

HEALTH ETHICS TRUST

2017 HEALTHCARE BEST COMPLIANCE PRACTICES FORUM

PROCESS & CRITERIA

For questions or further information on any aspect of the best compliance practices process - please contact:

Mark Pastin, *President*
Council of Ethical Organizations
email: mpastin@corporateethics.com

or

Director of Programs
Council of Ethical Organizations
email: DirectorofPrograms@corporateethics.com

1727 King Street, Suite 300 • Alexandria, VA 22314

Tel: 703.683.7916 • Fax: 571.551.6080

© 2017 Council of Ethical Organizations. These materials are proprietary and protected by copyright registration to the Council of Ethical Organizations. Reproduction or dissemination by any means—including photocopying and transmittal by FAX—is a violation of federal copyright law (17 USC 101 et seq) punishable by fines of up to \$100,000 per violation. Violators will be prosecuted. Do not copy, quote or disseminate without specific written permission.

WWW.BESTCOMPLIANCEPRACTICES.COM

HEALTH ETHICS TRUST

Contents

Best Practices Nominations Process

Background and Purpose.....	3
Who is Eligible to Nominate for Recognition at the Best Practices Forum?.....	4
The Process.....	4
When are nominations accepted?	4
What can be nominated?.....	4
How should nominations be prepared and presented?	5
How are nominations judged?.....	5
When are the awards presented?.....	6

Best Compliance Practices Criteria

Integrating Audit and Internal Controls with Ethics and Compliance.....	8
Response to Internal Investigations of Improper Conduct and Corrective Action Procedures.....	11
Compliance Program Assessment	13
Vendor Relations	16
Compliance Function Involvement In Patient Safety & Medical Error Reduction	19

Past Award Winners

2016 -1997	22
------------------	----

Best Compliance Practices Nominations Application Form

Application Form	26
Timeline for materials for 2017.....	26
For assistance or further information.....	27

HEALTH ETHICS TRUST

Best Practices Nominations Process

Background and Purpose

The best practices process in health care compliance is an initiative started by the Health Ethics Trust, a division of the Council of Ethical Organizations. The Health Ethics Trust is committed to enhancing ethical and legal conduct in health care organizations through shared resources, education programs and research.

The best compliance practices process is an important part of the Trust's activities because it enhances knowledge and awareness about better practices in health care compliance. The specific goals of the best compliance practices process are:

- To build awareness of the importance of compliance in all sectors of the health care industry;
- To recognize organizational accomplishment with respect to best practices in health care compliance programs;
- To exchange information about what constitutes a best practice, and how to build one.

It is not the intention of the best compliance practices process to set prescriptive standards for the health care industry. Rather, the aim is to extend the boundaries of practical knowledge, to bring best compliance practices to a broader health care audience.

Currently, the best compliance practices process encompasses a number of activities. The most prominent of these is the **Healthcare Best Compliance Practices Forum** which was established in 1997 in co-operation with the School of Public Health at UNC/Chapel Hill. The Forum is an annual event that recognizes outstanding compliance performance in health care organizations. It also brings together health care compliance professionals and senior executives with heads of key government agencies and important industry groups and associations.

Health care organizations can nominate parts of their compliance, ethics or integrity program for recognition as a best practice at the Forum. **Further information on the best compliance practices nominations process is given in subsequent sections of this document.**

HEALTH ETHICS TRUST

Who is Eligible to Nominate for Recognition at the Healthcare Best Compliance Practices Forum?

Health care organizations of any size or type that are seriously and genuinely committed to improving health care compliance are welcome to apply. Nominations may be self-nominations of your own organization or nominations of another organization's compliance efforts. Nominated organizations need not be official Health Ethics Trust members.

Our goal is to make this process as open as possible. We do not seek to claim turf, draw boundaries or build fences. Quite simply, we want to advance the field of health care compliance.

The only requirement is that organizations that submit nominations must be able to attend and present their best practice at the Forum.

The Process

Nominating a compliance practice for recognition at the Healthcare Best Compliance Practices Forum is a simple process. Answers to commonly asked questions about the process are given below.

When are nominations accepted?

Nominations are accepted in the period leading up to the Healthcare Best Compliance Practices Forum. The Forum is typically held in October of each year, and nominations are accepted starting in January of that year.

For the 2017 Forum, nominations will be accepted from January and will close **August 15, 2017**.

What can be nominated?

In most cases, nominations are accepted for *any* part of a health care compliance program that a health care organization considers as worthy of recognition. There are, however, some specific areas of health care compliance programs where written criteria outlining best practices have been developed. Therefore, organizations may elect to either nominate in an area where criteria have been defined, or nominate another aspect of their compliance program or approach.

It is important to note that an organization can nominate for a component of a criteria area. It is not necessary to meet all the criteria in an area.

HEALTH ETHICS TRUST

How should nominations be prepared and presented?

Nominations should be presented in written form and submitted in conjunction with an application form either by mail to Health Ethics Trust, 1727 King St., Suite 300, Alexandria, VA 22314, electronic submission through <http://www.bestcompliancepractices.com/bpsubmission>, or by emailing the submission to directorofprograms@corporateethics.com

The nomination should explain the nature of the approach adopted in the area nominated, and why it has been successful. It may be appropriate to also explain why the nominated compliance practice is special or important in relation to similar activities by peer organizations (e.g., in relation to other long-term care providers of similar size; or other health care plans; or other pharmaceutical companies).

Illustrative materials should be included to support the written submission. These do not need to be exhaustive. Include sufficient materials to illustrate key aspects of your organization's approach.

