NOTICE OF MEETING

NORTH BROWARD HOSPITAL DISTRICT

BOARD OF COMMISSIONERS

A Compliance and Ethics Committee meeting will be held on Wednesday, January 15th, 2020, immediately following the Audit Committee meeting, at the Broward Health Corporate Spectrum Location: 1700 Northwest 49 Street, Fort Lauderdale, Florida, 33309. The purpose of this committee meeting is to review and consider any matters within the committee’s jurisdiction.

Persons with disabilities requiring special accommodations in order to participate should contact the District by calling 954-473-7481 at least 48 hours in advance of the meeting to request such accommodations.

Any person who decides to appeal any decision of the District’s Board with respect to any matter considered at these meetings will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made which record includes testimony and evidence upon which the appeal is to be based.
COMPLIANCE AND ETHICS COMMITTEE MEETING
Immediately Following the Legal Affairs and Governmental Relations Committee Meeting
December 11, 2019

1. NOTICE

Official notice and agenda of this meeting is attached to the Minutes, as EXHIBIT I and EXHIBIT II, as presented for consideration of the Committee.

2. CALL TO ORDER 1:52 p.m.

3. COMMITTEE MEMBERS

Present: Commissioner Nancy W. Gregoire, Chair
Commissioner Christopher T. Ure, Vice Chair
Commissioner Ray T. Berry
Commissioner Stacy L. Angier
Commissioner Marie C. Waugh (via WebEx)

Senior Leadership
Additionally Present: Alan Goldsmith/Chief Administrative Officer, Alex Fernandez/Chief Financial Officer, Linda Epstein/Corporate General Counsel, Jerry Del Amo/Deputy, General Counsel

4. PUBLIC COMMENTS None

5. APPROVAL OF MINUTES

5.1. Approval of Compliance and Ethics Committee meeting minutes, dated November 12, 2019.

MOTION It was moved by Commissioner Angier, seconded by Commissioner Berry, to:

Approve the Compliance and Ethics Committee meeting minutes, dated November 12, 2019.

Motion carried unanimously.

6. TOPIC OF DISCUSSION

6.1. Chief Compliance Officer Report – Brian Kozik

Mr. Kozik introduced the newest staff member to the compliance department, Mr. Daniel Villavislanis, Sr. Compliance Specialist. Mr. Villavislanis gave a brief summary to his work experience and education.
6.1.1. Compliance Department Update – Brian Kozik

Mr. Kozik reported on departmental activities that had taken place since his last monthly report.

- Fiscal year review of Focus Arrangements in progress. Summary pending.
- Observation Stay/Code 44 audit 50% complete.
- Acute Care Discharge Transfer audit, 20% complete.
- Home Health Claims audit 100% complete with no errors identified. Final report pending.
- (3) Additional compliance audits launching in December 2019:
  - Same day readmissions
  - Physicians at teaching hospitals
  - Hyperbaric Oxygen Therapy
- Broward Health Medical Center Short Stay audit conducted by Medicaid. Report pending.
- Hyperbaric Oxygen Therapy claims audit conducted by First Coast. Minor error rates identified resulting in paybacks from Broward Health North, Broward Health Imperial Point, and Broward Health Coral Springs. A six (6) year retroactive review of claims requested.
- Revision of system’s General Consent to be Treated form in progress.
- Greenberg Traurig firm currently conducting a review of the HIPAA privacy program, including policies and procedures.
- Currently testing the automated C-360: Conflict of Interest due process. Full implementation is anticipated by January.

6.1.2. OIG/CIA Update – Brian Kozik

- Sleep Study Audit, in which the OIG requested a (6) year look back, is being determined by the Compliance and Legal Departments if the claim could be considered a Local Coverage Determination (LCD), ruling whether a service or item can be reimbursed.
- Only (1) inadvertent HIPAA breach reported to Monitor in November from Broward Health Imperial Point.
- Draft Annual Report for Year-4 provided for review on Board portal.
- IRO Draft Systems Report with responses provided for review on Board portal.
- (4) Annual Certifications pending.
- IRO results of transaction review testing on 50 contracts pending.

