for 96 hours of ventilation services.
- You contact Coding leadership to inquire about any recent DRG audits from the RACs. They confirm the recent activity and that they are working on a coding education plan for mechanical vent procedure code.

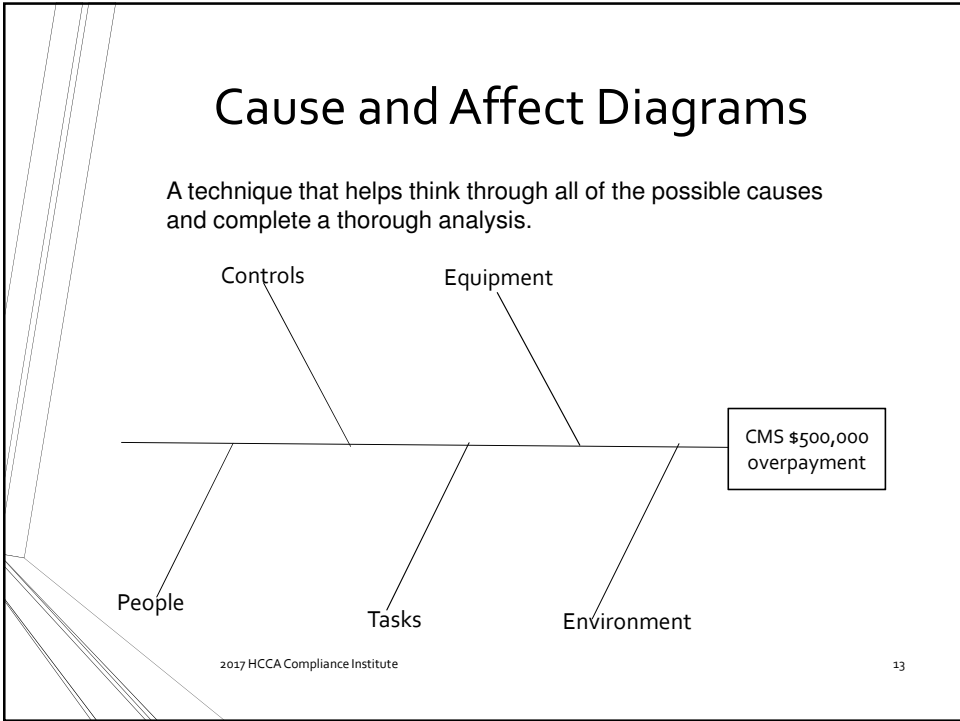
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## Root Cause and The 5 Why’s

<b>Problem Statement</b>	<b>One sentence description of event or problem:</b> <i>A letter from CMS regarding an overpayment of \$500,000.00 for incorrect billing of ventilation services was not repaid within 60 days of identification.</i>
Why? →	The ventilation services were incorrectly coded.
Why? →	The ventilation hours were incorrectly counted.
Why? →	The Coders were struggling with workload.
Why? →	The Coders have productivity requirements to meet.
Why? →	The Coders were new to the organization and coding for this service.
<b>Root Cause(s)</b>	1. Discussion 2. Discussion
	To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

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12



- ## Intake - Assessment - Reporting
- Key information to build a Corrective Action Plan (CAP)
    - Understand and define your Root Cause(s)
    - Define the factors of Root Cause(s):
      - Regulatory
      - Environmental
      - Equipment
      - Processes/activities
      - Human
    - Define the mitigation of each effect
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## Sample Tool

Incident Overview					Initial Assessment of Weaknesses		
Describe Incident	Report Origin	Incident Date	Risk Rank	Program Areas	Describe Activities evaluated	Describe Factors <i>(Physical, Human or Organizational)</i>	Describe Data/Records Assessment


  

Final Assessment, Conclusions & Mitigation				
Problem Statement	Mitigation Activities <i>(education, revise or create policies, repayment or disclosure.</i>	Define Responsible Person, Activities and Timelines	Describe Reporting Oversight & Frequency	Describe Monitoring and Timelines

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## Corrective Action Plan

- Corrective Action Plan
  - Define the cause and effects
  - Management to develop the CAP
  - Compliance to approve the CAP
  - CAP elements
    - Assignment of responsibilities of mitigation of effects
    - Define effects, mitigation and timelines to address effects
    - Reporting structure to provide status of mitigation
  - Compliance establish a time to monitor results (did the fix stick?)



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## Accountability for Success

### Establish the Expectation & Processes of RCA & CAP

- Development of policies and toolkits
- Communicate benefits and alignment with corporate strategy
- Define accountability

## Accountability Helps Build Trust

- “An organization that wants to empower its team members doesn’t give out power haphazardly, like writing blank checks. Instead, empowerment needs to come with terms attached, so people *know how their results will be measured*. *Trust grows*, on the other hand, when *expectations are clear*, when people know what they’ve been empowered to do, and when they can focus on doing it.”

“Joel Peterson, Chairman, JetBlue Airways

## Promote a Compliant & Ethical Culture

Incentivize, Performance, and Culture

The USFSG's state, "The organization's compliance and ethics program shall be promoted and enforced consistently throughout the organization through (A) appropriate incentives to perform in accordance with the compliance and ethics program".

PROMOTING RESPONSIBLE  
& ETHICAL BEHAVIOUR

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19

## Incentives Considerations

**Strategy:** Increase Corporate Responsibility and Commitment.

**Risk:** Compliance risks not mitigated may lead to fines, penalties, and loss of reputation.

**Goal:** Reward and recognize involvement in RCAs and successful implementation of CAPs.

**Performance Measures:** % CAPs completed and implemented effectively OR % of participation in training or acknowledgments of policies as part of CAP.

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20

## Tools and Resources



- Guidance resources:
  - ThinkReliability <https://www.thinkreliability.com>
  - AHRQ (Agency for Healthcare Research and Quality) <https://healthit.ahrq.gov/health-it-tools-and-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/flowchart>
  - Quality Assurance (QA) and Performance Improvement (PI) <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>
  - MindTools [https://www.mindtools.com/pages/article/newTMC\\_80.htm](https://www.mindtools.com/pages/article/newTMC_80.htm)



## Questions?