

# Internal Audits: Regulatory and Legislative Advisory Committee

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**Date:**

October 14-15, 2016

**Location:**

Marriott Louisville East



# Conflict of Interest Disclosures

## Speaker:



1. I do not have any potential conflicts of interest to disclose, **OR**



2. I wish to disclose the following potential conflicts of interest

Type of Potential Conflict	Details of Potential Conflict
Grant/Research Support	
Consultant	
Speakers' Bureaus	
Financial support	
Other	



3. The material presented in this lecture has no relationship with any of these potential conflicts, **OR**



4. This talk presents material that is related to one or more of these potential conflicts, and the following objective references are provided as support for this lecture:

- 1.
- 2.
- 3.

# Learning Objectives

Define OSHA Standards



Review State and Federal Requirements



Implement Accreditation Standards



Apply Safety and Regulatory Mandates



Recognize and meet payer Conditions for Participation



Prepare audits to incorporate local, state, and federal requirements

# OSHA Standards

<https://www.osha.gov/law-regs.html>

- Safety Data Sheets
- Universal Precautions
- Personal Protective Equipment
- Handwashing
- Food and drink in break area
- Remove from clinical are
- Labeling of hazardous chemicals: 6/1/2015
  - with **BIOHAZARD SYMBOL**

### HCS Pictograms and Hazards

Health Hazard



- Carcinogen
- Mutagenicity
- Reproductive Toxicity
- Respiratory Sensitizer
- Target Organ Toxicity
- Aspiration Toxicity

Flame



- Flammables
- Pyrophorics
- Self-Heating
- Emits Flammable Gas
- Self-Reactives
- Organic Peroxides

Exclamation Mark



- Irritant (skin and eye)
- Skin Sensitizer
- Acute Toxicity (harmful)
- Narcotic Effects
- Respiratory Tract Irritant
- Hazardous to Ozone Layer (Non-Mandatory)

Gas Cylinder



- Gases Under Pressure

Corrosion



- Skin Corrosion/Burns
- Eye Damage
- Corrosive to Metals

Exploding Bomb



- Explosives
- Self-Reactives
- Organic Peroxides

Flame Over Circle



Environment (Non-Mandatory)



Skull and Crossbones



# State and Federal Requirements

- **OIG Exclusions**
  - [www.oig.gov/exclusions](http://www.oig.gov/exclusions)
- **National Sex Offender List**
- **Background checks**
  - Each new hire
  - Every three years thereafter recommended
- **Conflict of Interest annually**
- **Confidentiality Attestation annually**

# State and Federal Requirements

- **Compliance Plan**
- **HIPAA Privacy / Security Education**
  - **Evidence of Monitoring for exposure**
  - **Emailing Protected Health Information**
  - **Policy and procedure for changing passwords**

# Regulatory Risks

- **Social Media Policy**
- **Personal Digital Devices Policy and Evidence of Monitoring**
- **Cell Phone Policy and Monitoring**
- **Flash Drives – no more**
- **Portable Data Devices – laptops – restrict; password protected**



# Regulatory Requirements- HR

- Position Application
- Form I-9
- Signed withholding statement
- Credentialing
- Job Description signed by employee
- Contracts for per diem staff
  - BAA
  - Professional Liability Insurance

# Regulatory Requirements

- Patient Rights and Responsibilities
- Procedure to Inform Patient - Financial Responsibilities
  - **Financial Policy**
    - **Ensure compliance with payer agreements**

# Accreditation Standards

- Accreditation – Improves the quality of services
- **Peer review of services**
- The Survey – An evaluation of services

