

Compliance and Ethics Committee Meeting Chief Compliance Officer Report

Deborah Hall

Chief Internal Audit

Interim Chief Compliance & Privacy Officer

October 19, 2022

COMPLIANCE REPORT AGENDA

- Staffing Complement Update
- Policy Management Update
- Corporate Compliance Update
- Privacy Update
- Compliance, Privacy, and Internal Audit Annual Work Plans

Staffing Complement Update

COMPLIANCE & PRIVACY STAFFING COMPLEMENT

Compliance Positions:

- Compliance Analyst I (Pending Offer)
- Senior Compliance Specialist (Hired - Elaine Haim 10/3/22)
- Clinical Auditor | Investigation Specialist (Possible attrition)

Privacy Positions:

- Senior Compliance Specialist
- Senior Privacy Specialist
- Director, Privacy & Data Gathering (Pending Offer)

Regional Compliance Officer (RCO's)

- Review of infrastructure alignment to Hospital CEO's
- Review of hours to plan – reporting structure and allocation Hospital vs. System

Policy Management Update

POLICY MANAGEMENT UPDATE

- Go-Live to SAI360 Policy Manager October 3, 2022!
- Transitioned all policies and procedures by September 30, 2022.
- Links and training videos sent to all user community.
- All invoices & budget for policy management is within Compliance Department.
- Cost savings to SAI Global contract upon conversion for allocated hours. Additionally, early termination for Policy Stat agreement by calendar year end may yield cost savings of \$11K.
- If there are any issues, questions or training needed then please contact Jennifer D. Mosley, Policy Management Specialist.

Corporate Compliance Update

FY 22 COMPLIANCE AUDIT WORKPLAN

Active Audits (13):

Coding Audits FY 21 – All Facilities (3)
ED Infusion Therapy – All Facilities (3)
EMTALA BHIP
Hospital Consent Form Completion – All Facilities (4)
Physician Compensation
Tracking Remuneration: Medical Directorship Audit
Tracking Remuneration – Cerner Contract

Status:

Reporting
Reporting
Fieldwork
Fieldwork/Reporting
Fieldwork
Fieldwork/Reporting
Not Completed

Closed Audits (10):

EMTALA – BHMC

EMTALA – BHCS

Coding FY21-Q1 – BHCS

Coding FY21-Q1 – BHN

Coding FY21-Q2 – BHIP

Coding FY21-Q2 – BHMC

Coding FY21-Q3 – BHN

ED Infusion Therapy – BHCS

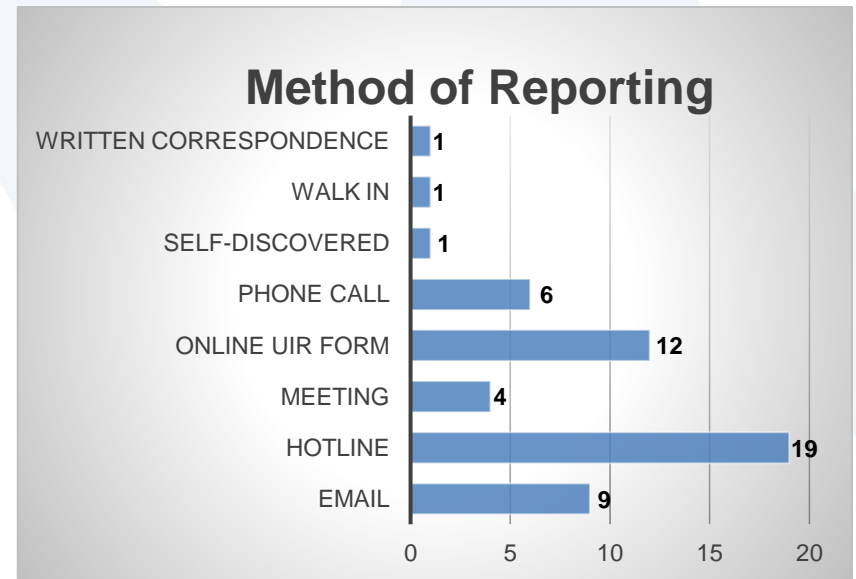
Referral Source Arrangements & Tracking Remuneration

Covered Persons Screening

OPEN INCIDENTS

as of 10/04/2022

Category	Activity Total
Billing	5
Conflict of Interest	1
Customer Satisfaction/Grievance	1
Documentation	1
Environment of Care/Workspace	3
HIPAA Privacy	2
Human Resources	15
Other	1
Patient Safety	1
Physician Arrangements	5
Policy/Procedure	4
Quality of Care/Patient Care	10
Referral Source Relationships	1
Retaliation	1
Safety	1
Security	1
Total	53



ANNUAL CONFLICT OF INTEREST ASSESSMENT

The Annual COI Assessment (“Assessment”) was launched on August 1, 2022 from SAI360.