In the absence of the subcommittee chair reports, Mr. Kozik summarized the progress for each subcommittee.
o IRO Plan Of Correction Subgroup
   • Newly headed by Corporate General Counsel, Linda Epstein
   • Meetings scheduled 1-2 times a week
   • IRO Draft Systems Report responses have a hierarchy and being expedited
o Training Subgroup
   • Consideration of additional HealthStream training
   • Training being launched earlier in year 2020
o Sanction Screening
   • Ensuring 100% screening is processed and documented
o Disclosures Subgroup
   • 0% open disclosures over two years old
   • Disclosures within 8/31/2019 through 12/6/2019 reported as (48) new and (62) closed. (22) were HIPAA related
o Risk Assessment / Auditing and Monitoring Subgroup
   • Enterprise Risk Assessment successful. Team leaders presented updates on actions taken within the following areas:
     ➢ Inpatient Rehabilitation at Broward Health North
     ➢ Employee Exiting
     ➢ Employee termination Procedure
     ➢ Review of Home Health Claims for Services
o Policies & Code of Conduct Subgroup
   • IRO Plan of Correction being implemented to the following policies:
     • Duty to Report Policy
     • Hotline and Open Lines of Communication Policies
     • Reported addition of new members of the Executive Compliance Committee Group to OIG Monitor.

6.1.3. Compliance Work Plan: Fiscal Year 2020 – Brian Kozik

Mr. Kozik reported that the Compliance Work Plan Year 2020 was provided on the Board portal for review. He gave a breakdown to the status of 26 reviews that were included in the plan.

Ms. Lucia Pizano-Urbina and Mr. Fernandez update the reviews that were questioned below:

**MOTION** It was **moved** by Commissioner Angier, **seconded** by Commissioner Ure, that:

*The Compliance and Ethics Committee recommend that the Board of Commissioners of the North Broward Hospital District approve the Fiscal Year 2020 Compliance Work Plan, as presented.*
Motion carried unanimously.

7. ADJOURNMENT 2:26 p.m.

MOTION It was moved by Commissioner Berry, seconded by Commissioner Angier to:

Adjourn the Compliance and Ethics Committee meeting.

Motion carried unanimously.

Respectfully submitted,
Commissioner Stacy L. Angier, Secretary/Treasurer
SUMMARY OF REQUEST

DATE: January 29, 2020

FACILITY: Broward Health Medical Center / Broward Health North

PROGRAM/PRODUCT LINE: Trauma Services

REQUEST: Approval to formally reaffirm Broward Health’s commitment to Trauma services at both Broward Health Medical Center and Broward Health North. Additionally, Broward Health Medical Center requests the approval to affirm the support of a consultation and verification as a Level I Adult Trauma Center and a Level II Pediatric Trauma Center.

PURPOSE: To meet regulatory obligations.

CAPITAL REQUIRED: N/A

FISCAL IMPACT: N/A

BUDGET STATUS: N/A

LEGAL REVIEW: N/A

APPROVED: ________________________________ DATE: ______________
Gino Santorio, President/CEO
MEMORANDUM

TO: Board of Commissioners

FROM: Gino Santorio, President/CEO

DATE: January 29, 2020

SUBJECT: Approval to formally reaffirm Broward Health’s commitment to Trauma services at both Broward Health Medical Center and Broward Health North. Additionally, Broward Health Medical Center requests the approval to affirm the support of a Consultation and verification as a Level I Adult Trauma Center and a Level II Pediatric Trauma Center.