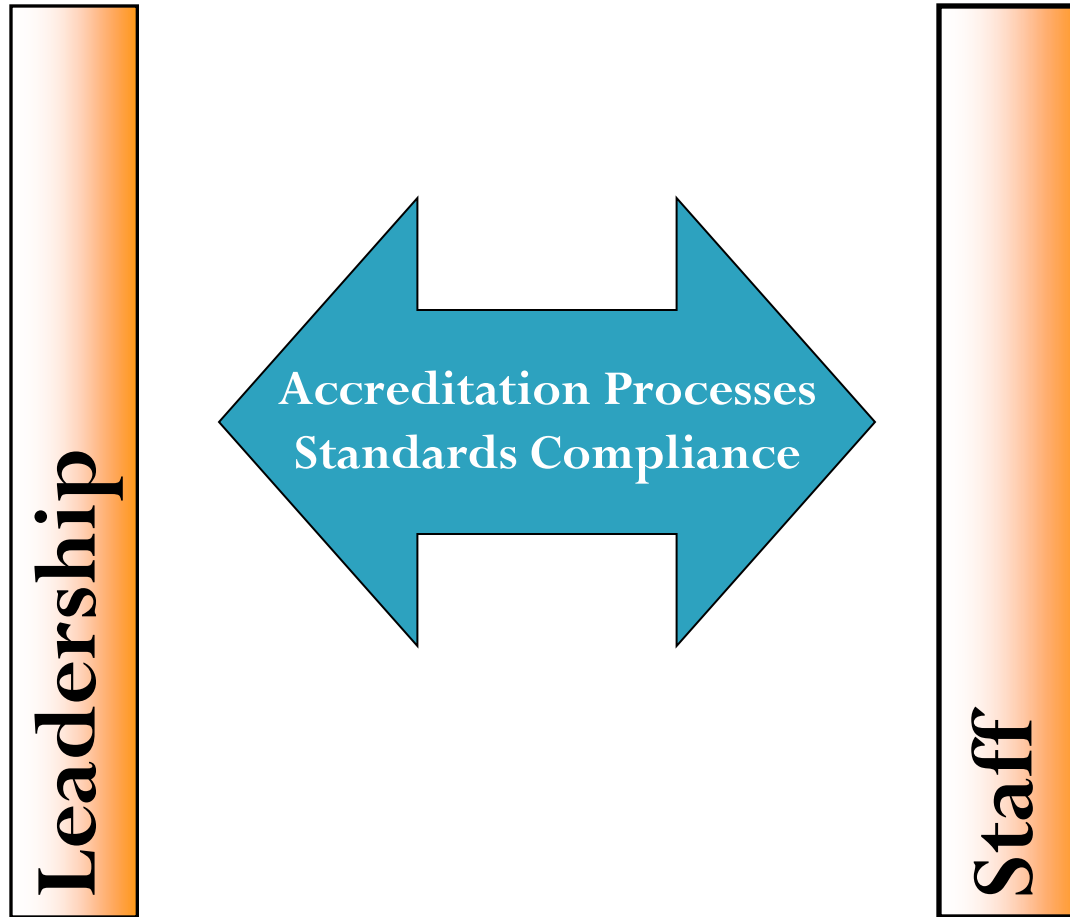


# *Accreditation Provides...*



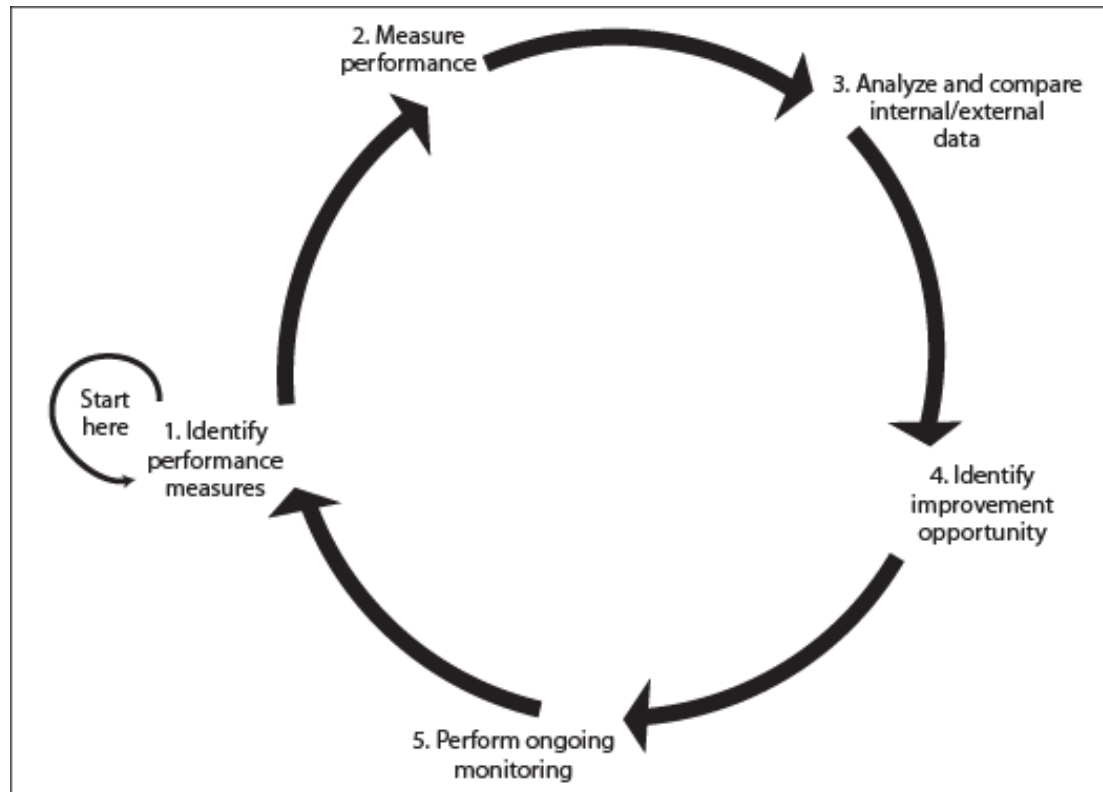
- **Continuous emphasis on operational performance improvement**
- **Focus on quality and safety of direct patient care delivery systems**
- **Customized approach to characteristics of individual organization**

# *Developing Performance Improvement*



# Performance Improvement as a Cyclical Process

- Organization- wide performance improvement process



Source: AHIMA Press 2012

# Identify Performance Measures


Process measure – focuses on a process that leads to a certain outcome



Outcome measure – indicates the result of the performance of a function or process