- Thank you to those who have completed it already!
- Compliance is in the process of evaluating the responses that require review.
- You may receive notifications from SAI360 regarding your employees’ disclosures, if management plan is required.
- The **deadline** to submit the Assessment was September 30, 2022.

COI Completion

	Completed	Total
Boards	28	54
Key Medical Staff	133	283
Key Employees	476	604
Total	637	941

PARTNERS IN C.A.R.E

To partner with the organization on all efforts and providing tools that stakeholders can use, we created Partners in C.A.R.E. (**Compliance & Audit Resource Engagement**). Some of the recent Partners in C.A.R.E. initiatives include:

- Sanction Screening Process Streamlining – Automation of the monthly process
- Training for Medical Staff- in person & group
- Task Force for transport of Baker Act Patients Coral Springs initiative
- Florida Medicaid Rule for Referring, Ordering, Prescribing, and Attending (ROPA) Providers
- Volunteer Event at CDTC

Privacy Update

PRIVACY UPDATES

- New privacy signage to promote the reporting of privacy-related incidents
- Upcoming departmental privacy trainings to increase awareness

Hello, Privacy Team?

Do you want to report a HIPAA- or privacy-related incident? Broward Health's Privacy Team wants to hear from you.

What is PHI? Protected Health Information (PHI) is any piece of information in a person's medical record that was created, used, or disclosed during diagnosis or treatment that can be used to personally identify them.

If you suspect a privacy-related incident, please report it to the Privacy Team within the Corporate Compliance and Ethics Department.


Examples may include:

- Employees snooping in medical records.
- A loss or stolen device containing PHI.
- Sharing or discussing confidential PHI in public areas.
- Sharing passwords or computer login information.
- Improper disposal or storage of documents containing PHI.
- Misdirected faxes or emails containing PHI.
- Sending emails containing PHI externally without proper encryption.
- Posting photos or patients, medical charts, or other PHI on social media.
- Texting patient information on personal cell phones.
- Releasing patient information without proper authorization.

