




# RFI, OFI, OMG – Action Planning Essentials

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Insight-Driven Transformation  
May 23-25, 2016  
JW Marriott Starr Pass Resort, Tucson, AZ



## Objectives

- Understand organizational compliance concerns of daily and recurring processes.
- Demonstrate methods to remediate adverse findings.
- Explain how to prevent adverse findings from occurring in the future.

## Accreditation Organizations (AOs)

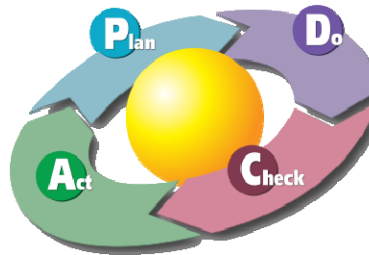
Factors	TJC	DNV	CIHQ
<b>CMS CoP Relevance</b>	Improving	Good	Very Good
<b>Accreditation Cycle</b>	3 Years	3 Years	3 Years
<b>Survey Frequency</b>	'Unannounced' Triennial; Annual Review	Annually	Triennial Review; 18-month survey activity
<b>AO Requirements</b>	CoPs & Proprietary	Directly Related to CoPs & ISO 9001 ( <i>Baldrige/Six Sigma/Lean</i> )	Directly related to CoPs
<b>AO Updates</b>	Frequently Revised & Complex Scoring	Infrequently Revised & Simple Scoring	As needed per CMS

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## Why Measure?

- Measure Process, Not People
  - *What happened in the process to enable the outcome?*
- Plan-Do-Check-Act



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## 2015 Compliance Concerns



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## 2015 Compliance Concerns

- Are you monitoring temperature and humidity in all required locations? (e.g., ORs, C-section rooms, Sterile Core areas, Cath Labs, Sterile processing, all sterile supply storage locations). Are the spaces monitored via a building automation system or are you using manual devices and logs? How do you ensure the continual accuracy of all field-mounted temp and humidity devices?
- **Have a written humidity and temperature policy** that describes your program and also describes actions for clinical and non-clinical staff to take when excursions from the established operating ranges occur.
- Have an **effective** “above-the-ceiling permit” program in place as part of your barrier management program. Strongly enforce it with staff and contractors.
- **Ensure** your EOC program includes management of all off-site and satellite buildings under the hospital’s license. This includes annual evacuation fire drills, FA and sprinkler testing/maintenance (same as hospital), EM drills, environmental tours, etc.

Source: [https://www.google.com/search?q=joint+commission+top+2015&hl=en&qby=2&prmd=ivns&ei=W0wEV\\_f4G6SjigS7L6lBA&start=10&sa=N](https://www.google.com/search?q=joint+commission+top+2015&hl=en&qby=2&prmd=ivns&ei=W0wEV_f4G6SjigS7L6lBA&start=10&sa=N)

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## 2015 Compliance Concerns

The screenshot shows the Modern Healthcare website interface. At the top, there is a navigation bar with categories like 'Providers', 'Insurance', 'Government', 'Finance', 'Technology', 'Safety & Quality', and 'People'. The main content area features an article titled "OTG says governing boards should be wary of compliance issues" by Lisa Schenker, dated April 20, 2015. The article discusses evolving payment models and compliance challenges for healthcare governing boards. To the right of the article is an advertisement for "Modern Healthcare CareerRx" and another for "HEALTHCARE MARKETING IMPACT AWARDS".

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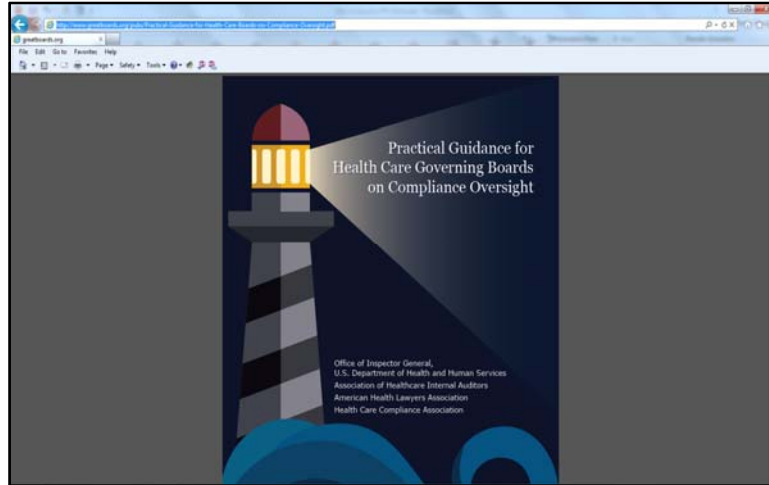
## 2015 Compliance Concerns

The screenshot shows the LayerCompliance website. The header includes the text "PHYSICIANS PRACTICE YOUR PRACTICE YOUR WAY" and a navigation menu with items like "Home", "Digital Marketing", "Health IT", "Medical Claims", "Health Care", "Law & Compliance", "Patient", "Medical Billing & Collections", and "Practice Compliance". The main content area features an article titled "Five Common HIPAA Compliance Issues to Avoid" by Emma L. Acker, dated January 27, 2015. The article discusses various HIPAA compliance issues, including patient privacy rights, medical records, and data security. To the right of the article is an advertisement for "FREE HIPAA ASSESSMENT" and another for "PRACTICE NOTES BLOG".