If an organization is nominating in an area (*or aspect of an area*) where there are written best practice criteria – it is advisable to address how your organization meets some or all of these criteria as part of the application. (Note: It is not expected that nominations will meet all the criteria in a given area. The criteria have been written to accommodate a variety of different types and sizes of health care organizations.)

How are nominations judged?

Nominations are judged by an *independent* Review Board. The Board is composed of experienced health care compliance professionals and content experts. A senior staff member of the Health Ethics Trust co-ordinates this Board, but does not vote or influence decisions regarding awards. The Trust also provides some administrative support.

In general, nominations are judged in terms of how well they meet *broad criteria* for best practices, and where applicable, how well they meet *specific criteria* for best practice areas. The broad criteria stipulate that best compliance practices will:

- Ultimately drive toward patient focused quality care;
- Involve the key leadership of an organization;
- Have a mechanism for continuous improvement and organizational learning;
- Engage employees at all levels;
- Be shaped by an analysis of relevant data and information;
- Focus on clinical, financial and organizational outcomes.

Members of the Review Board also take into consideration the particular type and size of the health care organization when they are reviewing nominations. This means that

HEALTH ETHICS TRUST

compliance practices are judged in context on the merits of each application.

When are the awards presented?

Awards for best compliance practices in health care are presented at the annual Healthcare Best Compliance Practices Forum. The 2017 Best Practices Forum will be held October 16-17 in the DC Metro Area. All award winners receive a plaque signifying their award and are publicly acknowledged at the Forum.

A representative from the award winning organization must be prepared to give a short presentation on their approach at the Forum. Before the submission can be reviewed and considered for an award, the representative who will be presenting at the Forum must be registered as an attendee for the Forum.

HEALTH ETHICS TRUST

Best Compliance Practices Criteria

As discussed in previous sections, specific best compliance practices criteria have been developed for some areas of health care compliance programs. These criteria were developed by a voluntary task force of dedicated, experienced compliance professionals, from both inside and outside of the health care industry. This process is overseen by the Health Ethics Trust.

The task force in conjunction with the Health Ethics Trust works to continually improve the best compliance practices criteria. This is achieved by seeking external feedback on the practicality and appropriateness of the criteria from compliance professionals, relevant government agencies, content experts, industry associations, accreditation bodies, and other stakeholders. This process is ongoing and the Trust welcomes any comments you may have which will continue to enhance the existing criteria.

The Health Ethics Trust also works with other agencies and groups to ensure that the best practice criteria are not developed in isolation of other work being undertaken in health care compliance and organizational/business ethics more generally.

The criteria for Best Compliance Practices include:

- Integrating Audit and Internal Controls with Ethics and Compliance;
- Response to Internal Investigations of Improper Conduct and Corrective Action Procedures;
- Compliance Program Assessment;
- Vendor Relationships; and,
- Compliance Involvement in Patient Safety and Medical Error Reduction.

Best compliance practice criteria for each of these areas are described below. Please note that in cases where an organization wants to nominate for a best practice award in one of these areas – it is advisable to address the written application to the specific criteria detailed below.

It is not necessary to meet all criteria in an area as part of a nomination. Nominations are accepted for aspects of a criteria area.

HEALTH ETHICS TRUST

Best Practices Selection Criteria:

Integrating Audit and Internal Controls with Ethics and Compliance

Summary

Achievement in the integration of the company's internal and external audit program assures that the ongoing efforts of the compliance or integrity program support strong internal controls.

Definition

An essential element of an effective compliance program is the ongoing audit of the company's compliance with applicable laws, regulations, policies and procedures and the review of the necessary internal controls to assure that the company is complying with its commitment to ethical business practices. The results of such audit or review activity should be fully integrated into the company's ongoing compliance program to assure that corporate wrongdoing, or potential compliance concerns, can be addressed and resolved in an appropriate and prompt manner.

Achievement to Warrant Finding of Best Practice

In evaluating whether a program has achieved a "Best Practice" in this element, look for the existence of the following criteria :

1. Policies and Procedures

- There should be written policies and procedures that establish:
 - a. the role of external auditors and internal audits in the review of internal controls, and the conduct of financial audits, operational (e.g., management or performance based) reviews, and compliance audits;
 - b. an organizational relationship between the audit function (whether internal and/or external) and the integrity/compliance function, including the use of auditors to conduct internal investigations under the auspices of the compliance department;
 - c. appropriate internal controls to monitor compliance with applicable laws, regulations, standards, and organizational policies and procedures. Processes to review the effectiveness of these internal controls should also be established;
 - d. the accountabilities and responsibilities of the Board of Directors/governing body, Audit Committee (or compliance subcommittee) and senior corporate leaders in overseeing and monitoring the adequacy of internal controls;

HEALTH ETHICS TRUST

- e. that appropriate business functions (e.g., accounting, coding, HR, purchasing, QA, etc.) have implemented their own procedures to govern their actions and roles in the monitoring of internal controls and ongoing review processes – OR – effective alternatives to self-monitoring methodologies have been established to achieve the same goals;
- f. a records retention protocol that provides for the collection, retention, archival and destruction of documents and records in accordance with applicable law and standards.

2. *Documentary evidence*

- There should be written evidence (e.g., signature attendance sheet for training, orientation materials for internal auditors, etc.) of the following:
 - a. the company has appropriately segregated job duties that reduce the likelihood of fraudulent actions and / or errors in key compliance risk areas (e.g., separation of custody of assets from accounting and finance; separation of operational and record-keeping responsibilities etc.);
 - b. a disciplined signature / discretionary authority process that provides for both the proper authorization of, and approval of transactions and activities;
 - c. independent checks and internal verifications within each business function to assure adequate segregation of duties, proper authorization of transactions and activities, adequate documents and records, and physical control over assets and records;
 - d. annual integrity / compliance training of employees which reinforces the company's commitment to integrity in all its business and financial transactions and the importance of employee compliance with company policies and procedures;
 - e. targeted technical compliance training of appropriate individuals to reinforce the compliance obligations of Board members, senior management, and employees endowed with discretionary authority or fiduciary responsibility or who have responsibility for areas of significant compliance risk to the organization;
 - f. discipline-specific training for employees performing internal audit and internal control review functions.

