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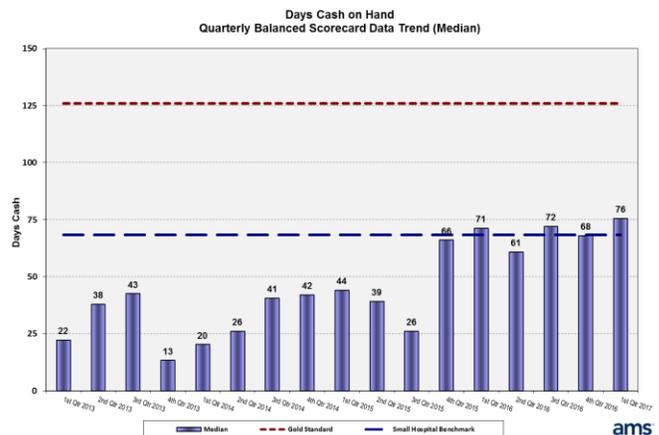
THE TRUE DEFINITION OF CONTINUOUS IMPROVEMENT



Twelve years ago, AMS began working with the **West Virginia Hospital Association Critical Access Hospital Network (CAHN)**, Charleston, WV on a project with 17 critical access hospitals to bring data and continuous improvement opportunities to them. At that time, the first phase was an initial assessment to determine readiness and resources needed by each hospital to implement a *Balanced Scorecard*. AMS worked on-site with each hospital to perform this evaluation.

As a result, we found the hospitals were thirsting for timely West Virginia centric comparative information that was relevant to them. The hallmark of the Balanced Scorecard is a requirement that equal numbers of metrics are tracked in the four segments of the “card.” Otherwise it is easy to come up with many financial metrics to track, less so for other quadrants such as human resources. “Our CAHs have always been transparent with their data, and they are very generous in working with each other. We now have 20 CAHs and committing to the Balanced Scorecard was really a key step in ongoing performance improvement”, said Dianna Iobst, Director of the WV Critical Access Network, “now when hospitals saw a best practice metric that was much better than their own, such as ‘days cash on hand’, they could discuss why, share information on their experience with the same payors, identify inconsistencies on how they were treated, and pursue a better outcome.” A sample table of the type of information the CAHs receive is included below. Michael Foley, AMS Principal, is responsible for the ongoing CAHN Balanced Scorecard initiative supported by AMS staff, including Jim Long, Manager.

For the past 11 years, AMS has compiled the data, vetted it, published it for the WVCAHN. AMS prepares CAHN consolidated comparative data for the Balanced Scorecard indicators, and also each hospital’s own performance compared to the CAHN group.



**APPLIED MANAGEMENT SYSTEMS
HEALTH INFORMATION MANAGEMENT AND COMPLIANCE**

**SPECIAL INSERT TO THE AUGUST 7, 2017 BIWEEKLY
HIPAA Privacy Rule Compliance - Risk Assessment Process**

The Health Information Management and Compliance Group provides clients with interim management, privacy, HIPAA, compliance and coding expertise, as well as operational management projects in medical records, case management, and other revenue cycle areas. The group includes health information management professionals, attorneys and coders. We have also helped over 40 physician practices, hospitals and university health services achieve meaningful use with their EMRs.

Recently, there has been much interest in the HIPAA Privacy Rule Compliance - Risk Assessment Process that AMS utilizes. Here is a workplan:

The operational review will be accomplished through information gathering, on site interviews with staff and off site review of the health care organization's policies and procedures

PROJECT INITIATION AND GOAL SETTING

1. **Conduct Initial Meeting with the Project Coordinator to Set Project Goals and Scope.** AMS will work with the health care organization's project coordinator to establish the project scope, criteria and timeframe.
2. **Conduct on-site interviews with key individual(s).** AMS consultant(s) will conduct an on-site interview with the Compliance Manager and key individuals in other areas/departments affecting privacy practices and functions. These interviews will allow AMS to understand the process, and obtain input on issues.
3. **Distribute Questionnaire and Data Requests.** Questionnaires and other data requests will be completed and returned as an initial project step. This draft questionnaire will be reviewed with you ahead of time. It is suggested you maintain a copy of the questionnaire and data, and assist with data and verification.
4. **Framing the Audit Tools.** The risk assessment instrument will be used to assess the outcomes of past investigations through information collected in a standardized audit format in a variety of different settings. Through this standardized approach uniform scoring and assessments can be made that can lead to a conclusion on the privacy practices.