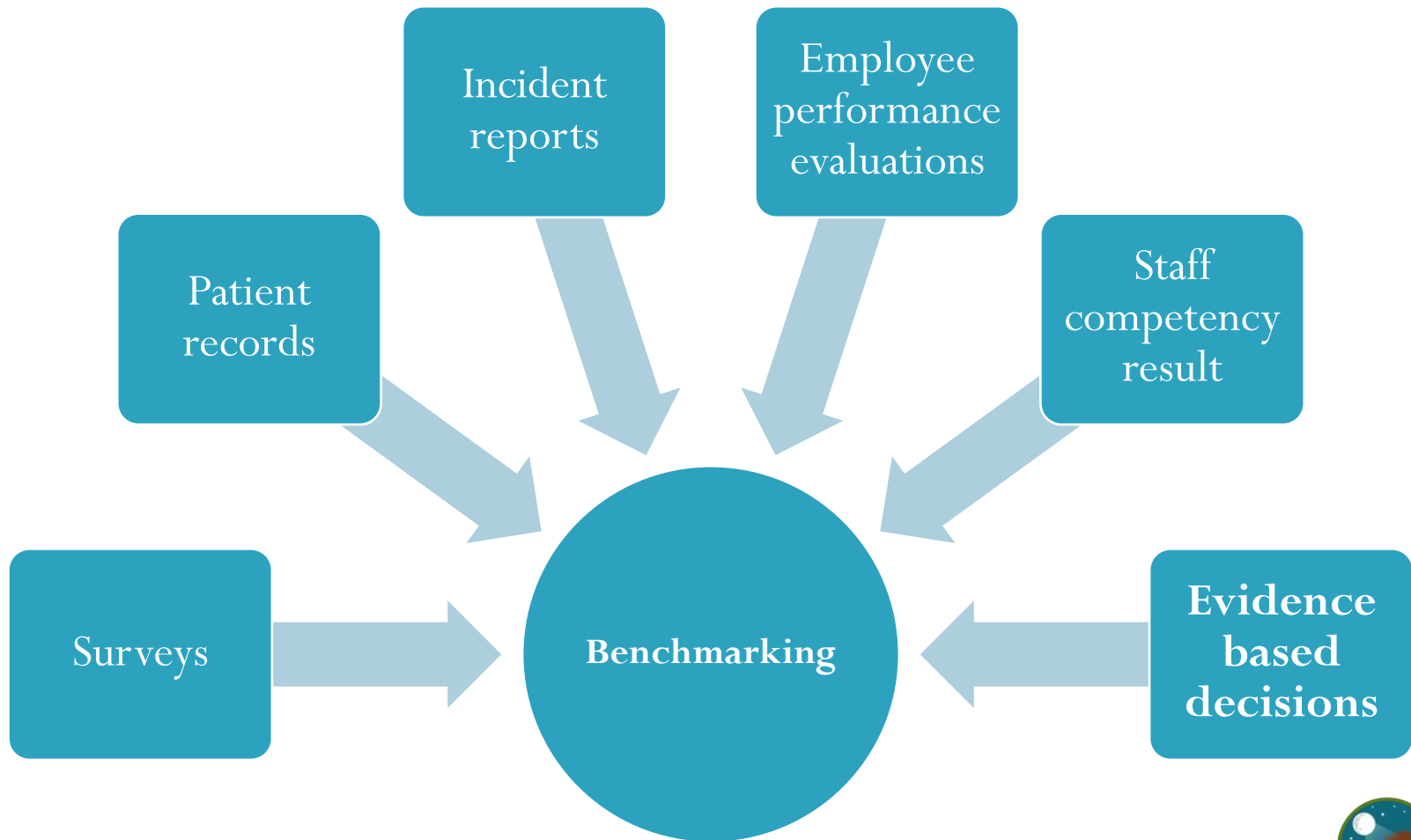


Benchmarking – systematic comparison of the products, services, and outcomes of one organization with those of a similar organization



Sentinel events – significant injury to or the death of a patient or employee through avoidable causes

# Sources of Data





# ***SPECIFIC ACCREDITORS***

# Accreditors – AASM Standards

- Medical Direction
- Personnel Credentials
- Patient Protocols
- Facilities & Equipment
- Scoring Reliability
- Patient evaluation & care
- Patient records
- Safety and Emergency Procedures
- Performance Improvement



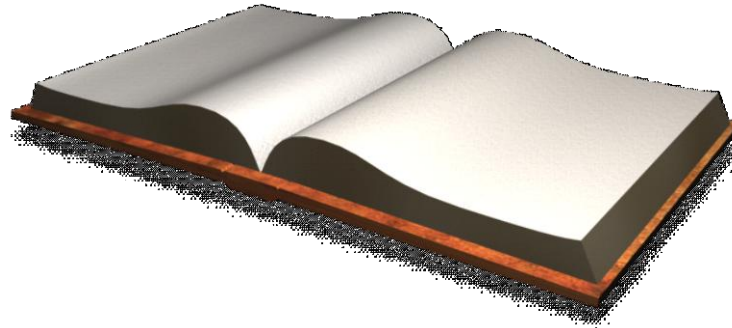
<http://www.aasmnet.org/resources/pdf/accreditationstandards.pdf>

# Accreditors – AASM Documents

- Licenses
- Reporting turn around time
- Proof of Continuing Education
- PSG Quality Review
- Inter-Scorer Reliability
- HST Phone Call Log
- Patient Satisfaction
- Proof of Patient Education



- **Organization & Administration**
- **Program/Service Operations**
- **Fiscal Management**
- **Human Resource Management**
- **Risk Management: Infection & Safety Control**
- **Provision of Care and Record Management**
- **Quality Outcomes/Performance Improvement**



***Accreditors – ACHC Standards***

# Accreditors – ACHC Documents

- **Contracts/BAA**



- Licenses

- Organization Chart

- Employee Files

- Employee Manual

- **PI Plan with supporting OUTCOME data**

- Clinical Protocols

- Job descriptions

- Mission statement

- Patient Rights

- Conveying of Charges

- **Compliance Plan**

- Patient Accounts/ Files

- Education Plan

- Emergency Plan and testing

# *Accreditors - TJC*

- **Accredits health care providers**
- **Eligibility**
  - **Must provide services**
- **Sleep accreditation through Ambulatory Care Program**
- **Mid-cycle tools**
  - **ICM Profile – extranet workplace for resources**
  - **Mandatory Focused Standards Assessment (FSA)**

# Accreditors – TJC Standards

- **Environment of Care**
- Emergency Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership
- **Life Safety**
- Medication Management
- National Patient Safety Goals (NPSG)
- Provision of Care
- **Performance Improvement**
- Record of Care
- Rights of the Individual



# Safety and Regulatory Mandates

- OSHA
- Safety Data Sheets
- **Emergency power systems tested annually**
- Occupancy License
- Occurrence reporting: **licensure agencies, public health departments, governing bodies, other accrediting and regulatory agencies**



# Payer Conditions for Participation

- Mandates the payer responsibilities
  - State Requirements
  - Federal Requirements
  - Payment guidelines
- Defines the provider responsibilities
  - Medical Necessity Established
  - Timely filing
  - PQRS/Value Based Care/MIPS/MACRA
  - Credentialing for all providers

# Prepare Audits

## Required Indicators to

- Measure
- Monitor
- Audit
- Analyze

# Performance Improvement Plan

- **Description** of Indicator:
- **Purpose:** Why
- **Frequency** of activity:
- Designation of **who** conducts activities/Participants
- **Methods** of data collection/**Timing:**
- **Source** of data:
- Goal/**Benchmark** to achieve:
- **Who receives** the data
- **Outcome** expected:
- Plans to **re-evaluate**