HEALTH ETHICS TRUST

3. Role of Compliance Function

- The Compliance/Integrity Officer should be able to demonstrate that:
 - a. the organization periodically conducts risk assessments of the entire operation to identify specific risk areas that affects its compliance posture and internal control process. The risk assessment tool used by the compliance function or internal audit in this context should be documented and reviewed regularly;
 - b. identified compliance risk areas are included in the organization's annual audit plan;
 - c. the organization has policies and procedures that govern the frequency, scope and conduct of internal audits, compliance reviews, and the reporting criteria for them. These policies and procedures need to provide latitude for reassessment of audit and review plans based on changing risks and priorities;
 - d. the organization has a process for modifying its annual audit plan to confirm implementation, and to determine the adequacy of, corrective actions required by *reportable or disclosable issues*;
 - e. the organization has a process for communicating key compliance related audit and review outcomes, and *reportable or disclosable conditions* to the Board, senior management and, where appropriate, outside agencies and/or enforcement bodies;
 - f. the organization has properly disclosed the results of internal audits, compliance reviews, or internal investigations when required by law.

HEALTH ETHICS TRUST

Best Practices Selection Criteria:

Response to Internal Investigations of Improper Conduct & Corrective Action Procedures

Summary

Achievement in the appropriate corporate response to internal investigations concerning potential corporate wrongdoing, and implementation of appropriate procedures ensures consistent disciplinary action and corrective actions to prevent the recurrence of such improper behavior.

Definition

An essential element of an effective compliance program is the implementation of consistent disciplinary actions and corrective action plans to assure that corporate wrongdoing is promptly corrected, the implicated parties receive the appropriate discipline, and the wrongdoing does not recur.

Achievement to Warrant Finding of Best Practice

In evaluating whether a program has achieved a “Best Practice” in this element, look for the existence of the following criteria for the response to internal investigations, and the adoption of necessary discipline and corrective action procedures:

1. Policies and Procedures

- The Compliance Program should have the appropriate policies and procedures in place concerning:
 - a. time frames for the investigation, resolution of reported issues or concerns, and adoption and implementation of corrective action plans;
 - b. investigation protocols detailing procedures to follow, and responsible persons to conduct, in investigations of possible compliance issues;
 - c. standards for documentation of investigations, results and follow up;
 - d. establishment and application of consistent disciplinary standards (including application of disciplinary action under any existing union contracts), which include the input of the Compliance Officer in disciplinary decisions as a result of compliance violations;
 - e. the monitoring of implementation of all corrective action plans, and follow up procedures as a result of discovered corporate wrongdoing;

HEALTH ETHICS TRUST

- f. resolving compliance issues potentially involving Board members and/or senior executives/officers of organization;
- g. retention of compliance counsel as appropriate;
- h. background and exclusion checking of all employees, physicians and other applicable individuals or organizations.

2. Follow up to Investigations

- There should be documentary evidence that the compliance program:
 - a. receives all reports of compliance violations in a timely fashion;
 - b. documents all intake, and requests for assistance in the investigation of all compliance violations;
 - c. works with other appropriate departments/disciplines to investigate and resolve concerns (e.g., HR, Audit, Risk Management, etc.);
 - d. coordinates the organization's use of the government sanctions lists to assure employees, physicians and others hired by the organization (or under contract with the organization) are not excluded;
 - e. compiles appropriate data on compliance reports, investigations, and resolution for presentation to Board of Directors/Compliance Committee;
 - f. maintains data base of all investigations including documentation of steps taken, interviews, etc for appropriate retention period.

3. Compliance Program

- The Compliance Program should:
 - a. assure that all compliance concerns are investigated thoroughly;
 - b. gather and maintain appropriate documentation in a confidential way;
 - c. coordinate all disciplinary actions, following compliance violations, and the creation and implementation of corrective action plans;
 - d. ensure the organization's non-retaliation policy is fully implemented and followed.

HEALTH ETHICS TRUST

Best Practices Selection Criteria:

Compliance Program Assessment

Summary

Achievement in the conduct and reporting of the periodic/annual assessment of the corporate compliance program that meets the requirements of element 7 of the “Elements of an Effective Corporate Compliance Program”.

Definition

The Program Assessment is a periodic review of the progress and /or achievement of the organization’s compliance program. This assessment should be conducted by or under the direction of the Compliance Officer, and focus on the organization’s implementation of the 7 elements of an effective corporate compliance program.

Achievement to Warrant Finding of Best Practice

In evaluating whether a program has achieved a “Best Practice” in this element, look at the following criteria for a compliance program assessment:

1. Corporate Governance and Oversight

- The assessment should demonstrate review of:
 - a. governing charters for the Compliance Officer and other related personnel;
 - b. policies regarding reporting relationships between liaisons and CCO, Compliance Committee, Board of Directors and others with oversight of the program;
 - c. written evidence of high level management support, including Board resolutions, corporate funding of program;
 - d. adequacy of compliance office staff and resources;
 - e. appropriateness of delegated compliance responsibilities.

2. Code of Conduct Review

- The assessment should:
 - a. adequately review content to assure it provides adequate guidance to employees concerning all major risk areas within the organization;
 - b. review the Code’s coverage of laws and regulations affecting the organization;

HEALTH ETHICS TRUST

- c. include review of such important Code topics as documentation, billing and coding, conflicts of interest, workplace environment and safety, HR issues, provider relationships, gifts and gratuities;
- d. review how the Code has been disseminated, what employees have received it, how receipt is audited, etc.

