

Bartlett Regional Hospital

Board Compliance Committee Agenda

Date: September 24, 2019

Time: 7:00 AM

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 -- June 11th BOD Compliance Committee Meeting

OLD BUSINESS

A. None

NEW BUSINESS

A. Committee Education and Training

20 minutes

Nathan Overson, CO

B. Compliance Officer Report

20 minutes

1) Compliance Dashboard Element Review

Committee Discussion

a) Policy/document review

b) Compliance log Dashboard Review

c) Monitoring Auditing Activity

d) Compliance Work Plan

EXECUTIVE SESSION

FUTURE AGENDA ITEMS

5 minutes

A. Next Committee Education and Training

1) Training requests

COMMITTEE MEMBER COMMENTS

5 minutes

ADJOURN - Next meeting: December 10th 7:00 AM



Bartlett Regional Hospital

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

Compliance Committee Meeting Draft Minutes June 11, 2019

Called to order at 7:05 AM., by Board Compliance Committee Chair, Bob Urata, MD

Compliance Committee and Board Members:

Board Members: Bob Urata, MD; Marshal Kendziorek, Deborah Johnston (absent), Kenny Solomon-Gross and Rosemary Hagevig

Staff/Other: Chuck Bill, CEO (absent); Nathan Overson, Compliance Officer; Megan Costello, Assistant Municipal Attorney

Agenda Approval: *Marshal Kendziorek asked if there were items for the executive session, there were none so he made a MOTION to strike the executive session from the agenda and otherwise approve the agenda as presented. Hearing no requests for change, the agenda was approved with change.*

Previous Board Compliance Meeting Minutes Approval: *Mr. Kendziorek made a MOTION to approve the minutes without change. Hearing no requests for change, the minutes were approved without change.*

Education and Training: Mr. Overson provided compliance education and training. Training consisted of an overview of what a compliance program is, and two topics from “Measuring Compliance Program Effectiveness: A Resource Guide”. The two topics of “Oversight by a Compliance Officer/Compliance Committee” and “Education and Training” were covered.

Mr. Kendziorek responded to the statement by Mr. Overson that the official name of the Board Compliance Committee was the Board Compliance and Audit committee. Mr. Kendziorek spoke of prior board discussion of combining the Compliance/Audit committee with the Quality committee to create one board committee over both. Mr. Overson expressed his opposition to the idea. He acknowledged that some of the Compliance and Quality functions appear to be similar, but the two lenses are very different and the important distinctions between the functions could be blurred as a result.

Compliance Officer Report:

Compliance Policies: Mr. Overson gave an update on the periodic document review process for the compliance policies from. A dashboard report was presented, and Mr. Kendziorek offered a suggestion to improve the report by adding an element to show what had changed from one meeting to the next.

Compliance Incident Log: The numbers of incidents have been relatively consistent month to month; and the nature of the incidents has been fairly consistent also. The request to capture outstanding incidents (incidents that take longer than several weeks to complete) was asked by Mr. Kendziorek in the last meeting. Mr. Overson noted that a new element was added to the “Hospital Work Plan” to account for incidents requiring an operational fix. Compliance work groups would be generated as a result of any outstanding incident that should be addressed at a system level. The incident data point would be still tracked in the Compliance Incident Log, but the progress toward closing the loop on outstanding incidents would then be tracked as process improvement projects in the Hospital Work Plan.

Monitoring and Auditing: Mr. Overson presented a monitoring and auditing report which showed the work of the Compliance directed chart audits performed by the revenue cycle team, and relevant

department ad hoc members over the last quarter. Compliance, HIM and PFS are currently in the process of looking at how to bring external audit requests (number and type) to this report. Incident investigations will often trigger a systems audit which will also be included. This report is still being developed.

Hospital Work Plan: No significant changes to the hospital work plan, except for the added element to track process improvement projects related to the compliance incident closed loop process mentioned in the Compliance Incident Log report.

Committee Input: Mr. Kendziorek suggested for our next meeting that the education topic can be a brief overview of all 7 elements of the effective compliance program, and how they fit together since we have now completed each of the individual elements. Dr. Urata suggested that this 20 minute training could be considered for a future board meeting training for all of the board to receive.

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

Meeting Adjourned 7:56 am

Next Meeting 09/24/2019 at 7:00 am
(Changing the meeting time to the 3rd Tuesday of the 3 month of each quarter)