# Program Satisfaction: Steps to Success

Step 1—Identify **internal** and **external** customers

Step 2—Identify products and services **important to customers**

Step 3—**Collect and aggregate data** on each performance measure

Step 4—**Analyze** and compare collected data

Step 5—Identify **opportunities** for improvement

# Suggestions

- Patient/Families
- **Referral**
- **Physician**
- Employee
- Company
- Other Departments
  - Nursing
  - Materials Management
  - IT
  - Billing/Coding
  - Legal/Compliance
- Contracted Services
- **Sources of Information:**
  - **Complaint Log**
  - Medical record
  - Incident Reports
  - Surveys
  - **Grievances**
  - Phone calls
  - Observations
  - Community
  - **Social Media**
  - Referral Patterns
  - Focus Group
  - No shows
  - Cancellations
  - Account Debt

# Medication Management

Resources to review Med list

Storage

Documentation

Safety

Regulatory

- Scope of Practice

# Evidence Based Resources

- CMS
- FDA
- **State Medical Associations**
- Professional Associations (National and State)
- The Joint Commission
- Institute for Medicine
- Institute for Health Improvement
- Pharmacy Regulations
- Health and Safety Networks
- CDC
- OSHA
- American Nurses Association
- Agency for Healthcare Research and Quality



# Decreasing Risk Exposure

Claims tracking and resolution system

HIPAA databases and security

Review of operational policies and procedures of all services - designed to reduce risk

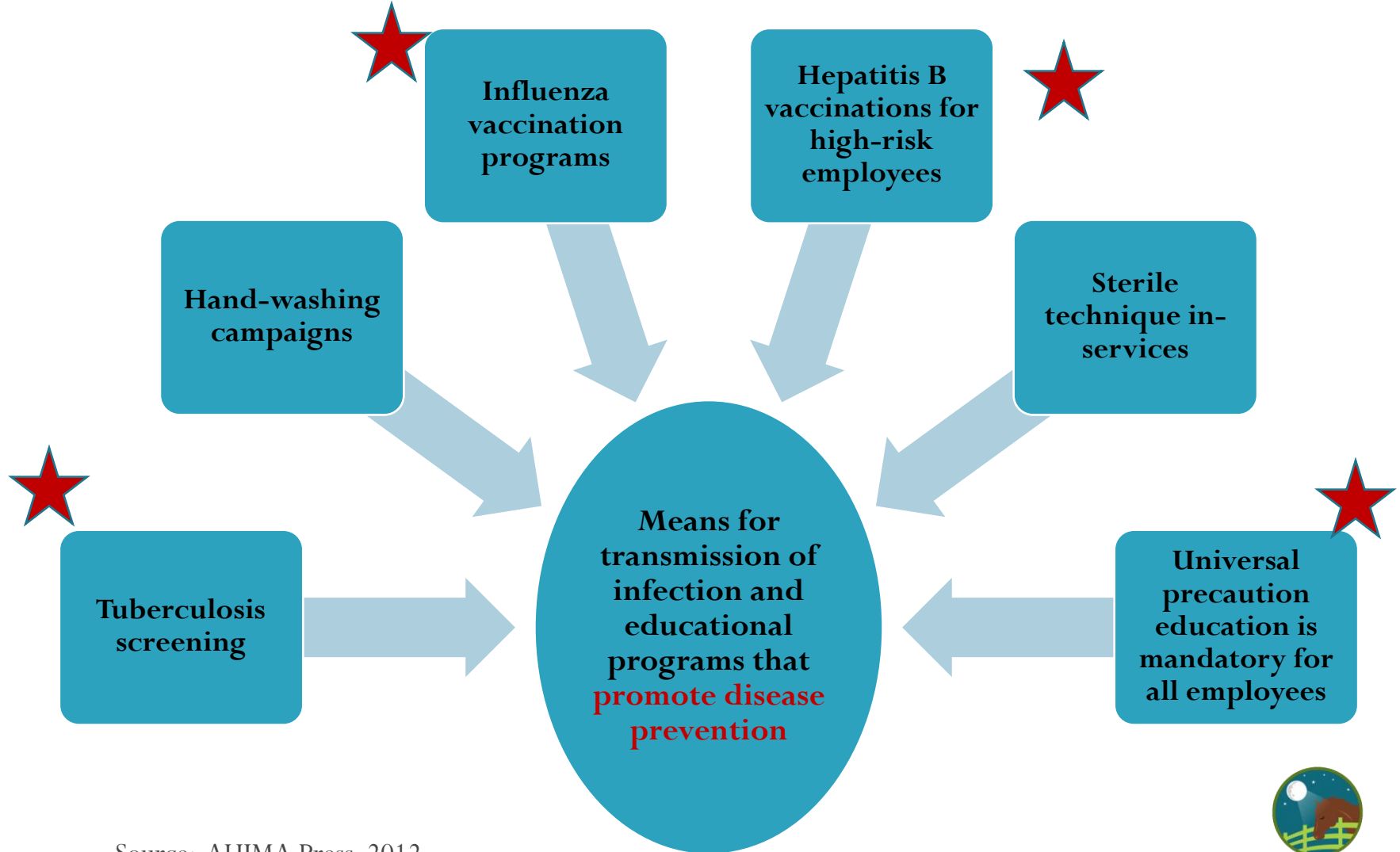
Occurrence reporting: licensure agencies, public health departments, governing bodies, other accrediting and regulatory agencies