3. Review of Policies and Procedures

- The assessment should:
 - a. review the existence and content of policies regarding all major risk areas identified in the Code;
 - b. look for and review Compliance Program related policies and procedures, such as non-retaliation, reporting process, conflicts of interest, charters for the compliance program and compliance officer;
 - c. review operational procedures for accuracy, implementation and employee knowledge of content, including background checks, investigation of incidents, EMTALA, anti-kickback issues, safety, billing and coding.

4. Internal Controls

- The assessment should determine the adequacy of:
 - a. internal audit reviews in the major compliance risk areas of the operation;
 - b. targeted auditing of billing and coding issues, coverage issues, OIG identified “Fraud Alert” areas and other identified high profile enforcement issues;
 - c. all audit protocols, investigation procedures, and reporting processes;
 - d. compliance office coordination with Legal Department, HR, Internal Audit, Medical Records, etc concerning investigation, and ongoing audit/reviews.

5. Internal Reporting Process

- The assessment should review and evaluate:
 - a. operation of the confidential phone line (or other formal reporting mechanism);
 - b. use of inhouse/outside resource to operate reporting program;
 - c. training of staff which coordinates phone line and/or receives reports from outside hotline operation;
 - d. procedures used to receive, record and protect information;
 - e. process of investigation and follow up to reports, including providing feedback to callers;

HEALTH ETHICS TRUST

- f. other reporting channels within organization, including decision tree steps;
- g. organization's protection of reporters, response to allegations of retaliation.

6. *Education and Training*

- The assessment should evaluate:
 - a. content of all compliance training, corporate values focus, company commitment to ethical practices, participation of management in presentation;
 - b. delivery and audit of training program, percentage of employees who received it, support of management/supervisors;
 - c. how training is provided (e.g., face to face training vs electronically), feedback from participants, use of case studies.

7. *Corrective Actions*

- The assessment should review and evaluate:
 - a. implementation of corrective action following investigation/determination of violations;
 - b. consistency of all disciplinary decisions;
 - c. timeliness, appropriateness and thoroughness of corrective action;
 - d. record keeping of all disciplinary actions, corrective action plans;
 - e. follow up to, and implementation of all corrective action plans;
 - f. managers and supervisors support of all disciplinary decisions and corrective actions.

HEALTH ETHICS TRUST

Best Practices Selection Criteria:

Vendor Relations

Summary

Effective communication with an organization's vendors and business partners regarding the ethical guidelines, internal policies and government regulation related to gifts and business courtesies (including entertainment) helps establish an environment where business decisions are guided by quality, effectiveness and price rather than being influenced by inducements.

Definition

An essential element of an effective compliance program is the establishment of appropriate policies regarding vendor relations, communication of these policies to employees, vendor and business partners, mechanisms to monitor adherence and procedures for intervening when policies are not followed.

Achievement to Warrant Finding of Best Practice

In evaluating whether a program has achieved a "Best Practice" in this element, look for the existence of the following criteria:

1. Policies and Procedures

- There should be written policies and procedures that establish:
 - a. guidelines that define in specific terms what is acceptable and not acceptable with respect to gifts and business courtesies. Guidelines should reflect current standards in the industry (e.g., AMA Guidelines for physicians). It is preferable for terms like "nominal" to be specifically defined as they may have different meanings to different individuals;
 - b. definitions of the types of individuals and entities included under organizational policies and procedures on vendor-related issues;
 - c. policies should be consistent with related policies dealing with issues such as: contracting with third parties, company assets, political activities and public affairs, grants and sponsored trips, sales and marketing practices, conflicts of interest, prohibition of bribes and other corrupt practices;
 - d. an approval process for both the offering and accepting of gifts and gratuities;
 - e. communication mechanisms for employees to report violations of policy or to ask questions or for guidance;

HEALTH ETHICS TRUST

- f. effective communication mechanisms for vendors and business partners to report violations of policy or to ask questions or for guidance;
- g. a process for distributing the policies to vendors and business partners and for them to acknowledge their understanding and agreement to abide by the policies as a requisite condition for their doing business with the organization;
- h. processes for checking vendor misconduct or exclusion/debarred status prior to entering into contractual arrangements;
- i. processes to disclose and to mitigate potential conflicts of interests (e.g., Board, senior executives; employees);
- j. education and training regarding the policies and procedures related to vendor relations is provided to all employees and is documented;
- k. clarification on the roles of each department (such as legal counsel, audit, finance, compliance and human resources) with regard to oversight and enforcement of policies related to vendor relations;
- l. Agreed processes for relationships between vendors and fundraising foundations which are part of the health care organization. Donations given to foundations should not influence contract decision making processes.

2. *Documentary evidence*

- There should be written evidence of the following:
 - a. disciplinary actions taken against employees or staff for violation of policies and procedures. This evidence should support that disciplinary action is applied consistently across all job roles and functions within the organization;
 - b. integrity/compliance training of employees which reinforces the company's commitment to integrity in all its business and financial transactions and the importance of employee compliance with company policies and procedures. This education to include the policies regarding vendor relations and methods of reporting concerns;
 - c. checks of vendors against the debarred contractor list or for records of prior misconduct;
 - d. targeted technical compliance training of appropriate individuals to reinforce the compliance obligations of Board members, senior management, and employees endowed with discretionary authority or fiduciary responsibility or who have responsibility for areas of significant compliance risk to the organization;
 - e. discipline-specific training for employees performing internal audit and internal control review functions;

HEALTH ETHICS TRUST

- f. concerns reported to the Hotline or other appropriate mechanisms are investigated and appropriate action is taken as needed.