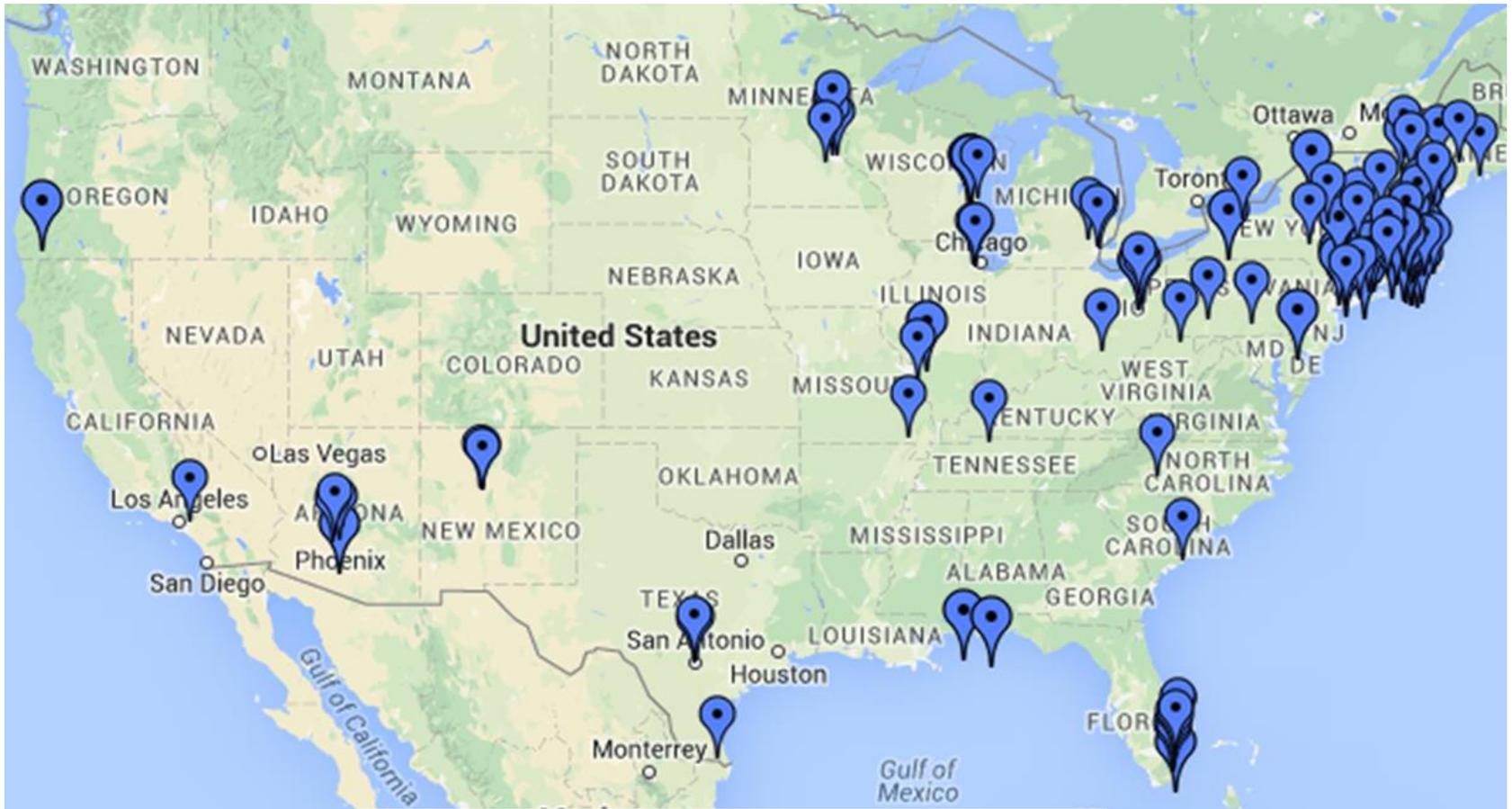
DATA VERIFICATION AND PRIVACY PRACTICES ASSESSMENT

5. **Privacy Practices Assessment**
 - a. **Review and evaluate policies and procedures.** AMS will determine if and where there are gaps in existing policies and procedures and make recommendations for improvement.
 - b. **Review and evaluate privacy incident response and investigation process.** AMS will determine whether these activities are consistent with industry practice and make recommendations for improvement.
 - c. **Review and evaluate a sample of prior investigations, including determinations, risk of compromise analysis, documentation, and governmental and patient notification under both state regulations (M.G.L. c.93H) and Federal regulations (45 CFR Part 160 and Subparts A and E of Part 164).** AMS will determine whether these activities are compliant with regulatory requirements and make recommendations for improvement.
6. **Present findings.** The HIPAA Risk Assessment findings audit report along with a verbal assessment by the AMS consultants will be presented to the Compliance Manager and senior leadership.

For more information, please contact Alan J. Goldberg, Principal and President, at agoldberg@aboutams.com.

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