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

BY:
SANDY KELLER, RN, CHC, VP COMPLIANCE
KAREN MAI, RHIA, CHC, COMPLIANCE MANAGER
CAROLINE MARCEAUX, RN, MSN, CNO ACADEIA GENERAL HOSPITAL
KATIE SCHMALTERZ, RN, ACM, DIRECTOR OF CASE MANAGEMENT, ACADEIA GENERAL HOSPITAL
NEW ORLEANS REGIONAL HCCA 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...

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.

Requirements

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 \textit{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

TRADITIONALISTS
Born 1900-1945
- Great Depression
- World War II
- Disciplined
- Workplace Loyalty
- Move to the “Burbs”
- Vaccines

BOOMERS
Born 1946-1964
- Vietnam, Moon Landing
- Civil/Women’s Rights
- Experimental
- Innovators
- Hard Working
- Personal Computer

GEN X
Born 1965-1976
- Fall of Berlin Wall
- Gulf War
- Independent
- Free Agents
- Internet, MTV, AIDS
- Mobile Phone

MILLENNIAL
Born 1977-1997
- 9/11 Attacks
- Community Service
- Immediate
- Confident, Diversity
- Social Everything
- Google, Facebook

GEN 2020
After 1997
- Age 20+
- Younger
- Optimistic
- High Expectations
- Apps
- Social Games
- Tablet Devices
PATIENT SAFETY CULTURE SURVEY RESULTS

**OVERALL PATIENT SAFETY GRADE**

- Excellent: 38%
- Good: 39%
- Acceptable: 17%
- Poor: 4%
- Failing: 1%

**NUMBER OF EVENTS REPORTED**

- None: 69%
- 1 to 2: 21%
- 3 to 5: 8%
- 6 to 10: 2%
- 11 to 20: 1%
- 21 or more: 0%

**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**

- Hospital Handoffs & Transitions: 44%
- Nonpunitive Response to Error: 45%
- Staffing: 50%
- Communication Openness: 58%
- Teamwork across Hospital Units: 65%
- Overall Perceptions of Safety: 65%
- Frequency of Events Reported: 67%
- Feedback & Communication re: Error: 69%
- Organizational Learning-Continuous Improvement: 70%
- Supervisor/Manager Expectations & Actions: 75%
- Hospital Mgmt Support for Patient Safety: 78%
- Teamwork within Units: 80%
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
LIST OF REGS/REQUIREMENTS DEPENDENT QUALITY

• REPORT A CONCERN – 7 ELEMENTS OF COMPLIANCE PROGRAM
• NON-RETRALIATION – 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 5:00PM-11:30AM

AGENDA

I. WELCOME
   - Sandy Keller, Vice President, LGH Corporate Compliance & Regulatory (5 minutes)

II. PREVIOUS MEETING EVALUATION
    - Sandy Keller, Vice President, LGH Corporate Compliance & Regulatory (5 minutes)

III. KEY RISK INDICATORS
    - Sandy Keller, Vice President, LGH Corporate Compliance & Regulatory (10 minutes)

IV. REGULATORY UPDATES
    - Katie Schramm, Director 3/20 Case Management
      - Case Management – Important Message from Medicare Update
      - Patricia Foster, Coordinator, LGH Regulatory and Accreditation (10 minutes)
      - ACA Section 1557 Updated Signage Requirements
      - JCAHO
      - General Consent and Balanced Billing Act

V. COMPLIANCE AUDIT RESULTS
    - Karen May, Manager, LGH Corporate Compliance
      - Two Midight Rule (Follow-Up) (10 minutes)

VI. COMPLIANT MANAGEMENT PROCESS – BEST PRACTICE SHARING
    - Denise Truran, Director, LGH Regulatory & Accreditation (15 minutes)

VII. RISK ASSESSMENT
     - Denise Truran, Compliance Specialist, LGH Corporate Compliance (30 minutes)

VIII. NEXT MEETING
          - Sandy Keller, Vice President, LGH Corporate Compliance & Regulatory (5 minutes)

--- 10 MINUTE BREAK ---

IX. BREAK-OUT SESSIONS
    - Information Systems
      - Medicare
      - HIPAA Audits & Monitoring (Process & Patient Portal)
      - Risk Management: Workshops

X. REGULATORY INFORMATION
    - LGH Corporate Compliance & Regulatory
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