Hand washing technique

Incident report documentation and reporting process



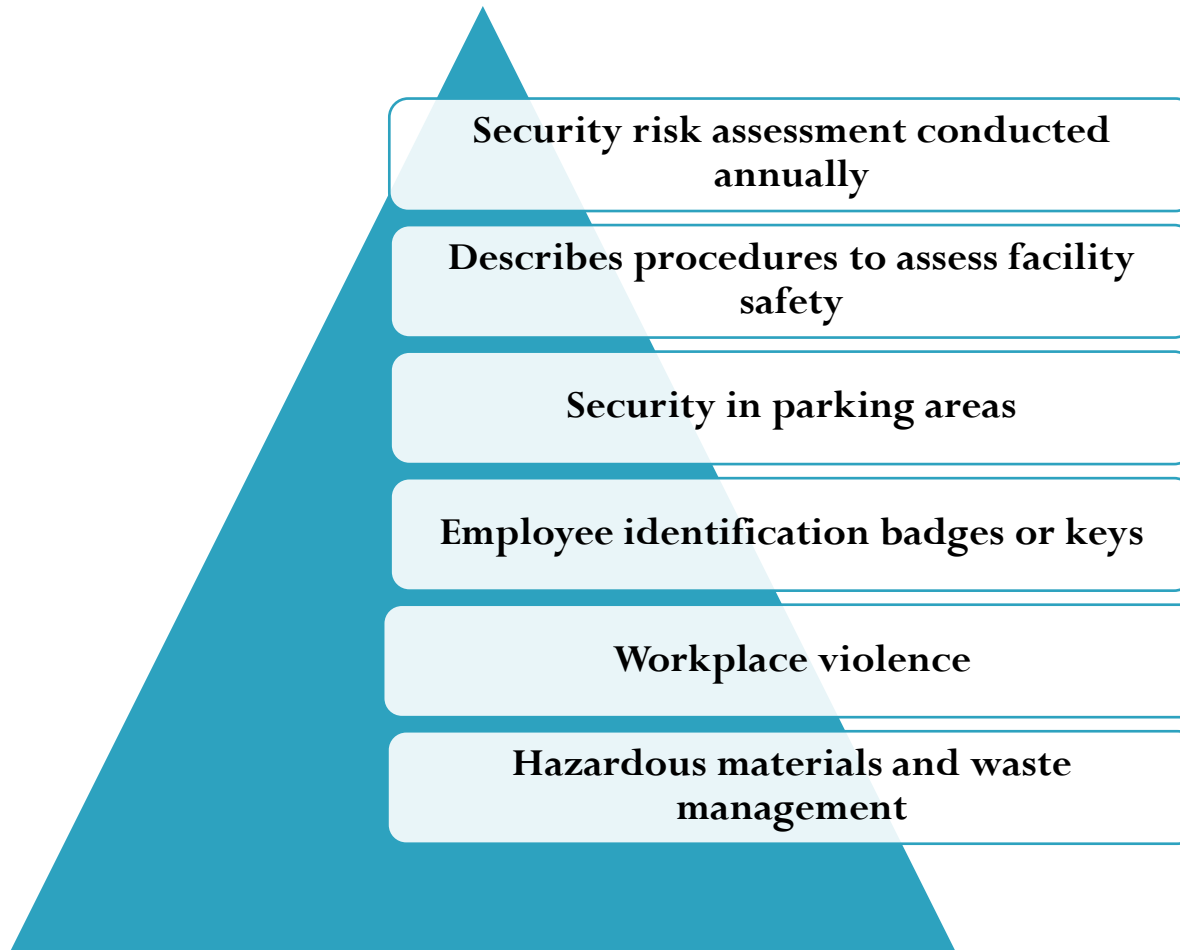
# Disease Prevention/Infection Control: Steps to Success



Source: AHIMA Press 2012



# Improving Care Environment and Safety: Steps to Success



Source: AHIMA Press 2012

# Documentation Equipment Safety Checks

Date	Equipment	Serial Number	Comments	Initials/ Name
1/1/2014	NC2 Polygraph	N2430956821	No frayed cords; broken plug; sent for repair	NNN
1/2/2014	HSAT Device	N2390543	No risks identified/ data erased	ANE
1/3/2014	HSAT Device	N2390555	Functional/ data erased	CN
1/4/2014	NC2 Polygraph	N2430956821	Amperage: Leakage current: Calibration: Expires: 1/3/2017	AMB Certified BioMed Tech
1/5/2014	HSAT Device	N2390555	Functional/ data erased	ER

# Assessment Requirements

- ❑ Workplace safety
- ❑ Personal safety
- ❑ Employee safety
- ❑ **Back safety**
- ❑ Worksite Ergonomics
- ❑ Infection Prevention
- ❑ OSHA Bloodborne Pathogens (Worksite injuries, death – OSHA 300/300A/301)
- ❑ Hepatitis C Declination/Protection
- ❑ **Protection of immune-compromised patients**
- ❑ Employee health conditions limiting their activities
- ❑ Community occupational exposures
- ❑ **Community prevalence for disease (Flu, influenza, TB, Hepatitis)**
- ❑ **Hazardous material labeling, storage, disposal, education (SDS)**
- ❑ Standard precautions
- ❑ Personal safety relating to In-home services
- ❑ Environmental disaster response
- ❑ Medical Emergency response
- ❑ **Emergency power systems (exit lights, smoke detectors, fire alarms, extinguishers, sprinklers)**
- ❑ Equipment Maintenance/Biomed checks
- ❑ **Equipment failure – FDA MedWatch reporting**



# Evidence Based Resources

- CMS
- FDA
- State Medical Associations
- Professional Associations
- The Joint Commission
- Institute for Medicine
- Institute for Health Improvement
- Health and Safety Networks
- **CDC**
- **OSHA**
- State Fire Marshal
- Association for Professional in Infection Control and Epidemiology
- American Nurses Association



# Measure Staffing Effectiveness: Steps to Success

- Staffing has a direct impact on the quality and safety of patient care
  - Recruitment
  - Orientation
  - Retention
  - Degree of compliance with written standards of performance
  - **Participation in ongoing PI and patient safety activities**
  - Findings from competency assessment activities

# Evidence Based Resources

- **Medical Group Managers Association**
- CMS
- Hays and Associates
- SHERM
- State Medical Associations
- Professional Associations
- Institute for Medicine
- **Institute for Health Improvement**
- **Accreditation Commission for Health Care**

