

Lessons from the Field: How One Hospital Combines Quality, Compliance, and Patient Safety

Real World Example Illustrates How One Facility Moved from a Siloed Approach to a Shared Approach

How does a large, complex health system combine compliance, risk management, patient safety, and quality of care functions? Is it difficult to overcome departmental and stakeholder barriers to integration? Are there real benefits?

This column examines the combination of compliance, risk, safety, and quality at 535-bed Kaweah Delta Health Care District (www.kaweahdelta.org). Kaweah Delta is a service district health system in the Central Valley of California, including an acute care medical center, an acute rehabilitation hospital, acute mental health services, outpatient dialysis, rural health clinics, a long-term care (LTC) skilled nursing facility (SNF), home health agency, and hospice. The Kaweah Delta Medical Center recently opened a new patient care tower, adding 100 beds to the facility.

Judy Cotta is the compliance and privacy officer for the District. She graciously shares detailed information on Kaweah Delta's compliance, risk management, patient safety, and quality integration as coauthor of this article and welcomes calls or messages from readers who want to learn more. I would like to thank Judy for her time, energy, effort, and willingness to share important information.

SEARCHING FOR ANSWERS

In April 2009, I had the privilege of speaking on the topic of how to combine quality, compliance, risk, and safety at the Health Care Compliance Association's Compliance Institute. The attendees did not know that one goal of the presentation was to share lessons from the field — real world success stories. I called on volunteers from



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Judy Cotta is compliance and privacy officer for Kaweah Delta Health Care District, a hospital located in the Central Valley of California. She has worked in health care for 26 years working as a manager of patient accounting services for 15 years before transitioning into compliance in 1998.

the group of approximately 80 attendees. Several compliance officers shared descriptions of how their organizations were combining these functions and the benefits and difficulties they experienced.

Several attendees agreed to share their stories with readers in a series of columns we call “Lessons from the Field.” Judy Cotta was the first compliance officer willing to share her story. We welcome contributions from readers who may have interesting information or stories to share. Please see the author’s bio at the top of this article for contact information.

SETTING THE STAGE

Traditionally, health care organizations have divided various risks into “silos” that followed organizational and operational lines. This is a characteristic of large and complex organizations. Unfortunately, this stratification can result in the failure of various departments and offices to interact, share data, or recognize when issues cross operational lines and impact several functions or departments simultaneously.

The structure at Kaweah Delta is similar to that in many large, complex, and multilayered organizations. Directors manage the functions of compliance, risk management, and quality and patient safety. As compliance officer, Judy reports directly to the organization’s chief executive officer (CEO) with a dotted line reporting to the board of directors. The director of risk management and the director of quality and patient safety report to the chief medical officer (CMO). The division of duties in any organization will be driven by the size, needs, and complexity of the organization, and a variety of reporting structures similar to this exist.

As Judy Cotta notes, “Busy departments with heavy workloads will direct work into narrowly focused streams, which often creates silos of risk and enables the continuing silo effect. Through a combined approach, we have realized that big issues need coordinated efforts from all our departments.”

FORM FOLLOWS FUNCTION

Kaweah Delta benefits from two important factors: (1) directors of the various departments addressed in this column interact well together and are willing to share information and responsibility; and (2) directors are geographically situated to allow easy communication. Frustrated compliance officers in many organizations report that interdepartmental barriers to cooperation and communication are among the most difficult issues they face.

Kaweah Delta’s directors and senior leadership also benefit from the recognition that close collaboration fosters success. The organization increasingly is aware that compliance, risk management, quality, and safety concerns are frequently combined in risk exposures. Judy Cotta notes, “We could see that issues were arising that combined the functions of each of these offices. As our organization responded to interrelated issues, we recognized the need to work more collaboratively and seamlessly.”

An issue faced by Kaweah Delta that illustrates the need for high-level and functional collaboration arose in November 2008. The State of California Department of Health Services (www.dhs.ca.gov) issued regulations requiring a medication error prevention plan (MERP) at all hospitals. The plan developed to address this need combined the identification and measurement of quality indicators and a system of preventing medication errors. Kaweah Delta’s pharmacy director had received notice that the state would be conducting a survey to assess the implementation of the MERP plan in the near future.

As various affected departments were contacted, Judy and other directors realized that support of the program was a combined issue for compliance, risk, quality and safety, and various other clinical and operational areas. A meeting was scheduled in January 2009 to discuss coordination of oversight with senior management. “The medication error prevention plan sparked intense collaboration across

many departments,” Judy notes. “And we recognized that we had need of something new to help with these types of efforts.”

The ROC

As department directors and senior leadership discussed responding to and coordinating efforts in risk, compliance, quality, and safety, they realized the need for a structured process to address regulatory requirements affecting the District. With support from the CEO and senior leadership, the Regulatory Oversight Committee was born.

Quickly dubbed “The ROC,” the Committee consists of the compliance and privacy officer, the director of risk management, the compliance manager, the director of quality and patient safety, and the director of internal audit. Judy notes, “We realized immediately the need not only to plan and coordinate efforts together in collaboration with interdisciplinary teams but also the need to monitor ongoing compliance and progress. And who better to help meet this need than the internal audit department?”