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## 2015 Compliance Concerns



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## 2015 TJC Compliance Concerns

- 56% - EC.02.06.01 (maintenance of a safe environment)
- 53% - EC.02.05.01 (management of utility system risks)
- 53% - IC.02.02.01 (reduction of infection risk from equipment/devices/supplies)
- 50% - LS.02.01.20 (maintenance of egress integrity)
- 49% - RC.01.01.01 (Accurate, complete medical records for all patients)
- 48% - EC.02.03.05 (Fire safety equipment and building features)
- 46% - LS.02.01.10 (minimize fire, smoke, and heat damage via preventive)
- 43% - LS.02.01.35 (fire extinguishment features provided and maintained)
- 36% - EC.02.02.01 (management of hazardous materials and waste risks)

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## Cited Compliance Concerns

- Patient rights
- Infection control
- Behavioral health issues
- Dialysis services

## Compliance Findings?



## Rationales for Concerns

- Understand organizational compliance concerns of daily and recurring processes
- Demonstrate methods to remediate adverse findings






. . . . And now the “how” . . . .

## The “How” Factors

- Leadership
- Authority
- Responsibility
- Empowerment
- Listening



## Industry Agnostic

- Mail Order Business 
- Avocados 
- Oracle of Omaha 
- Minor League Baseball 
- Clinical Decision Support Services 

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## Why?

- Understand Customers
  - Continual
  - PDCA
  - Priority #1
  - “I don’t know”
- Branding, branding, branding



. . . and . . .

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## The Trinity of Process

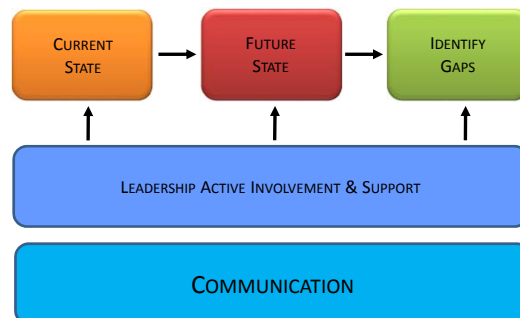


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## GAP Analysis

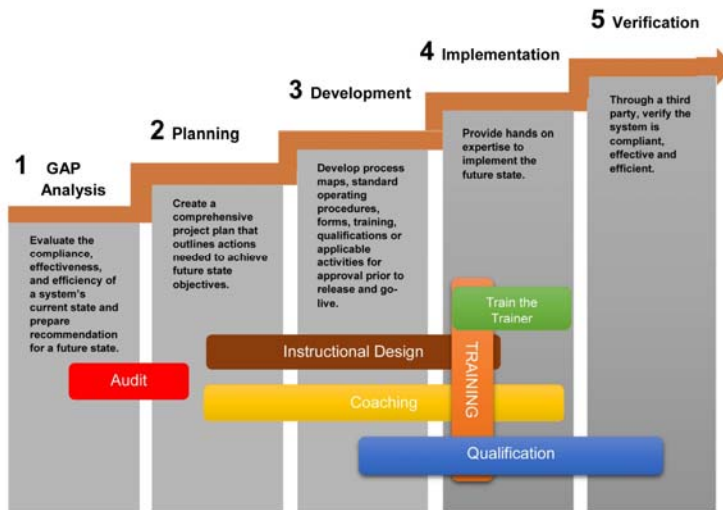
Keep It Simple



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## GAP Analysis



## Best Practices?



## Web Examples

## Web Resources

Healthcare Compliance, OIG, Fraud and Abuse, Human Resources

### Top 5 Hospital Compliance Issues - All About Continuous Improvement

Posted by Mike Brown on Tue, Mar 31, 2015

When you think of a hospital, you think of caring health care professionals who work together to solve a health problem, doctors, nurses, therapists, and specialists working together to help a human being get better, recover and/or prevent a future health issue. But do you think about how hospitals work to remain compliant with various regulatory issues? Who is really responsible for compliance?