## Sleep Center Name

### PSG Quality

Annual: Qtr 1 Qtr 2 Qtr 3 Qtr 4

Question	Rating:	Yes	No	Yes	No	Yes	No	Yes	No
Equipment Calibrations									
Bio Calibrations									
Artifact Corrected									-
Recorded / Protocol									-
30 minute checks noted									-
Pt Education completed									-
Mask trial demonstrated									-
Average Total									
Total Surveys/Qtr									
Qtrly Rating %									
Total Surveys/Qtr									
Rating % Annual									
<b>Findings:</b>									
<b>Recommendations:</b>									
<b>Plan for Follow-up:</b>									

**Signature**

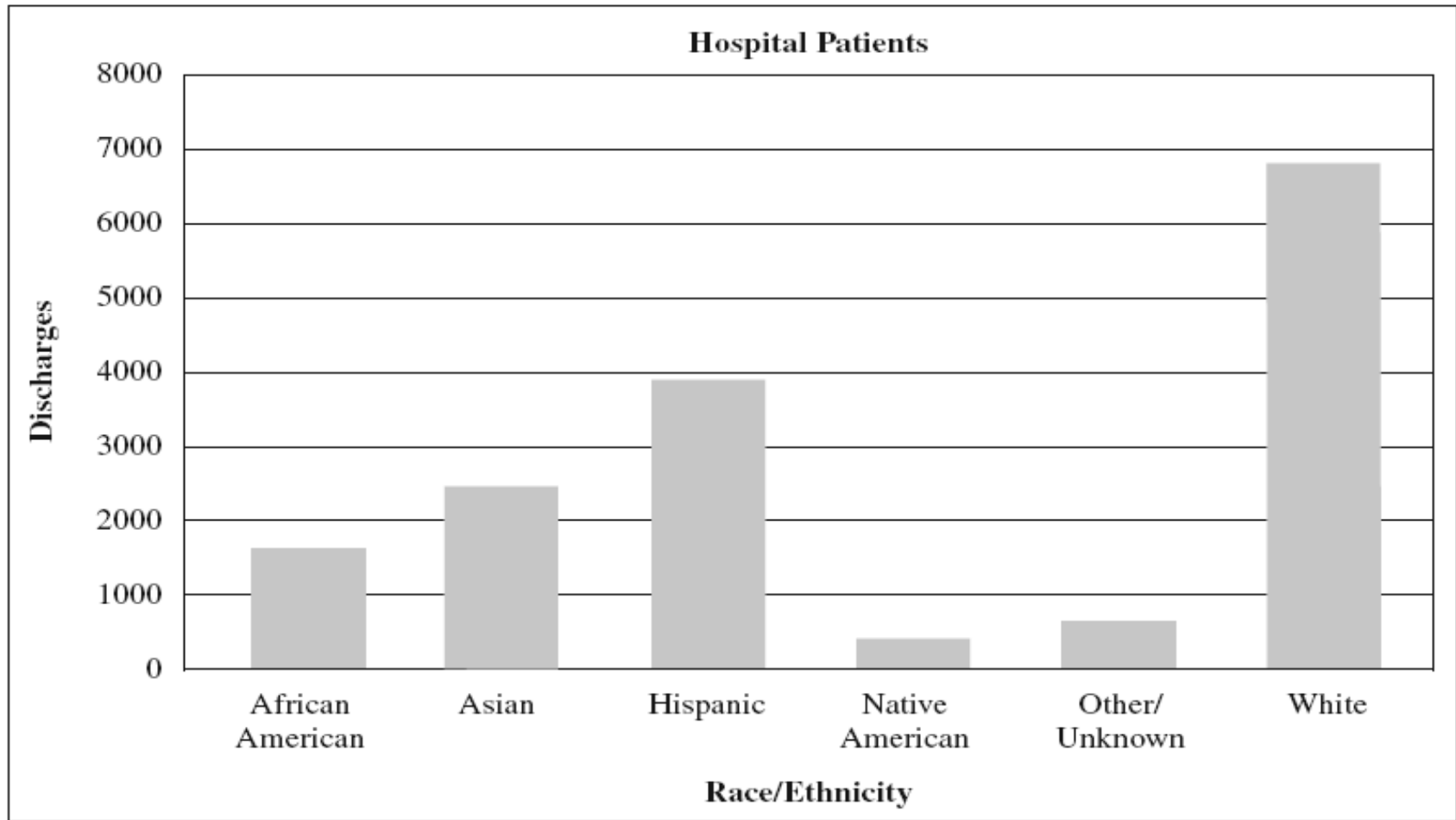
Clinical Director/Date

Medical Director/Date



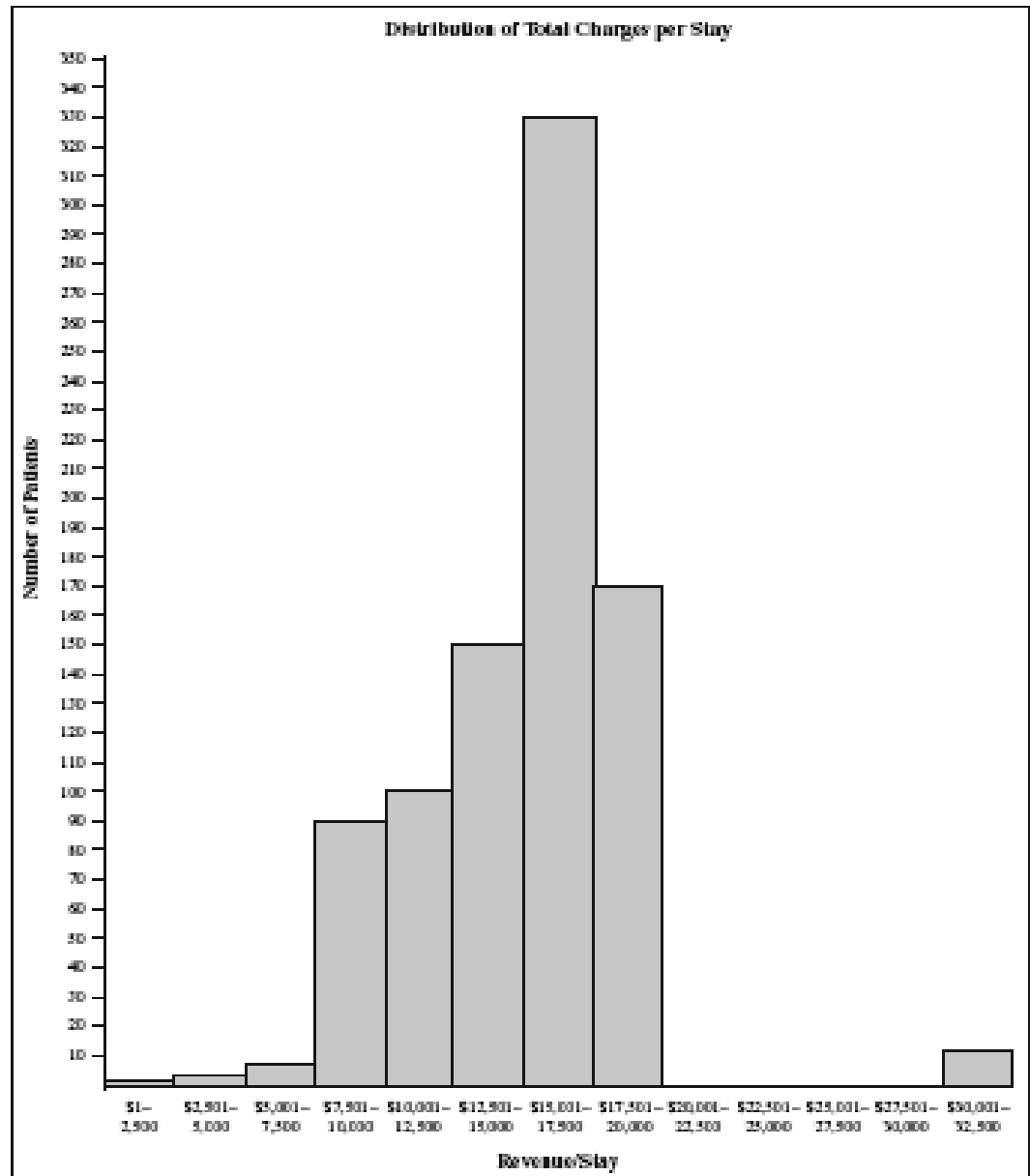


# Bar Graphs



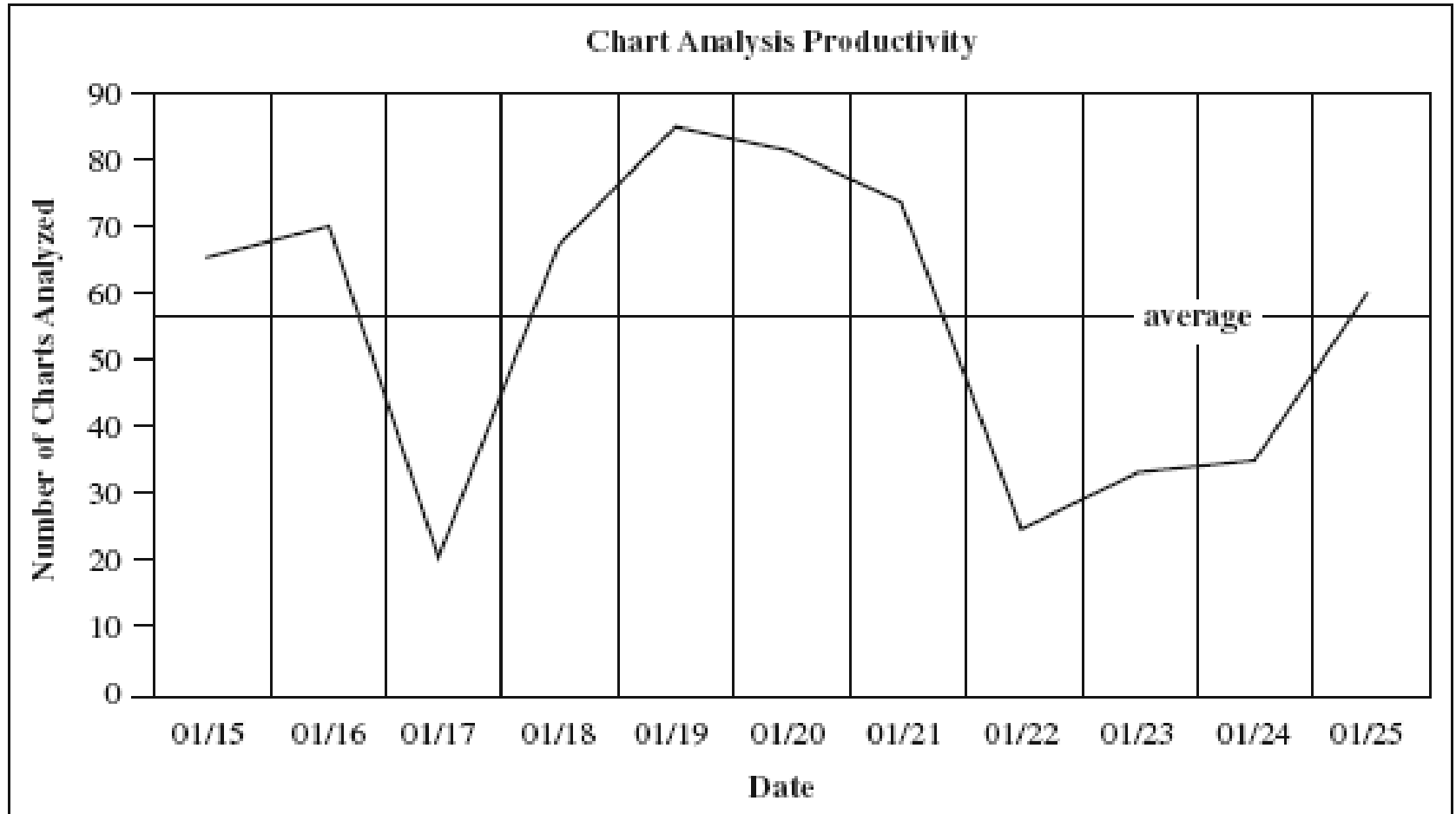
Source: AHIMA Press 2012

# Histogram



Source: AHIMA Press 2012

# Line Chart



Source: AHIMA Press 2012

Indicator	Measure	Frequency	Goal	Data Source	Reporting Schedule	Responsibility
Patient Satisfaction	10	Monthly	100%	Survey	Quarterly	Supervisor
ISR	2	Monthly	85%	AASM	Quarterly	All scoring techs
PSG Quality	100%	Monthly	100%	PSG	Quarterly	Scoring Techs/Medical Director
HST Failures	100%	Daily	100%	Log	Quarterly	Techs/Supervisor/MD
Cleaning Sensors	100%	Daily	100%	Log	Quarterly	Techs/Supervisor
Equipment Safety	100%	Daily	100%	Log	Quarterly	Techs/Supervisor/MD
