

Compliance Education

Shore Memorial Hospital Shore Rehab Shore Life Care Shore Life Care at Home
MMC Lingle/Goldstein Surgical Assoc. Orthopedic Assoc.

Written 2/99

Reviewed: 5/2000, 5/01,4/02

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Adopted by the Board 4/28/99

Board Reviewed: 5/31/00, 6/27/01,3/30/2005

Chairman of Board

President / CEO

Compliance Officer

Standard: Conducting effective education and training of corporate officers, managers, employee, physicians and other health care professionals and continued training of current personnel at all levels are significant elements of an effective compliance plan 1

An element essential in evaluation of effectiveness of a compliance program is appropriate training and education related to risk and liability for violation of health care fraud and abuse laws. 2

Purpose: To outline the policy and guidelines for Shore Health Services, Inc. for ongoing Compliance Education. To provide the foundation for an educational program whereby employees may be trained to perform their job functions in a manner

1 Oig Program Guidance for Hospital. Federal Register, Vol 63, No 35/Monday/February 23, 1998

2 OIG Draft Supplemental Compliance Guidance for Hospitals. Federal Register, Vol 69, No 5/ Tuesday/ June 8, 2004/ Notices

which complies with the law.

Policy: Shore Health Services, Inc. requires that all personnel of the Hospital receive and participate in periodic education / training to ensure that their conduct is consistent with applicable state and federal law as well as the standards, policies and procedures of the Corporate Compliance Plan; to enable such persons to seek clarification regarding standards, policies and procedures as needed; and to enable such persons to become familiar with mechanisms available to report suspected violations.

. All new employee shall attend compliance training within 30 days of hire. All staff shall participate in annual compliance training.

Adherence to the provisions of the Compliance Plan, including attendance and completion of Compliance training, will be a factor in each employee's annual performance evaluation. Failure to attend and participate in Compliance training may be grounds for disciplinary action. As new developments or concerns arise, the Compliance Officer may require additional training for some or all employees.

Acknowledgement of Shore Health Services Compliance Plan is a provision of all consultant, contractor and vendor contracts.

Responsibilities:

Administration:

- Provide support to educational initiatives for the compliance program.

Managers

- Ensure that all staff attending training annual training.
- Instruct staff in their areas in all laws, regulations and statues that affect their work.
- Make meeting attendance at annual compliance training a factor the annual performance evaluation of each employee.
- Initiate disciplinary process if staff fail to comply with required educational requirements.
- For Department specific compliance training, maintain attendance logs, content of training and materials distributed.
- Forward a copy to the Compliance Officer of all attendance logs, training content and materials distributed.

Staff

- Attend compliance training within 30 days of hire.
- Participate in annual compliance training and department specific compliance training
- Sign certification acknowledging commitment to Standards of Conduct and reporting of any suspected misconduct to the hotline or a member of the Compliance team.

Education Plan

1. All staff will attend compliance training as part of the orientation process within 30 days of hire.
2. Content for this session shall include an overview of the compliance program, review of the Standards of Conduct, and an overview of HIPAA requirements and organizational policies related to the compliance program and to HIPAA (Health Insurance Portability and Accountability Act) regulations.
3. Annually there after staff shall participate in an annual compliance update. This may occur through the internet based program, Health Stream, or by attending a session related to compliance conducted by Compliance Staff (on a bi-monthly basis this would be accommodated through the session at General Orientation.
4. In addition to general compliance training staff, shall participate in department specific compliance training provided by the manager of that department related to issues specific to the work area. The amount of education / training will vary according to the complexity of the issues involved for the area.
5. Education can be provided as appropriate through one or more of the following: internal and external experts, written and oral presentations, videos, testing, role play and games. Interactive forms of education and training are encouraged. Personnel must sign the certification forms provided by the Organization to evidence their attendance at or participation in education / training sessions. Attendance / participation is required and failure to attend, participate or complete certification documents without a management or Compliance Officer approved excuse will result in disciplinary action.
6. . Although the amount and frequency of education / training will vary with the employees position, all employees shall be required to have no less than two hours of education / training yearly on general and specific

- compliance issues.
7. Educational Rosters for other educational sessions (required as well as general education sessions) separate from the Corporate Compliance function (i.e. OSHA, JCAHO) should be forwarded to the Director of Staff Development, who maintains a database of educational offerings and attendance throughout the organization.

References:

- OIG Model Compliance Program Guidance Clinical Laboratories; 62FR 9435-9440
- OIG Model Compliance Program Guidance for Hospitals; 63 FR 8987-8998
- OIG Compliance Program Guidance for Home Health Agencies 63 FR – 42410 – 42426
- OIG Compliance Program for Nursing Facilities; 65 FR 14289 – 14306
- Final Compliance Program Guidance for Individual and Small Group Physician Practices ; 65 FR 59434 – 59452
- HealthCare Fraud and Abuse: Practical Perspectives – Linda A. Bauman 2002
- OIG Draft Supplemental Compliance Program Guidance for Hospitals; 69FR, 32012-32031