3. Role of Compliance Function

- The Compliance/Integrity Officer should be able to demonstrate that:
 - a. the organization establishes and updates compliance training courses relating to vendor relations and the offer and acceptance of business courtesies or gratuities;
 - b. the Compliance Office resolves employee and supplier questions and/or concerns relating to vendor relations and business courtesies or gratuities;
 - c. the Compliance Office or other relevant staff function investigates and resolve allegations of misconduct concerning vendor or supplier relationships and compliance with organizational policy relating to business courtesies or gratuities.
 - d. relevant compliance risk areas such as strategic procurement agreements and business courtesies or gratuities policy compliance are included in the organization's annual audit plan;
 - e. the organization has policies and procedures governing procurement, supply chain management and/or vendor relations as well as for the offering/accepting of business courtesies or gratuities that are updated to reflect changes in relevant laws and regulations such as the Anti-Kickback Act;
 - f. the organization has a policy or process governing disclosure(s) to relevant U.S. Government agencies of violation(s) of such laws as the Anti-Kickback Act;
 - g. the organization has a process for ensuring that no current or candidate supplier or vendor is barred or suspended from participating in or receiving any U.S. Government funds in the performance of a procurement and/or contract action;
 - h. the organization has a process for periodically (e.g., annually) reminding vendors or suppliers of relevant laws, regulations and policies governing vendor or supplier relationships, including permissible business courtesies or gratuities, and the penalties for violating them.

HEALTH ETHICS TRUST

Best Practices Selection Criteria:

Compliance Function Involvement In Patient Safety & Medical Error Reduction

Summary

Patient safety is a critical aspect of health care delivery. Health care facilities have an obligation to provide a safe environment in accordance with their ethical commitment to quality patient care. The impetus to adopt systematic and pro-active approaches for improving patient safety and reducing medical errors is increasing. Government agencies, such as HHS OIG and CMS, and industry associations such as AHA, have raised the profile on the importance of implementing distinct processes to improve quality of care and patient safety. Accreditation bodies such as JCAHO are also making formal patient safety and medical error reduction programs a part of accreditation requirements.

Patient safety is not an issue that can be addressed in isolation. Effective initiatives to improve patient safety are organization wide and multi-disciplinary. Accordingly, *the health care compliance function has an important contribution to make to an organization's efforts to improve patient safety and reduce medical errors.* This contribution is consistent with the compliance function's commitment to enhance quality of care through system oriented efforts to foster organizational cultures which support ethical and legal conduct. These best practice criteria seek to recognize some of the innovative and diverse ways health care compliance can assist in the enhancement of patient safety and quality of care.

It is important to note that the establishment of formal patient safety programs in most health care organizations is a relatively new phenomenon. As such, the exact involvement of the compliance function in these initiatives is still evolving. *It is anticipated that these current best practice criteria will change as the role of the compliance function in patient safety programs becomes more defined with time.*

Definition

Effective efforts to improve patient safety and reduce medical errors depend on integrated, organization-wide initiatives that are strongly and visibly supported by leadership. The emphasis should be on developing a culture of safety where the focus is on improving systems rather than blaming individuals. Processes and internal control systems should be established to both prevent and detect medical errors. All areas and functions of the health care organization have a role to play in enhancing patient safety.

HEALTH ETHICS TRUST

Achievement to Warrant Finding of Best Practice

The “Best Practice” criteria below describe the type of contribution a compliance officer could make to their organization’s efforts to improve patient safety. These criteria will be used for evaluation of nominations in this area.

Please note: These criteria are not intended to suggest that the compliance officer should have primary responsibility for overseeing the organization’s patient safety program or initiative. However, they do recognize that the expertise, skills and experiential knowledge developed while undertaking the compliance role are aligned to those required to establish an effective patient safety and medical error reduction program. Notably, *effective* compliance efforts and patient safety efforts share the following commonalities: (1) a strong system oriented approach; (2) mission driven and values-based; (3) promote and improve quality of care; (4) require strong, visible leadership support and appropriate governance structures; (5) need to be integrated within an organization and become part of the organizational culture; (6) should be supported by appropriate policies, procedures and mechanisms for reporting and disclosures of sensitive information, etc. These commonalities mean that the compliance officer is uniquely placed to make a useful contribution to their organization’s efforts to improve patient safety and reduce medical errors.

Compliance Officer Role:

- The compliance officer should:
 - a. be a member of the organization’s patient safety committee. The committee should be multi-disciplinary and include representation from senior management, and key functional areas including compliance, quality, risk management, medical, nursing and maintenance;
 - b. contribute to the development of the organization’s strategic plan to improve patient safety and reduce medical errors;
 - c. provide guidance or assist in the development and implementation of appropriate systems and internal controls to prevent and detect medical errors and patient safety problems, including development of performance measures, analysis of outcomes and implementation of remedial actions;
 - d. emphasize the links between patient safety efforts and the organization’s compliance efforts (e.g., emphasize the common goals to improve quality of care);
 - e. promote patient safety and medical error reduction as a part of compliance-related education initiatives and compliance-related communications including newsletters, posters and web pages;