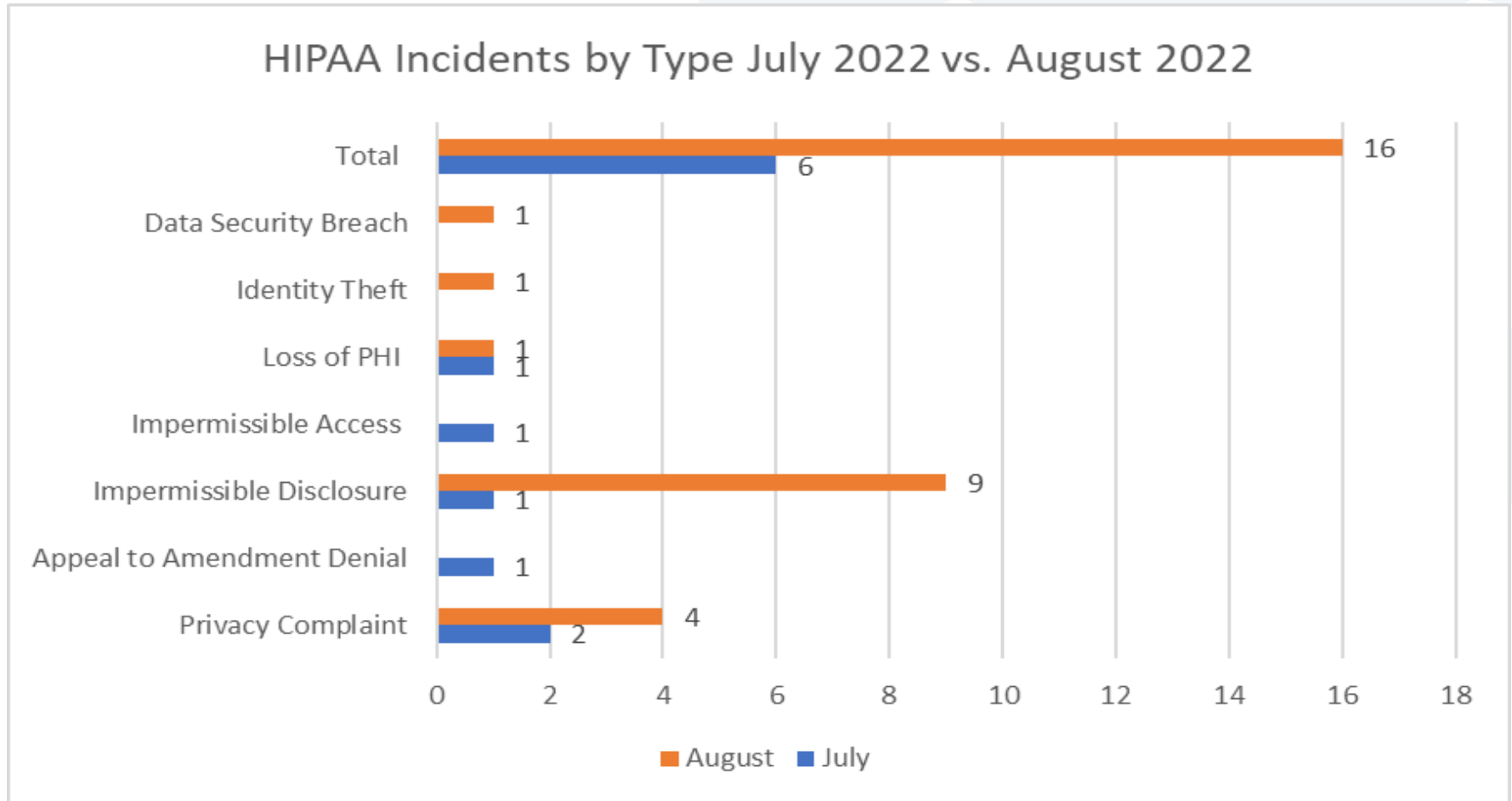
Remember: You are protected from any form of retaliation or retribution if you report a potential privacy incident in good faith.

Four ways to report a privacy incident:

1. VISIT MyPlace > Click the HAS button from "Quick Launch" > Select Occurrences/Events > Select HIPAA PHI.
2. REPORT the incident to your immediate supervisor or Regional Compliance Officer.
3. CALL the anonymous, 24/7 Corporate Compliance and Ethics Hotline at 1.888.511.1370.
4. EMAIL Privacy@BrowardHealth.org.

 **BROWARD HEALTH**
Corporate Compliance

PRIVACY INCIDENTS - JULY & AUGUST 2022



PRIVACY INCIDENTS SUMMARY

JULY/AUGUST 2022

Total Investigations: 22

Open: 4 (Aug)

Closed: 19

Substantiated: 4

Unsubstantiated: 17

Pending: 1 (Amendment)

There were four confirmed breaches:

- At BHMC, an allegation received that a patient was given another patient's prescriptions. **Substantiated** and reported.
- At BHIP, an allegation received that a Broward Health employee verbally released unauthorized medical information. **Substantiated** and reported.
- At BHPG, an allegation received that a Broward Health employee electronically released 5 patient's payment information to an unauthorized recipient. **Substantiated** and reported.
- At BHMC, an allegation received that a Broward Health employee verbally released unauthorized medical information. **Substantiated** and reported.

Corporate Compliance Annual Work Plan

PROPOSED WORK PLAN

Broward Health Proposed Audit & Monitoring Plan (Detail Plan 2 of 5)						
Broward Health - Compliance & Privacy Audit & Monitoring Plan FY 2023						
Resource Allocation and System Budget						
Existing Staff Estimated Hours						
Audit & Monitoring Activity	Risk Rating	Chief Internal Audit	Open Position	Co-Source	Staff Audit Hours	Total Audit Hours
Regional Compliance Officer assignments		120	0	0	7850	7970
Audit and Monitoring Program FY 23		330	0	0	6,588	6,918
Management Requests		210	0	0	2,130	2,340
Follow-Up Reviews		50	0	0	1,270	1,320
Management Reporting (Board/Sr. Management)		160	0	0	2,612	2,772
Risk Assessment Update		170	0	0	1,150	1,320
Total		1,040	0	0	21,600	22,640
Note: Interim CCO CPO hours included in total audit hours						
Note: An RFI/RFP is being developed to address periodic HIPAA Privacy & Security Risk Assessment for FY 23						