BACKGROUND

Broward Health Medical Center is an Adult and Pediatric Level I Trauma Center and Broward Health North is an Adult Level II Trauma Center. To be a State of Florida approved Trauma Center, periodically it is required that the Board of Commissioners reaffirm Broward Health’s ongoing commitment to Trauma services. The State of Florida requires specific language be included within the commitment statement (see attached Resolution). Over the years, six Resolutions have been signed by the Board of Commissioners. Previous Resolutions signed were 06-05-26, 03-06-25-01, 97-2-26-8, 92-3-25, 10-05-26-01 and 17-08-15-1). Specific language has also been included in the Resolution to meet the requirements of the America College of Surgeons.

Broward Health Medical Center is also requesting approval from the Board to affirm support of a consultation and verification as a Level I Adult Trauma Center and a Level II Pediatric Trauma Center in accordance with the standards set forth in the Resources for the Optimal Care of the Injured Patient.

ACTION/PROJECT DESCRIPTION

Approval to formally reaffirm Broward Health’s commitment to Trauma services at both Broward Health Medical Center and Broward Health North. Additionally, Broward Health Medical Center requests the approval to affirm the support of a consultation and verification as a Level I Adult Trauma Center and a Level II Pediatric Trauma Center.

FINANCIAL/BUDGETARY IMPACT

There is no financial impact to reaffirm Broward Health’s commitment to Trauma Services.
JUSTIFICATION

It is a regulatory requirement for Broward Health to formally reaffirm its commitment to Trauma services.

STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District reaffirm its commitment to offer trauma services at both Broward Health Medical Center and Broward Health North by approving Resolution FY20-16.
Resolution FY20-16

RESOLUTION REAFFIRMING THE NORTH BROWARD HOSPITAL DISTRICT’S COMMITMENT TO TRAUMA CARE

WHEREAS, North Broward Hospital District (the “District”) is a special tax district of the State of Florida that owns and operates several hospitals and other health care facilities throughout Broward County;

WHEREAS, the District operates two (2) trauma centers within Broward County: a Level I State Approved Adult and Pediatric Trauma Center at Broward Health Medical Center and a Level II State Approved Adult Trauma Center at Broward Health North (each, a “Trauma Center” and collectively, the “Trauma Centers”);

WHEREAS, Trauma Standard I.A. of the Level I Trauma Center Standards and Standard I.A. of the Level II Trauma Center Standards of the Department of Health Pamphlet 150-9, January 2010, Trauma Center Standards (“DHP 150-9”) requires a demonstrated commitment to trauma care by the Board of Commissioners of North Broward Hospital District (the “Board”);

WHEREAS, the Board previously affirmed its commitment to trauma care through Resolutions 06-05-26, 03-06-25-01, 97-2-26-8, 92-3-25, 10-05-26-01 and 17-08-15-1 and authorized Broward Health Medical Center and Broward Health North to continue to maintain their Trauma Centers;

WHEREAS, the Board wishes to reaffirm its commitment to trauma care and to treat any trauma patient presented to any of the District’s Trauma Centers; and

WHEREAS, unless context otherwise requires, capitalized terms used but not defined herein have the meanings ascribed to such terms in the Amended and Restated Bylaws of the North Broward Hospital District and its accompanying Codified Resolutions of the Board of Commissioners of the North Broward Hospital District.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of the North Broward Hospital District, that:

1. Broward Health Medical Center shall continue to operate and be established as a Level I State Approved Trauma Center which includes a State Approved Pediatric Trauma Center.

2. Broward Health North shall continue to operate and be established as a Level II State Approved Trauma Center.

3. The Board seeks American College of Surgeons consultation and applies for verification of Broward Health Medical Center as a Level I Adult Trauma Center and a Level II Pediatric Trauma Center.
4. The Board commits to maintain the high standards needed to provide optimal care of all trauma patients and to properly administer acute care consistent with an American College of Surgeons Verified Level I Adult Trauma Center and Verified Level II Pediatric Trauma Center and the multidisciplinary trauma performance improvement program shall have the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions.

5. The Board affirms its commitment of the Trauma Centers to provide the necessary financial, human, and physical resources to treat all trauma patients at the level of each Trauma Center’s approval, regardless of color, creed, sex, nationality, place of residence, or financial class.