HEALTH ETHICS TRUST

- f. assist in the development of an organizational reporting mechanism for patient safety concerns and medical errors. This should include guidance on related policies and procedures such as non-retaliation policies, reporting requirements (internal and external), disclosure of issues to patients and families, and handling of sensitive disclosures by medical staff (especially those which may impact on licensure or credentials), and investigations following reports. It may be appropriate to utilize some of the pre-existing compliance policies and procedures in this area, for example, a consistent non-retaliation policy that applies to use of all reporting mechanisms is preferable. In some cases the pre-existing compliance reporting mechanism (e.g., hotline) may also be used for patient safety reports, and in these cases, relevant policies and procedures should be amended accordingly;
- g. support leadership and governance efforts to promote the enhancement of patient safety;
- h. support and promote the sharing of information and beneficial practices related to patient safety and medical error reduction;
- i. provide oversight to assure compliance with applicable patient safety and medical error reduction regulations, laws and standards, including requirements of government agencies and accreditation bodies. The compliance officer should be prepared to provide oversight and correction in any case in which normal organizational processes (e.g., line of command or incident reporting processes) have failed;
- j. include patient safety and medical error reduction issues as part of routine compliance audits and compliance risk assessments;
- k. ensure that in teaching institutions the patient safety and medical error reduction program/initiative addresses activities of medical students;
- l. ensure that patient safety and quality of care issues (considered as part of medical appointment and re-appointments.)

HEALTH ETHICS TRUST

Past Award Winners

2016

Baptist Health South Florida
Risk Assessment Methodology

Blue Cross Blue Shield of Michigan
Compliance Risk Assessment and Compliance Plan

Health Care Service Corporation
Effective Collaboration in the Fight Against Health Care Fraud, Waste, and Abuse

HealthTexas Provider Network
Becoming a Best Practice Compliance Program by Being Physician-Driven

Legacy Health
Compliance Education

Maxim Healthcare Services
Legal Billing Analysis

NHS Human Services, Inc.
Quality and Compliance Organization

Northwell Health
Professional Fee Coding and Billing Practices

Northwell Health
Identity Theft Prevention Program

PGBA
Utilizing Staff Creativity to Promote Compliance Awareness

UPMC Insurance Services Division
Policy and Procedure Management Program

2015

Blue Cross and Blue Shield of Alabama and Florida Blue
Peer-to-Peer Compliance Program Effectiveness Audits

BlueCross BlueShield of Tennessee
Records & Information Management Compliance; Conflict of Interest & Training Efficiencies

Community Medical Centers
340B Compliance Program

Health Care Service Corporation
Privacy Awareness and Breach Prevention

Maxim Healthcare Services
Auditing and Monitoring; Claims Testing; Issues Management

North Shore-LIJ Health System
Facility Coding Controls

PGBA
Reimagining Risk Assessment

Royal Philips, N.V.
The Philips Legal Compliance App

Wound Care Specialists
Compliance by Collaboration

HEALTH ETHICS TRUST

2014

Cahaba Government Benefit Administrators
Conflict of Interest Mitigation and Monitoring

CGS Administrators, LLC
Project Administrators Role

Community Medical Centers
*Physician Compensation Arrangements
Contracting Compliance*

Covenant Health
Corrective Action Planning

Health Care Service Corporation
*Computer-Based Training for Members of the
Board*

Houston Methodist
Effective Monitoring and Assessment Program

Maxim Healthcare Services
Ethics Education and Training Program

National Government Services, Inc.
Conflict of Interest Monitorin

NHS Human Services
Prevention of Fraud, Waste and Abuse

North Shore-LIJ Health System
HIPAA Implementation

PGBA
Multi-Purposing Resrouces

UPMC Insurance Services Division
*Corporate Compliance Records Management
Program*

Veterans Health Administration
*Virtual Onboarding Training Plan for Compliance
Officers*

WellPoint, Inc.
*Making the Most of OCR Audit Preparation;
Regulatory Exam Monitoring Process;
COI Process*

2013

**BCBSM Business Compliance Oversight
Office**
*Management of Patient Protection and
Affordable Care Act*

Cahaba GBA
The Integration of Quality in Compliance

CaroMont Health
*Quarterly Provider Documentation and Coding
Reviews*

CGS Administrators, LLC
Conflict of Interest Process

DaVita Healthcare Partners Inc.
Compliance Training Program

Department VA- VISN 6
*Vender Relations with Compliance Privacy,
Information Security,
and Records Management Programs*

HEALTH ETHICS TRUST

Florida Blue

Internal Investigation of Improper Conduct and Corrective Action Procedures

Health Care Service Corporation

Code of Conduct Education Training

PGBA, Inc.

Annual Compliance Survey and How it Affects the Annual Incentive for Management

National Government Services, Inc.

Innovative Online New Hire Training

NHS Human Services, Inc.

Integrating Internal Controls and Quality of Care when Opening, Closing, or Modifying Revenue Systems

North Shore-LIJ Health System

Trustee Compliance Training, Education, and Governance

WellPoint, Inc.

*Risk Management Program
External Audit Process
First-Tier, Downstream, and Related Entities Oversight Program*

2012

Adventist Health

Physician Payment Audit Process

Baylor Health Care System

Conflict of Interests Management Program

Blue Cross and Blue Shield of Tennessee

Compliance Inquiry Management Program

Blue Cross and Blue Shield of Tennessee

Education and Training

Bon Secours Health System

Compliance Education Program

Cahaba GBA, LLC

Communication and Training Program

CaroMont Health

Corporate Responsibility Education and Awareness

Florida Blue, Florida's BCBS Plan

Compass Program, Code of Ethical Business Conduct

Health Care Service Corporation

Compliance By Design Program

National Government Services

Disclosure of PHI Reporting Procedure

NHS Human Services

Quality and Compliance

North Shore LIJ Health System

Compliance Risk Assessment

OSU Physicians, Inc.

