

Corporate Compliance Training



New Hanover Health Network

Wilmington, North Carolina





What Is Compliance?

The prevention, detection and correction of any unwanted act within the organization, such as:

- Fraud & Abuse
- Violations of law, regulations, or policies and procedures





NHRMC's Code of Conduct

- Educates staff on the relevance of compliance throughout the hospital
- Provides general guidelines for conducting business activities in full compliance with all hospital policies and procedures, Federal, State and local laws and regulations
- Encourages staff reporting of suspected violations
- Emphasizes Non-Retaliation
- Review your **Code of Conduct Booklet** for more information





Examples of Compliance Issues

- Lack of correct or sufficient documentation in transferring or discharging patients
- Employees practicing outside of their scope of licensure/ certification
- Billing for services or supplies that were not provided
- Altering claims for higher payment
- Improper billing practices
- Inappropriate vendor relationships
- Inappropriate access and/or release of patient health information
- Unethical or inappropriate care of patients
- Bribes or kickbacks





Guiding Principle

DO THE RIGHT THING! When you become aware of or observe something you believe to be improper, report it!





Guidelines for Business Courtesies & Gifts

- Never accept monetary gifts or tips from patients or their families
- Never accept any gift or favor of more than nominal value (\$25) from a vendor
- Only accept food or meals from vendors when it is part of an educational program that includes other entities or hospitals
- Be aware of the following:
 - A vendor offering free services
 - Cash or big-ticket items in return for purchasing
 - All-expense paid trips





Guidelines for Business Courtesies & Gifts

- Employees are not permitted to accept packages from vendors to participate in the Annual Coastal Classic Celebrity Golf Tournament. Employees may participate; however, they must pay for their own package.





Gifts, Favors & Fundraising

- As a public hospital that is subject to North Carolina state laws, we are limited as to what we are permitted to accept from vendors and activities that we are allowed to conduct.
- See examples of **Gifts, Favors & Fundraising** activities and whether they are permissible.





Conflict of Interest Policy

- NHRMC cannot do business with any company or vendor if a trustee, employee, or spouse of a trustee or employee owns more than 10% or is on the board of directors. Exceptions include utility companies and financial institutions.
- *If there is a change in the ownership interests of you or your spouse, it is YOUR responsibility to notify the Corporate Compliance Coordinator at X8501 within (7) days of the change and you will be required to complete a new disclosure statement at that time.*





Research

- If you suspect Scientific Misconduct, such as fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research, report it to the Compliance Officer, X8460!





Patient Confidentiality

- Any individual employed by, working on behalf of or studying within New Hanover Regional Medical Center has an obligation to respect and protect patient health information at all times. This requires at a minimum:
 - ❑ Following hospital policies and procedures regarding access and/or release of patient health information
 - ❑ Not accessing, examining, using or disclosing patient health information except as needed to perform one's job
 - ❑ Not discussing patient health information in locations where others may overhear, such as elevators, dining areas, hallways, etc.





Patient Confidentiality (cont'd)

- ❑ Avoiding the display of electronic or hard copy patient health information when visitors are present
- ❑ Not removing patient health information from the facility without appropriate release by the Health Information Management Department
- ❑ Not sharing, borrowing, transferring, or loaning passwords
 - ◆ The authorized person for whom a password is designated shall be absolutely and unconditionally responsible for proper use of this password.
 - ◆ If the authorized user believes that their password has been compromised, it is their responsibility to immediately notify their Manager or Help Desk at X7855 so that a new password can be reissued.





Patient Confidentiality (cont'd)

All patient health information that is accessed electronically is being monitored. Audits will be conducted randomly and upon receipt of reports of suspected violations.





Handling Requests by Family Members & Friends for Patient Information

- A patient's detailed condition information may be released over the phone with proper written authorization by the patient, which includes a list of individuals the patient wants to receive his/her detailed condition information and a code word.
- Check the patient's "Patient Acknowledgement & Information Listing Instructions" Form (Form AO-047). If the family member/friend is listed on this form, ask for the code word. If they are on the list and know the code word, then you may release **DETAILED CONDITION INFORMATION** over the phone.





Handling Requests by Family Members & Friends for Patient Information (cont'd)

- If the family member/friend is not on the “Patient Acknowledgement & Information Listing Instructions” Form, then check the SWITCHBOARD PATIENT INQUIRY SCREEN for the patient’s name and information (Located on Page 2, Item 28, on the Nurses Menu in IBAX/Series).
- If the patient’s name and information **is not listed on this screen**, it means that the patient **chose not** to be listed in our patient information listing.
- If the patient is conscious, put the caller on hold and ask the patient if he/she would like to accept the call.





Handling Requests by Family Members & Friends for Patient Information (cont'd)

- If the patient is unconscious, no acknowledgment of the patient's presence should be provided. However, you may ask a family member or friend who is present to speak to the caller.
- If the patient's name and information **is listed**, then only the general condition information may be released, i.e. good/ fair/ serious/ critical. If more information is requested, then family members and friends should be advised that they may visit the patient or contact an immediate family member.





Disciplinary Action & Potential Penalties

- Violation of patient confidentiality policies may result in disciplinary action, up to and including discharge. **(See HR Policy #49.0, “Progressive Discipline,” Items: 21(a), 21(b), 24)**
- In addition, **ANYONE** in the organization may be subject to individual penalties.
 - ❑ **Civil Penalties:** \$100 for each violation, with a maximum total fine of \$25,000 per person for all identical violations in the same calendar year.
 - ❑ **Criminal Penalties:** Intent to sell, use for commercial gain or malicious harm may result in fines up to \$250,000 and jail time up to 10 years, or both.