Cancellations	100%	Daily	10%	Schedule	Quarterly	Scheduler/Supervisor/MD
No shows	100%	Daily	10%	Schedule	Quarterly	Scheduler/Supervisor/MD
Reschedules	100%	Daily	10%	Schedule	Quarterly	Scheduler/Supervisor/MD

Define source of evidence used for defining measures, appropriate goals to attain, and implementation of improvement plan

# Let's Apply What We Learned



**KENTUCKY**  
— SLEEP SOCIETY —

# Positive Airway Pressure (PAP) Devices: Complying with Documentation & Coverage Requirements

Purpose to monitor and audit:

Identify common PAP documentation errors,

Define process to prevent errors, and

Adherence to documentation requirements for Medicare claims payment

# Documentation Errors with PAP

- No documentation of:
  - the treating physician's **initial face-to-face clinical evaluation conducted before** the sleep study to assess for OSA
  - Medicare-covered sleep study supports **medical necessity**
  - treating physician's **signed and dated order** describes items dispensed, and
  - treating physician's **face-to-face re-evaluation within first three (3) months** (but no sooner than the 31st day) of initiating therapy to show improved symptoms of OSA and adherence to PAP therapy



# How to Prevent Errors in PAP Therapy

- Request treating physician
  - initial face-to-face evaluation prior to the sleep study