Compliance Audit Program

UPMC Insurance Services Division

Corporate Compliance Training Program

HEALTH ETHICS TRUST

2011

Blue Cross and Blue Shield of Florida
*Using Technology to Improve Compliance
Program Performance*

Cahaba GBA
Compliance Training

CareFusion Corporation
Internal Reporting System

Covenant Health
Sanctions Checking Process

Health Care Service Corporation
Corporate Compliance Ambassador Program

Massachusetts General Hospital
Integrating Compliance, Quality & Patient Safety

National Government Services, Inc.
Associate Culture and Empowerment (ACE) Program

NHS Human Services
*Assessing Compliance Risks;
Code of Conduct*

North Shore LIJ Health System
*Annual Training;
Vendor Relations Program*

Palmetto GBA
Improper Access to PHI and PII Reporting Process

Premier Health Partners
Physician Compensation Management Process

SummaCare, Inc.
Code of Ethical Conduct

University of Connecticut
*Governance, Oversight & Self-Assessment;
Monitoring Financial COI in Research*

Veterans Health Administration
*Compliance and Business Integrity Metrics
Framework*

Veterans Health Administration: VISN 16
*Integrating Audit & Internal Controls with
Ethics and Compliance*

HEALTH ETHICS TRUST

2010

Bon Secours Health System
Conflict of Interest Process (COI)

Covenant Health
Dashboard, Investigation Tracking System

Carefusion Corporation
Code of Conduct

Health Care Service Corporation
Fraud, Waste, and Abuse Program

National Government Services
*Compliance and an Established Partnership with Management
Response to Internal Investigations*

NHS Human Services
*Integrity Education Program
Response to Internal Investigations of Improper Conduct &
Corrective Action Process*

Sharp Healthcare
Data Mining & Data Analytics for RAC Success

WellPoint Inc.
*Code of Conduct Review
HIPAA Implementation*

2009

BlueCross BlueShield of South Carolina
Compliance Common Newsletter

BlueCross BlueShield of Tennessee
*Compliance Training Programs;
Reaching Compliance Inquiries: Self Assessment*

Health Care Service Corporation
The Corporate Integrity Hotline and Incident Tracker

MedStar Health
Communication and Training

South Central Veterans Affairs Health Care Network
Integrating Audit with Ethics and Compliance

University of Connecticut
Risk Assessment and Compliance Monitoring Plans

WellPoint, Inc.
*Annual Training Enhancements;
Delegated Entity Oversight Program;
Priority Report Program*

2008

Health Care Service Corporation
Vendor Governance Program

National Government Services
*Compliance Program Assessment;
Training & Communication;
Integrating Audit with Ethics and Compliance*

NHS Human Services, Inc.
*Behavioral Health Compliance Program;
Quality Performance Review Process;
Response to Internal Investigations of Improper
Conduct & Corrective Action Procedures*

PGBA, LLC
Government Programs Compliance Department

The Methodist Hospital System
Education & Training

University of Connecticut Health Center
Clinical Research / Adverse Event Reporting

VHA: Mid-Atlantic Health Network (VISN 6)
Revenues Cycle Compliance Risk

WellPoint, Inc.
*Response to Internal Investigations of Improper
Conduct & Corrective Action Procedures*

HEALTH ETHICS TRUST

2007

BlueCross BlueShield of Tennessee, Inc.
Integrating Audit and Internal Control with Ethics and Compliance;
Vendor Relationships

Covenant HomeCare
Integrating Technology and Focused Audits for Compliance and Quality

Health Care Service Corporation
Medicare Part D: Chapter 9 - Program to Control Fraud, Waste & Abuse

Highmark, Inc.
Identifying, Preventing and Reporting Part D Fraud, Waste and Abuse

MedStar Health
Focus Summaries

Sharp Healthcare
An Interventional Coding Compliance Inter-Disciplinary Team Approach

SummaCare, Inc.
Compliance Awareness, Communication and Training;
Fraud and Abuse Case Tracking Database

WellPoint, Inc.
Corporate Compliance Program Assessment;
Corporate Individual Rights Database;
Ethics and Compliance Training Program

West Penn Allegheny Health System
Compliance Program Assessment

2006

Adventist Health System
Physician Contract Review Process

BlueCross BlueShield of Tennessee
Regulatory Reports Tracking

Central Connecticut Health Alliance
Compliance Program Quarterly Reporting

Covenant Health
Laboratory Employee Compliance Training;
Outpatient Rehab Compliance Training;
Research Compliance Program

Health Care Service Corporation
Regulatory Oversight Office

Intermountain Healthcare
HIPAA Security Regulations

Massachusetts General Hospital
HIPAA Breach Management Program

NHS Human Services, Inc.
Quality Call Back System

Palmetto GBA
Integrating Audit & Internal Controls with Ethics & Compliance

PGBA, LLC
Quest Quiz

Riverbend GBA, Inc.
Change Management Success;
Integrating Audit & Internal Controls with Ethics & Compliance

Veterans Affairs
CBI Qualitative Claims Analysis Program

Veterans Health Administration
CBI Annual Report Process

HEALTH ETHICS TRUST

2005

Health Care Service Corporation
Compliance Program Assessment

Northwestern Human Services
Integrating Audit/Internal Controls with Ethics and Compliance

TrailBlazer Health Enterprises, Inc.
Response to Internal Investigations and Corrective Action Procedures

United Government Services
HIPAA Implementation

Zimmer, Inc.
Vendor Relationships

2004

Health Care Service Corporation
Management Compliance Certification Process – Core Values

Fresenius Medical Care North America
Decreasing Data Entry Errors Through Compliance Process Improvement; A MultiDisciplinary Approach

Catholic Health System
Integrating Audit & Internal Controls with Ethics & Compliance

Covenant Health
Conducting Internal Investigations

TrailBlazer Health Enterprises, L.L.C.
TrailBlazer Compliance Awareness & Communications Activities

