

Bartlett Regional Hospital

Board Compliance Committee

Date: December 10, 2018

Time: 7:00 AM

Agenda

Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

CALL TO ORDER

APPROVAL OF AGENDA

APPROVAL OF THE MINUTES -- October 22nd BOD Compliance Committee Meeting

OLD BUSINESS

- A. Policy Review 5 minutes

NEW BUSINESS

- A. Committee Education and Training 20 minutes
 - 1. 7 Elements of an Effective Compliance Program Nathan Overson, CO
 - a) Auditing and Monitoring
 - b) Discipline for Non-Compliance

- B. Compliance Officer Report 20 minutes
 - 1. 2019 Compliance Risk Assessment Nathan Overson, CO
 - a) Hospital Compliance Committee
 - 2. Compliance Dashboard Element Review Committee Discussion
 - a) Policy/document review
 - b) Monitoring Auditing
 - c) Compliance log Dashboard Review

FUTURE AGENDA ITEMS 5 minutes

EXECUTIVE SESSION

COMMITTEE MEMBER COMMENTS 5 minutes

ADJOURN - Next meeting: March 12th 7:00 AM

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Compliance Committee Meeting Minutes October 22, 2018

Called to order at 7:00 am., by Board Compliance Committee Chair, Bob Urata, MD

Compliance Committee and Board Members:

Board Members: Bob Urata, MD and Marshal Kendziorek, and Linda Thomas (absent)

Staff: Chuck Bill, CEO; Nathan Overson, Compliance Officer

Agenda Approval: *Dr. Urata made a MOTION to approve the agenda as presented. Hearing no requests for change, the agenda was approved.*

Previous Board Compliance Meeting Minutes Approval: *Mr. Kendziorek made a MOTION to approve the minutes with a change to reflect Board Member Linda Thomas absent. Hearing no requests for additional changes, the minutes were approved with change.*

Policy Review Update: Mr. Overson provided an update on the current status of the compliance policies. The Policy Management Policy has been finalized. It is the last policy from the list of policies that legal counsel, Hall Render, recommended for Bartlett Regional Hospital's (BRH) compliance program. The policy management work group has continued work on creating definition for a newly approved Policy Committee. Mr. Bill has approved additional IT resources to upgrade the current document control program to a newer version; and has also approved 2 days of onsite training from the document control vendor. Training will be for the newly formed committee members, "power users", program administrators and end-users.

An initiative to bring all (not just the Hall Render recommended policy list) compliance related policies to the Hospital Compliance Committee on a regularly scheduled basis for the purpose of the annual periodic document review.

Education and Training: As a newly requested standing agenda item Mr. Overson provided compliance education and training. It was an overview of what a compliance program is, its importance and benefits from "Practical Guidance for Health Care Governing Boards on Compliance Oversight" and "Measuring Compliance Program Effectiveness: A Resource Guide". "7 Elements of an Effective Compliance Program" were discussed, and more detail and time was given to "Written Standards of Conduct, Policies and Procedures".

It was proposed by Dr. Urata, and agreed upon by the committee, that training for the next meeting would include "Auditing and Monitoring" as one of the two topics covered.

Compliance Officer Report: Mr. Overson gave an update on the progress toward a 2019 compliance work plan. Additional information was given about risk area review tools from the Healthcare Compliance Association (HCCA) to create a risk assessment in conjunction with the Office of Inspector General (OIG) work plan. Once completed, the approach to keep the hospital compliance work plan dynamic was discussed; since the OIG's annual work plan is now updated monthly.

Elements of a standing dashboard/report were discussed, including status of compliance periodic policy/document reviews, a comprehensive compliance log, monitoring and auditing activities, compliance program work plan.

Executive session: The meeting did not go into executive session.

Meeting Adjourned 8:07 am

Next Meeting 12/10/2018 at 7:00 am

DRAFT