6. The Board affirms the commitment of the Trauma Centers to participate in the State of Florida Trauma System and local or regional trauma systems.

7. As requested, the Trauma Centers shall provide documentation of active involvement in the local and regional emergency medical services systems and local/regional trauma agencies.

8. The Board affirms that trauma patients will continue to receive priority status at the Trauma Centers and affirms its commitment to the care of trauma patients as required under Florida law, trauma standards, and accreditation standards.

9. The Trauma Centers shall provide trauma patient care data as requested by the State of Florida, Department of Health, and the American College of Surgeons, Trauma Quality Improvement Program, as protected through the Quality Management process as well as data which does not require Quality Management privilege.

10. The Trauma Centers shall participate in the Region VII Domestic Security Task Force Health and Medical Initiatives.

11. The Trauma Centers shall meet the disaster related requirements pursuant to § 395.1055(1)(c), F.S., the Agency for Health Care Administration (AHCA), Comprehensive Emergency Management Plan (CEMP), Chapter 59A-3.078, Florida Administrative Code, and The Joint Commission (TJC) Emergency Management Standards.

12. The Board shall annually develop a trauma budget that provides sufficient support to the trauma service and program within the Trauma Centers.

13. Upon request, the budget for the Trauma Centers shall be submitted to authorized State of Florida, Department of Health representatives.

14. The Board shall ensure that the policies and procedures for the maintenance of the services essential to a State Approved Adult Trauma Center and a State Approved Pediatric Trauma Center as defined in the DHP 150-9 and an American College of Surgeons verified Adult and Pediatric Trauma Center as defined in Resources for Optimal Care of the Injured Patient 2014, both as amended from time to time, as well as those policies outlined in this Resolution, will be reviewed and revised as necessary.
15. The Trauma Centers shall continue to employ a paid medical director and program manager with authority to lead the trauma programs for each of the trauma services at the Trauma Centers.

16. The Trauma Centers shall ensure that formal transfer agreements and protocols and procedures for patient transfers into and outside of the Trauma Centers and all transfers of patients with neighboring hospitals shall be tracked, trended, and documented by the Trauma Centers for review purposes to improve patient outcomes.

17. The Board and Trauma Centers shall review such protocols and procedures and the same shall be revised as necessary to meet the State of Florida and American College of Surgeons trauma standards.

18. This resolution hereby supersedes, amends, replaces and repeals any conflicting resolution or conflicting policy previously adopted by the Board.

DULEY ADOPTED this ___ day of December, 2019.
Time Adopted ______ PM
Message Information

From: Brown, Lauren
To: Brown, Lauren
Subject: Assessment Assignment: 2020 Test Conflict of Interest Disclosure Questionnaire - Key Employees

Additional Information: Please click the link below to complete the assessment.

Assessment Information

Status: Review

Assignment

Click here for the Assignment

Assessment Assignment Information

Employee Division: Broward
Status: Assigned
North Broward Hospital District
Board of Commissioners
Compliance Education

Brian W. Kozik, CHC, CHPC, CCEP
SVP, Chief Compliance & Privacy Officer
January 15, 2020
Compliance & Ethics Committee

Topics:

- Exit Interviews – Employees Have Another Chance to Reveal Compliance Problems.


- OIG is Requiring More Independent Monitors.
Exit interviews are a valuable adjunct to the hotline and other reporting methods used by health care organizations to encourage employees to expose possible errors or misconduct.

Without exit surveys, organizations may never learn of problems in their organizations. It is a chance to sit with an employee who is voluntarily going somewhere else and see what they have to say.

Exit surveys can be time consuming and lead compliance officers and human resource managers down blind alleys, but on balance, the information they provide is enlightening.
Hospitals use various approaches to exit interviews. Some surveys have one direct question about compliance, while others ask similar questions in different ways and use them to evaluate the overall culture of an organization.