North Broward Hospital District
HIPAA Auditing and Monitoring

2003

West Penn Allegheny Health System
Integrating audit and internal controls with ethics and compliance

Palmetto Government Benefits Administrators
Management control review

Memorial Hermann Health System
Integrating audit and internal controls with ethics and compliance

Health Care Service Corporation
Internal controls: Ineligible parties screening program

Anthem, Inc.
Web-based ethics & compliance training programs

2002

Ohio Health
Documentation Program

VA Rocky Mountain Health Care Network
Internal Audit System for inpatient and outpatient medical records

Heritage Behavioral Health Center, Inc.
Documentation Program

Health Care Service Corporation
Blue Cross Blue Shield of Illinois, Texas, New Mexico Compliance Training Program

Anthem Insurance Companies
Standards of Business Conduct

Blue Cross Blue Shield of Louisiana
Code of Business Conduct

Covenant Health
Report Line Data Management and Tracking System an and Staff Education

HEALTH ETHICS TRUST

2001

BlueCross BlueShield of Illinois, Texas & New Mexico
Conducting Internal Compliance Investigations

Veterans Affairs New Jersey Health System
Billing, Coding and Documentation, Program PI

Massachusetts General Physicians Operations
Documentation, Policy and Physician Education

2000

Covenant Health
Criminal Background Checks Process

Danville Regional Medical Center
Government Investigations Process

North East Medical Center
Audit/Compliance Process

OhioHealth
Code of Conduct

Tenet Healthcare Corporation
Compliance Instructors' Training

1999

Arden Hill Senior Health System
Long Term Care

Sturdy Memorial
Small Community Hospital

Interim HealthCare, Inc.
Code of Conduct

Sisters of Providence Health System
Training Video

1997

Holy Cross Health System
Organizational Culture

Tenet Healthcare Corporation
Internal Reporting

Glaxo Wellcome, Inc.
Code of Conduct

MedPartners
Training and Communications

HEALTH ETHICS TRUST

HealthCare Best Compliance Practices Nomination Application Form

The nomination application form and nomination may be submitted electronically through our Best Compliance Practices website <http://www.bestcompliancepractices.com/nominations/submit>, emailed to **DirectorOfPrograms@corporateethics.com**, or mailed to:

Health Ethics Trust
Best Compliance Practices Nomination
1727 King Street, Suite 300
Alexandria, VA 22314

Timeline for materials for 2017:

All nominations must be received no later than August 15, 2017. *Before a nomination can be considered and reviewed by the Best Practices committee a representative from the nominating organization must be registered and available to both attend and present the award at the Forum being held October 16-18, 2017 in the DC Metro Area.*

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Summary of compliance area/practice being nominated for review **(required)**:

HEALTH ETHICS TRUST

If mailing, attach to this application:

- Three (3) copies of your written submission explaining the compliance practice being nominated (unless submitted electronically)
- Three (3) copies of any applicable illustrative materials to support the nomination submission (unless submitted electronically)

If submitting electronically through the website:

<http://www.bestcompliancepractices.com/nominations/submit> Please fill out all required fields and upload all necessary supporting documents.

Please email or mail to:

Health Ethics Trust
Best Compliance Practices Nomination
1727 King Street, Suite 300, Alexandria, VA 22314
DirectorofPrograms@corporateethics.com

For assistance or further information, contact:

Mark Pastin, *President and CEO; or*
Director of Programs
Council of Ethical Organizations
Tel: 703-683-7916
Fax: 571-551-6080
email: mpastin@corporateethics.com
DirectorOfPrograms@corporateethics.com

If you would like to be involved in future efforts to develop and enhance best compliance practices in health care – please provide your contact info here.

All nominations must be received no later than August 15, 2017.

HEALTH ETHICS TRUST

2010

Bon Secours Health System
Conflict of Interest Process (COI)

Covenant Health
Dashboard, Investigation Tracking System

Carefusion Corporation
Code of Conduct

Health Care Service Corporation
Fraud, Waste, and Abuse Program

National Government Services
*Compliance and an Established Partnership with Management
Response to Internal Investigations*

NHS Human Services
*Integrity Education Program
Response to Internal Investigations of Improper Conduct &
Corrective Action Process*

Sharp Healthcare
Data Mining & Data Analytics for RAC Success

WellPoint Inc.
*Code of Conduct Review
HIPAA Implementation*

2009

BlueCross BlueShield of South Carolina
Compliance Common Newsletter

BlueCross BlueShield of Tennessee
*Compliance Training Programs;
Reaching Compliance Inquiries: Self Assessment*

Health Care Service Corporation
The Corporate Integrity Hotline and Incident Tracker

MedStar Health
Communication and Training

South Central Veterans Affairs Health Care Network
Integrating Audit with Ethics and Compliance

University of Connecticut
Risk Assessment and Compliance Monitoring Plans

WellPoint, Inc.
*Annual Training Enhancements;
Delegated Entity Oversight Program;
Priority Report Program*

2008

Health Care Service Corporation
Vendor Governance Program

National Government Services
*Compliance Program Assessment;
Training & Communication;
Integrating Audit with Ethics and Compliance*

NHS Human Services, Inc.
*Behavioral Health Compliance Program;
Quality Performance Review Process;
Response to Internal Investigations of Improper
Conduct & Corrective Action Procedures*

PGBA, LLC
Government Programs Compliance Department

The Methodist Hospital System
Education & Training

University of Connecticut Health Center
Clinical Research / Adverse Event Reporting

VHA: Mid-Atlantic Health Network (VISN 6)
Revenues Cycle Compliance Risk

WellPoint, Inc.
*Response to Internal Investigations of Improper
Conduct & Corrective Action Procedures*