

VISITING HOURS:

Health Care Laws And Regulations Not A New Conundrum

BY JEAN HUNHOFF

Avera Sacred Heart Hospital
Corporate Compliance Officer

Compliance with health care laws and regulations have been a concern to health care providers since the days of Ancient Babylon. Some 3,751 years later in the United States, new fraud-fighting laws combine with a confounding system of health care reimbursement to prevent inept health care practices.

The core mission of a hospital is to provide quality care to its patients. Quality of care has many dimensions, ranging from access to health care and professional competence to the appropriate environment for care.

Shortcomings can result in direct harm to patients because of substandard care or indirect harm because of a lost opportunity to receive higher quality care. These institutions are governed by boards of directors and, whether elected or appointed, boards are often composed of members of a community who may know very little about health care delivery or what constitutes quality care. Nonetheless, the boards have a fiduciary duty to their institutions as a whole, and Medicare places the responsibility for quality in hospitals squarely on the shoulders of the boards.

Health care compliance is the most perilous and compelling topic that today's health care providers and executives face. Since the early 1990s,



Hunhoff

Congress has enhanced legislation that allows the federal government to more aggressively seek out violations of the technical requirements for reimbursement under federally funded health care programs.

The increased level of scrutiny over health care compliance is a fact of business in today's world.

Basic to the compliance program at Avera Sacred Heart is the Code of Ethical Behavior by which each employee abides. The code is based on the integrity of the organization to achieve its objectives in a manner consistent with the mission of Avera Health. Code components include:

- to know what compliance is
- ask when there is question of compliance
- report when there is violation of compliance.

Compliance begins the delivery of health care in accordance to: the rules of South Dakota Hospital Licensure, criteria for Medicare and Medicaid certification and accreditation by the Joint Commission.

Compliance with Patient/Resident Rights as publicly stated in our distributed materials is a function carried out by all employees. Marketing and Public Relations practices must reflect what is

actually provided by the organization to the public. Confidentiality of patient information is of utmost importance. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires strict adherence as to what patient information can be shared with health care providers and the general public.

The Office of Inspector General (OIG) is the agency of the Federal government with authority for oversight and prosecution for fraud and abuse. The agency has developed elements for an effective program for organizations to implement to prevent violations of the laws.

The first element is written standards of conduct. Avera Sacred Heart has the code of conduct which affects all employees and clearly delineates commitment to compliance by the hospital's Board of Trustees, management and all providers operating under the hospital's control. The standards comply with all federal and state standards with an emphasis on preventing fraud and abuse.

A second element includes the designation of a Compliance Officer within Avera Sacred Heart that reports directly to the CEO and has direct access to the Board of Directors. This individual coordinates both the diverse groups and individuals within the organization to implement and maintain an effective compliance program.

The third element is education and

training. All levels of staff receive training on compliance during their orientation process and annually. The training programs highlight the compliance program, summarize fraud and abuse laws, and emphasize accurate documentation of services provided.

The fourth element focuses on audits or measurements of compliance with our standards. Routinely, over the course of a year, audits of patient charts are carried out for compliance with reimbursement and coding guidelines. Center for Medicare/Medicaid has implemented a nationwide program that will target all providers for reimbursement for appropriate levels of care. Recovery Audit Contractors (RACs) have begun auditing provider claims to ensure that the appropriate level of care was billed. Hospitals as well as all provider types are monitored and audited by the RACs for specific services provided.

The fifth element is implementing an internal reporting of processes. This includes open lines of communication between the compliance officer and the employees. Employees must be provided opportunity for communication of concerns/issues beyond a face-to-face meeting. This is done through availability of a "hot line" for quick and easy access and written report through the Human Resources office. Most importantly, this is an affirmative obligation of each employee to report compliance

issues. In addition, the organization must ensure that the employee can report noncompliant behavior without fear of retribution.

An organization-wide compliance committee oversees the hospital's compliance program. This committee monitors results of audit activities, prioritizes work plans and monitors changes in compliance rules and regulations.