- Retain copy of Medicare-covered sleep study when order is received
  - sleep study must meet certain conditions for coverage
- Review treating order
  - equipment and supplies being dispensed itemized on the order, and
- Remind beneficiary a re-evaluation is required
  - continuing PAP coverage after initial three (3) months



# Before Submitting the Claim for PAP Therapy

- Medical records **MUST** be available upon request
- Clinical documentation submitted **MUST** support medical necessity before payment
- Order/prescription **MUST** be signed and dated by the **treating physician** who ordered the item.

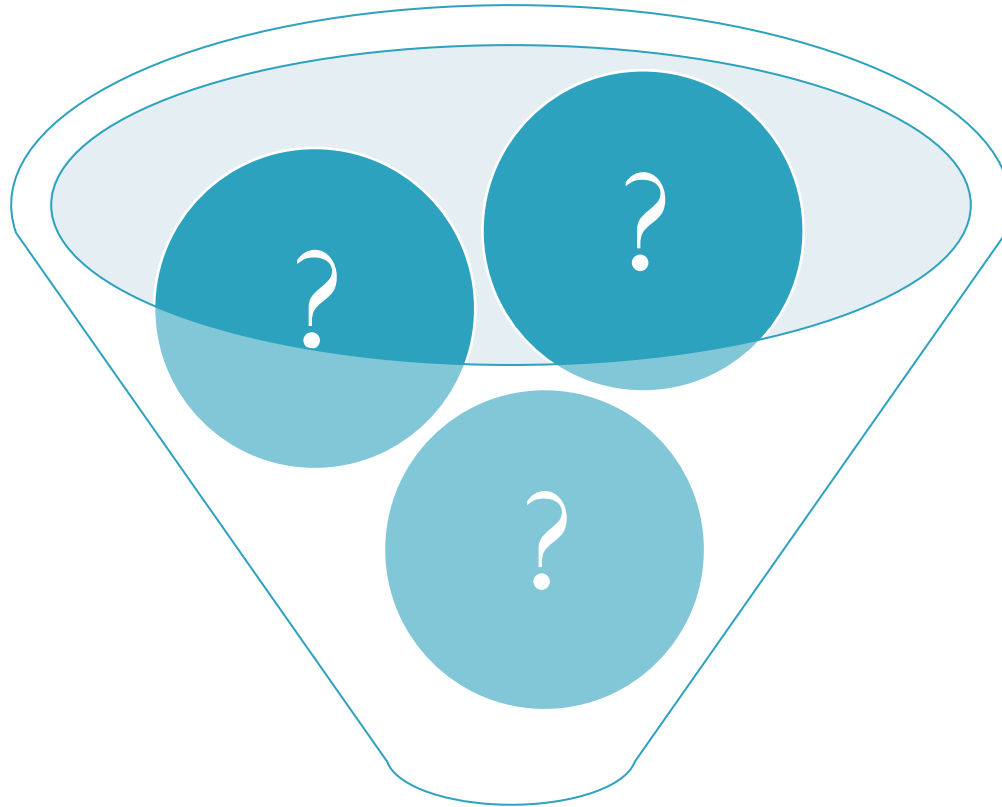
# What is your process to monitor for compliance?

- **Description** of Indicator:
- **Purpose:** Why
- **Frequency** of activity:
- Designation of **who** conducts activities/Participants
- **Methods** of data collection/**Timing:**
- **Source** of data:
- Goal/**Benchmark** to achieve:
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# *Wrapping It Up*

- Understand the regulatory standards to ensure compliance with standards
- Performance improvement monitoring required for achieving accreditation
- Evaluate tools and examples of quality measures for monitoring
- Employ a continual process
- **MAKE IT VALUABLE**





Questions



Thank  
You