Here are a few compliance issues a hospital **compliance department** must ensure is being met in order to continue to provide quality and legally compliant care:

1. Is the hospital continuously meeting state, federal and even independent accreditation standards (Joint Commission)?
2. Is the hospital continuously meeting state (some requirements for all of its healthcare professionals)?
3. Is the hospital continuously **improving** in order to meet OIG and DHHS safety and quality?

check out our webinar series  
**CREATING A CULTURE OF COMPLIANCE**

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Notification Frequency\*\*

Instant

Weekly

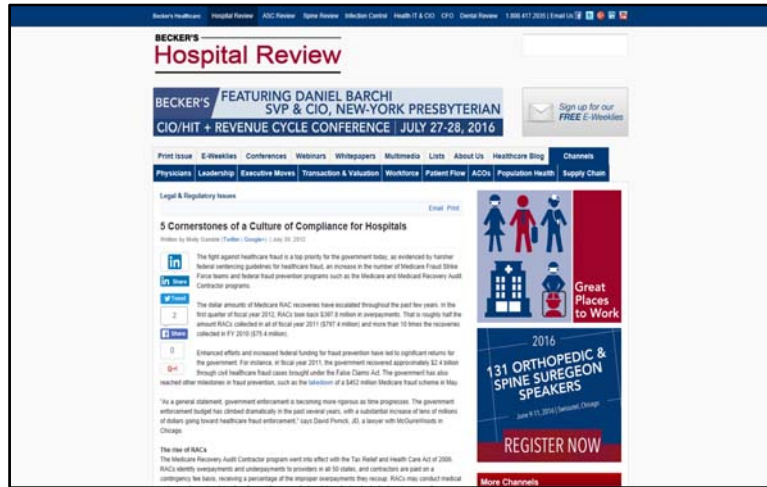
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POPULAR POSTS

NOTICE: OIG Background Check Requires OIG Exclusion Monthly Monitoring

The Differences Between the OIG-LSE and GSA Exclusion List

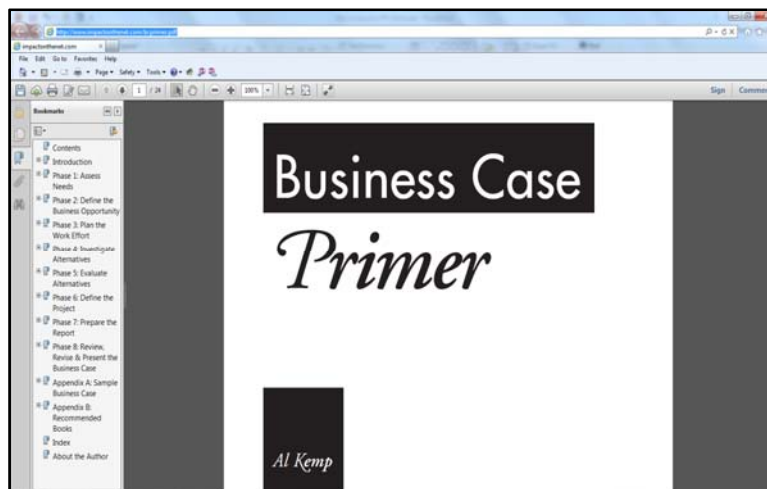
## Web Resources



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## Web Resources

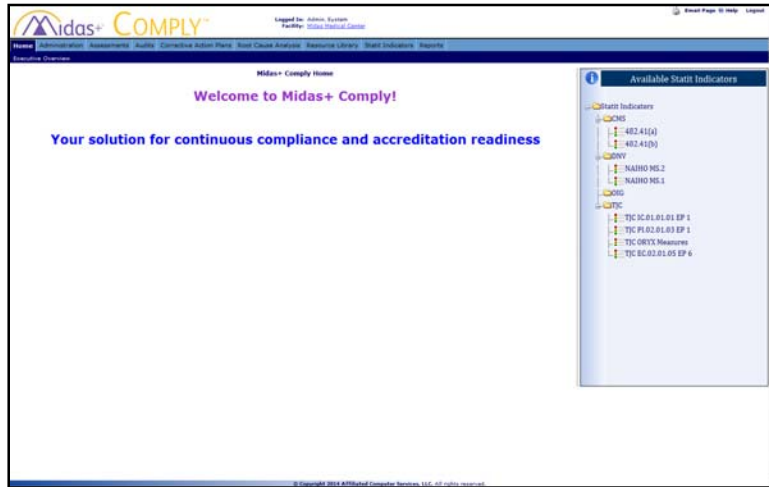


Source: <http://www.impactonthenet.com/bcprimer.pdf>

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## Midas+ Comply Action Planning



## Beyond Reporting

### Market Results



Thanks for attending.  
Any questions?

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