The sixth element deals with disciplinary mechanisms. The OIG believes the compliance program should include a written policy statement setting for the degrees of disciplinary actions that may be imposed on Board Directors, managers and employees.

Finally the last element is investigation and remediation. Prompt investigation of a compliance issue is a necessity as is proactive response to non-compliant activities. As appropriate, such steps may include a corrective action plan, the repayment of any overpayments, and a report to criminal and/or civil law enforcement authorities if applicable.

The culmination of the above elements comprise the Avera Sacred Heart Compliance Plan. It is the responsibility and commitment of Avera Sacred Heart to our community to ensure and affect a proactive compliance program.

This weekly column is produced by the public relations office at Avera Sacred Heart Hospital to promote healthy lifestyles and provide useful medical information to our community.

Remarriage And Parenting: How To Get Through The Minefield

BY VAL FARMER

Joan — all names are fictitious, the advice is real — has been divorced for three years. She is the custodial parent for her two children — Alexa, age 11 and Brandon, age 9. Joan is attracted to Bill, a divorced father of three children. Bill has visitation rights to his three children who are with his ex-wife and her new husband.

Joan and her children have gotten very close during the past three years. Alexa has been a big help and has given Joan a lot of emotional support. Alexa seems angry and offish since Bill entered the picture.

A different kind of courtship. A slow courtship will help the children gradually accept the idea of a remarriage and to get used to Bill being a part of their lives. Bill and Joan need to keep their public displays of affection to a minimum. The children are not used to seeing Mom as a sexual being. This is especially confusing for Alexa in her own sexual awakening.

Courtship is a package deal. If Bill can't get used to sharing Joan with the children now, it is a sign of trouble in the future. The children are used to Mom meeting their needs and having her attention. Bill has to respect Joan and the children's need to spend time together without him being involved. The children will resent the remarriage less if Mom still finds time for them.

Another red flag is Bill's attitude about children and how they should behave. If he is easily bothered or irritated with them during courtship and starts to give critical advice about Joan's parenting abilities, the stage is set for major conflict after marriage when his role with be strengthened.

The past might mean problems. Each partner has had experiences with marriage, parenting, and the trauma of divorce. Their attitudes and emotions may cause problems as they form a new family.

Are they still angry with their ex-spouses? How do they feel about the parenting role of Joan's ex-husband? Can Joan accept Bill's need to be involved with his own children and the co-parenting role he plays with his ex-wife? Is Joan looking for Bill to take over some of the responsibility she has shouldered with the children? Does Bill feel like he needs to prove himself as a father?

Expect problems. There will be major adjustment problems for the first two to three years before the step-family stabilizes. It will take three to five years before there is a "sense of belonging."

Alexa and Brandon will have make adjustments during the first years of the new marriage. There will be continued mourning over the divorce, loss of the fantasy that Mom and Dad will reunite, confusion about loyalties, new patterns of living,



VAL FARMER

additional new relationships and perhaps a new home, school and friends. They will resist authority and resent new rules and routines. They will exploit and manipulate parental differences to meet their own needs.

More than likely, Alexa will resist physical affection from Bill. Bill should be extremely careful about hugs and touching. He can show his affection through praise, recognition and attention.

All this is normal. The new family will be less intense and less close than families where these relationships developed over a long period of time. Everyone will do better if they give up the myth of the perfect nuclear family. It won't be as close - at least for a long time.

The conflict between parent and step-parent. Both Joan and Bill may avoid conflict because of their recent traumatic divorces. They need to trust their commitment and love for each other and allow differences to be aired. This openness is also important for Alexa and Brandon. They need to be able to express their negative feelings.

The family will work better if Bill takes a back seat on discipline for the first couple of years. Bonds and trust need to develop before the children will accept him as an authority figure. More important, Joan needs to learn to trust Bill as a parenting partner. His biggest mistake

would be to try **too hard** with Alexa and Brandon.

One rule of thumb is for Joan to handle all the major discipline problems and for Bill to voice his opinions privately. Gradually Joan will encourage and support his active parenting role. When Bill does get involved in discipline, it should be less harsh or punitive than Joan's or the children will see him as the "heavy."