Like with hotlines, some of the complaints that come in through exit interviews are gripes about supervisors or performance evaluations.

Exit interviews give organizations another chance to expose misconduct when people are reluctant to use the hotline or talk to compliance staff.
Compliance Offices have found that people may answer the exit survey questions differently depending on how they’re asked.

For example, instead of asking whether “there are any compliance, legal, or ethical violations you failed to disclose during your employment”, which can be perceived as accusatory, you can ask the same question in a more open way: “Were you provided an opportunity to raise ethical or compliance concerns? Did you feel comfortable raising compliance concerns? What questions may have arisen throughout your employment that were not addressed? Were all your concerns fully resolved?”
Trinity Health uses a vendor for exit interviews. The vendor conducts online and phone surveys. If the outgoing employees don’t complete the exit interview in two weeks, the vendor calls up to six times unless the employees say they don’t want to participate.

University of Kansas Health System is resuming exit interviews, using an automated process and, has added compliance questions. As soon as the system receives a termination notice from employees, they will receive exit interview. “Did you ever report a concern? If so, was it resolved? Did you ever have a concern you didn’t report?”

At BH Corporate Compliance meets with exiting certifying employees to discuss any compliance issues they may want to raise and, to obtain their CIA certification.
At BH Corporate Human Resources has engaged a third party to conduct an electronic exit interviews and stay interviews. The questionnaire will include a compliance component. The goals include:

- Learn where the organization can improve from an employee’s perspective
- Ensure employees leave the organization feeling good about their service and contributions
- Encourage the employee to stay under new circumstances
- Measure trends in turnover and identify opportunities for retention of current employees
- Uncover and HR related matters
- Understand employees’ perception of the work itself
- Gain insight into Leader’s leadership style
- Maintain a good rapport with the employee, in turn creating advocates for the organization
The OIG doesn’t necessarily consider it a red flag if managers at organizations under a CIA submit compliance certifications with exceptions.

“I am always a little surprised to see the number of management certifications that cross my desk that don’t include any exceptions,” said OIG Senior Counsel Felicia Heimer.

As you aware, management certifications are statements that managers sign taking responsibility for compliance with federal health care requirements and the CIA in the areas they supervise, and OIG recommends them for voluntary programs as well.
The OIG expects this process will be comprehensive, it is only natural to presume that in this highly regulated health care industry, issues will be identified during this certification process that might preclude an employee from certifying absolute compliance with Federal health care program requirements or CIA requirements, Heimer said.

“It’s not as though the OIG is waiting on certifications to pounce on them and bring new fraud cases. The notation of possible or actual exceptions to compliance on annul certification forms demonstrates to OIG that certifying employees are engaged in a meaningful and thoughtful review of compliance with their respective areas of responsibility,” Heimer said.

The OIG recently fined a Montana health system $65,000 because the OIG said the Compliance Officer falsely certified that all board members had completed board training on time, as required by the CIA.
More CIA’s now have a provision on independent monitor, which are different from IROs.

This provision centers on the assessment of the effectiveness, reliability, and thoroughness of a company’s internal quality and compliance systems, the company’s response to regulatory and compliance issues, and the company’s timely development and implementation of comprehensive corrective action plans.

The independent monitor has unfettered access to the company, its employees, and its documents in order to perform their assessment.

The annual risk assessment and internal review process will be one focus area of an independent monitor.
The OIG selects independent monitors, which are paid by the organization under the CIA. A CIA may require both an independent monitor and IRO.

Another CIA trend is OIG scrutinizing IRO selection more closely. The OIG will reject an IRO if they believe it doesn’t possess a sufficient level of qualification or independence. Just because a company qualified as the IRO for one type of CIA doesn’t mean that’s the case for other types of CIAs.

Heimer also indicated that the OIG expects more from compliance programs. “We’re looking for compliance to be a part of every business unit” and to factor into “the roles and responsibilities through all staff levels.”