The ROC meets every two weeks. Judy stresses that the ROC does not do the work needed to meet needs in various departments but provides oversight and monitoring, planning, and support. “We know implementation must occur at the department level. The ROC is in place to receive new tasks or mandates, determine the duties that must be assigned and met, and track and monitor implementation and compliance.”

The ROC monitors requirements of federal and state regulation, the Centers for Medicare & Medicaid Services (CMS) mandates, Joint Commission accreditation issues, risk management, quality of care, and professional liability concerns that address potential noncompliance of a federal or state mandate. A member of the ROC who is closest to an emerging risk issue is assigned the role of overseeing the efforts of affected departments. The ROC does not limit itself to only new regulations but also revisits ongoing concerns. “For example,

we have had regulations regarding restraint use in place for many years. We decided that additional scrutiny was needed, and the ROC developed a program to address this older regulation,” Judy notes.

Another item tackled by the ROC was State of California mandated methicillin-resistant *Staphylococcus aureus* (MRSA) screening. The ROC determined that this regulation would affect inpatient hospital admissions, admissions to SNF, intensive care unit (ICU), and other areas of the organization. A combined and collaborative approach resulted in quick formation of an educational plan for staff and physicians, handouts for patient education, medical staff education, and a written implementation plan for all departments to follow. An audit schedule also was developed, and internal monitoring of compliance was scheduled. The ROC included nursing staff, medical staff, infection control staff, laboratory staff, and others in the development and implementation efforts.

GETTING STARTED AND MONITORING PROGRESS

Judy Cotta notes that support at the executive level was essential in getting the ROC started and making it effective. A letter was sent via email from the CEO throughout the organization announcing the ROC and requiring cooperation. “The chief medical officer (CMO) is also critically important,” she notes. “Help and support from the medical staff is essential to success.”

The ROC also noted a need to track issues that were identified or brought under consideration. A spreadsheet maintained by the compliance department was developed that tracks the issue under consideration, including the following fields:

- issue identification number assigned by the ROC for ease of tracking;
- contents or description of the issue;
- agency issuing the requirement (state DHS, Joint Commission, et cetera);
- the notification letter number from master files;

Figure 1: Regulatory Oversight Committee Assessment and Action Plan Form

To be completed by the Regulatory Oversight Committee	
Response Due Date	
Source of Regulation/Law/Ruling	
Date Information was Distributed	
Effective Date	
Regulatory Oversight Committee Issue #	
Assigned to	
Others Assigned	
To be completed by assigned party/parties	
Assessment/Impact	
Meeting Dates & Attendees	
Action Plan	
Education Content and Required Attendees	
Policy Revisions	
Recommended Follow Up/Monitoring	
We acknowledge it is our responsibility to follow-through with this action plan:	
<i>Signature</i>	Date
FOR REGULATORY OVERSIGHT COMMITTEE USE ONLY:	
Date Received: _____	
Received by: _____	
Audit required: _____ (Yes/No)	
Follow-up Audit Date: _____	
Referred to Compliance Log: _____	

- a priority assignment (high, medium, low, informational);
- the date received;
- the effective date of the new regulation;
- the ROC committee member assigned to oversight;
- the staff assigned to implement;
- the due date;
- the date an action plan is received;
- additional or corrective action needed;
- comments; and
- need for ROC follow up assessment (Y/N).
 “We needed a tracking mechanism to walk processes through and make sure

things got done,” reports Judy. Additionally, each individual regulatory or risk event requires a plan of action. Kaweah Delta’s ROC Assessment and Action Plan Form has been graciously provided for the reader’s benefit. (See Figure 1.)

THE BENEFITS

What are the benefits of combining the work of so many different high-level departments? We asked Judy, who gave the following list:

- seeing things followed through to successful completion;
- working together in a collaborative approach;
- collective sharing, especially when issues have time constraints;
- examining issues and resolutions globally across the organization;
- accountability;
- sharing oversight of complex tasks and problems between ROC and departments; and
- improving awareness in the organization of needs and our response to them.

Judy says, “We see noted success in projects undertaken with the ROC approach. Most staff is receptive to a shared approach and acknowledged accountability. The board and compliance committee are also very supportive be-

cause they see the benefits to the combined approach.”

LESSONS LEARNED

What significant lessons can the reader take away from the Kaweah Delta ROC example? The combination of compliance, risk management, patient safety, and quality improvement is a new concept that works dramatically better than the older “silos of risk” approach used by many large and complex organizations. This approach will require staff members, managers, and organization leaders to think “outside the box.” As Judy notes, “Maintaining the status quo does not necessarily serve the organization well.”

Members of a committee like the ROC “must have an appetite to improve processes,” says Judy. “You also have to tie the knot between departments — compliance, risk, internal audit, safety, and quality have to work together.”

The process outlined in this column and used by the Kaweah Delta ROC clearly accomplishes goals and shows and reports that goals are being reached—real accountability that is welcomed by executive staff and the board of directors. “Regulatory agencies should see this as a great collaboration,” notes Judy. “We can demonstrate we are attuned to their directives and are meeting them across the entire organization.”

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