Unless the nonresidential father has major problems with parenting, his role with the children should be supported. Bill doesn't need to compete or try to take his place. Bill and Joan shouldn't worry about loyalty. If they provide a warm, loving and accepting environment, everything will work out in the end.

Expect courtesy, not love. Joan and Bill can talk about their family life being organized around courtesy, civility, cooperation, respect and mutual consideration. Bill especially should set the tone and example by his courteous, kind, and non-intrusive manner. He should try not to overreact to their hostility toward him or take things personally.

Joan is pleased that Bill understands how critical his new role will be. Emotionally, she can let herself take a few more risks in the relationship. Her children will be all right. It will work. It just takes time and patience. A lot of both!

Val Farmer is a clinical psychologist with MeritCare in Fargo, North Dakota. He specializes in rural mental health and family business consultation.

This column is sponsored by Lewis & Clark Behavioral Health.

YHS Students Advance To Finale In Showcase Of Technology Skills

Yankton High Schools Networking Academy has announced that students Damian Clark and Mike Hunhoff have won the state-level Cisco® Networking Academy® NetRiders Skills Challenge, an interactive contest designed by the Cisco Networking Academy to give technical education students the opportunity to showcase their IT and networking skills and to recognize excellence among Networking Academy students.

Damian and Mike will now advance to a final, virtual round of competition on April 30 to compete for prizes and recognition.

NetRiders utilizes Cisco's Web 2.0 technologies to create an interactive experience, enhance classroom learning, and motivate young people to further pursue technology education and training. The NetRiders state-level competition involved nearly 400

Networking Academy students from across the United States and Canada competing in a variety of activities, including a timed theoretical exam, a Packet Tracer network simulation activity and a Packet Tracer exam.

The Cisco Networking Academy is a global technology education program that provides students with networking and technical skills to prepare them for careers in the 21st century. Committed to delivering the highest standard of information technology education to students of all nationalities, genders and economic brackets, the program is designed to offer students real-world skills that will position them for employment and career growth.

"We are extremely pleased to provide this opportunity for Networking Academy students to showcase their skills and compete with their peers in a

challenging hands-on contest," said Amy Christen, vice president of Corporate Affairs and general manager of the Cisco Networking Academy. "Congratulations to all of the students who competed in the event. We look forward to seeing these talented young people continue to pursue education in the rapidly growing networking field."

The NetRiders Skills Challenge has been a fabulous opportunity for our students. It has lead Damian & Mike to apply their technical knowledge they have developed here in our networking academy to compete at local, state and now at national level.

Dan Mitchell is the local instructor. For more information about the Cisco Networking Academy, please visit the website at www.cisco.com/go/netacad.



We remember those who have passed away and are especially dear to us.

On Saturday, May 29th we will publish in print and online at Yankton.net a Memorial Day section devoted to those who are gone but not forgotten.



Aneta Burrows

Dec. 30, 1960-Nov. 8, 2002

Your courage and bravery still inspire us all, and the memory of your smile fills us with joy and laughter.

Dan, Ann & Sarab

Select one of the verses below to accompany your tribute.

1. We hold you in our thoughts and memories forever.
2. May God cradle you in his arms, now and forever.
3. Forever missed, never forgotten. May God hold you in the palm of His hand.
4. Thank you for the wonderful days we shared together. My prayers will be with you until we meet again.
5. The days we shared were sweet. I long to see you again in Gods heavenly glory.
6. Your courage and bravery still inspire us all, and the memory of your smile fills us with joy and laughter.
7. Though out of sight, you'll forever be in my heart and mind.
8. May the light of peace shine on your face for eternity.
9. May God's angels guide you and protect you throughout time.
10. You were a light in our life that burns forever in our hearts.
11. May God's graces shine over you for all time.
12. You are in our thoughts and prayers from morning to night and from year to year.
13. We send this message with a loving kiss for eternal rest and happiness.
14. May the Lord bless you with His graces and warm, loving heart.
15. I have written my own message and it is included.

To remember your loved one in this special way, send \$10.00 per listing.

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Name of deceased _____

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