Telecommunications Devices for the Deaf (TDDs)

- **As a public organization that offers patients and guests the opportunity to make outgoing telephone calls, we will also make available, upon request, a TDD for use by an individual who has impaired hearing or a communication disorder.**
- **Who has responsibility for knowing where to find a TDD or knowing who to ask?**
 - ❑ **All NHRMC staff**





Telecommunications Devices for the Deaf (TDDs) (cont'd)

- **Where are TDDs located on both 17th Street & CF campuses?**
 - ❑ See **[Table of All TDD Locations](#)**
- **Where can portable TDDs be used?**
 - ❑ At the 17th Street Campus, portable TDDs may be used in patient rooms and at wheelchair accessible, public phone stations located in the waiting areas of floors 2, 6, & 8. At the CF Campus, portable TDDs may be used in patient rooms and in the family conference room near the switchboard operator.





Telecommunications Devices for the Deaf (TDDs) (cont'd)

➤ How are portable TDDs operated?

- ❑ **For use in a patient's room**, unplug patient phone from phone jack at wall and plug portable TDD into phone jack at wall. (May need to also plug in AC adapter if battery is low.)
- ❑ **For use at a public phone station**, 1) plug AC adapter into a power outlet, 2) plug portable TDD into phone jack, then 3) turn device on.
- ❑ Caller should 1) hold down the CTRL key and press 1, then dial (9) and the TDD number he/she would like to contact. To call the NC Relay Service (or to connect with a voice), caller should dial: (9)711 or (9)1-800-735-2962. (NOTE: Dialing “9” before the number is not required at CFMC, Rehab at Independence or Rehab at Oleander.) Guests may also utilize TDD pay phones at the locations listed.





Telecommunications Devices for the Deaf (TDDs) (cont'd)

- **Who should I call for the location of a TDD?**
 - ❑ **Switchboard Operators, Ext. 0 or Ph. 343-7000**
- **If there is a problem operating a TDD, who should I contact?**
 - ❑ **Switchboard Operators, Ext. 0 or Ph. 343-7000**





Reporting Compliance Issues

- You may report incidents of noncompliance through your chain of command – to your supervisor/manager, director, or VP
- You may also report incidents of noncompliance to Pat Wheeler, Compliance/ Privacy Officer at Ph. 452-8460, Vera Newkirk, Compliance/ HIPAA Project Coordinator at Ph. 452-8501, or
- The Compliance Hotline at Ph. **1-800-348-9847**





Compliance Hotline: *1-800-348-9847*

- The NHRMC Compliance Hotline is available when employees feel their concerns cannot be communicated through normal channels.
- All calls are confidential and anonymous.
- Calls will not be recorded or traced.
- All information will be thoroughly investigated.
- The Hotline operates 24 hours a day, seven days a week by an external agency.

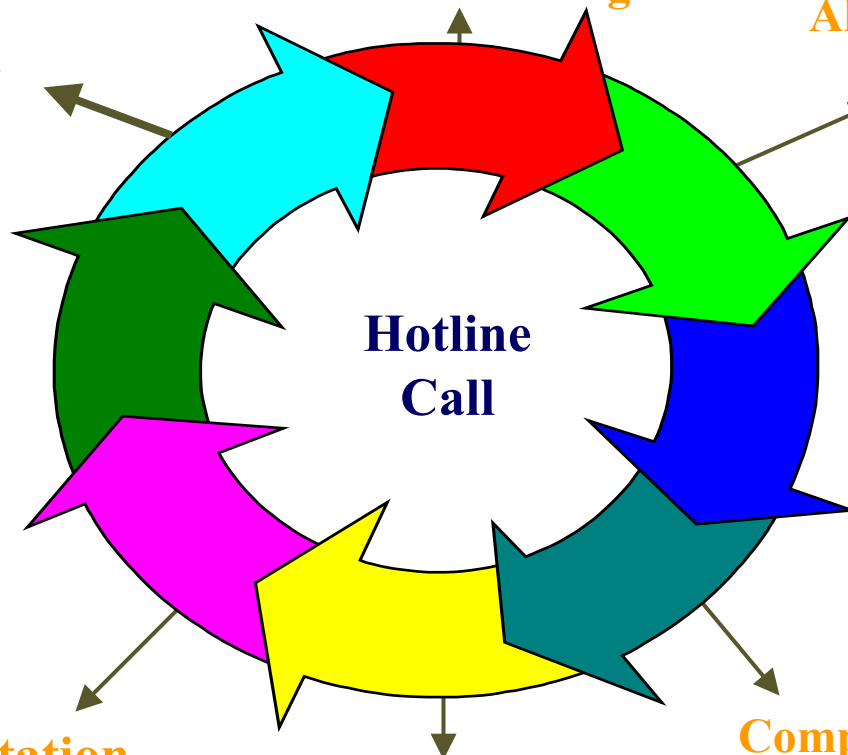




Employee Calls
**COMPLIANCE
HOTLINE**

Caller Debriefing

**Allegations Reported to
Compliance Office**



**Hotline
Call**

Documentation

Caller Response

**Compliance Office Initiates
Appropriate Action Steps**





Wrap Up

- **Remember:** The Non-Retaliation/ Non-Retribution Policy states that you will not be retaliated against for making a report in good faith.
- Complete the **Compliance Training Post-Quiz** to receive credit for annual compliance training.
- Give your completed post-quiz to the manager or delegate in your department so that they can be sent to the Compliance Office.
- Any questions regarding this training should be directed to Vera Newkirk at Ph. 452-8501
- Thanks!

