



*Carolina Family
Health Centers, Inc.*

Corporate Compliance

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Compliance

- Healthcare compliance refers to **the process of abiding by all legal, professional, and ethical compliance standards in healthcare**, i.e., HIPAA, HRSA- compliance manual, OSHA, CMS-emergency preparedness, etc.

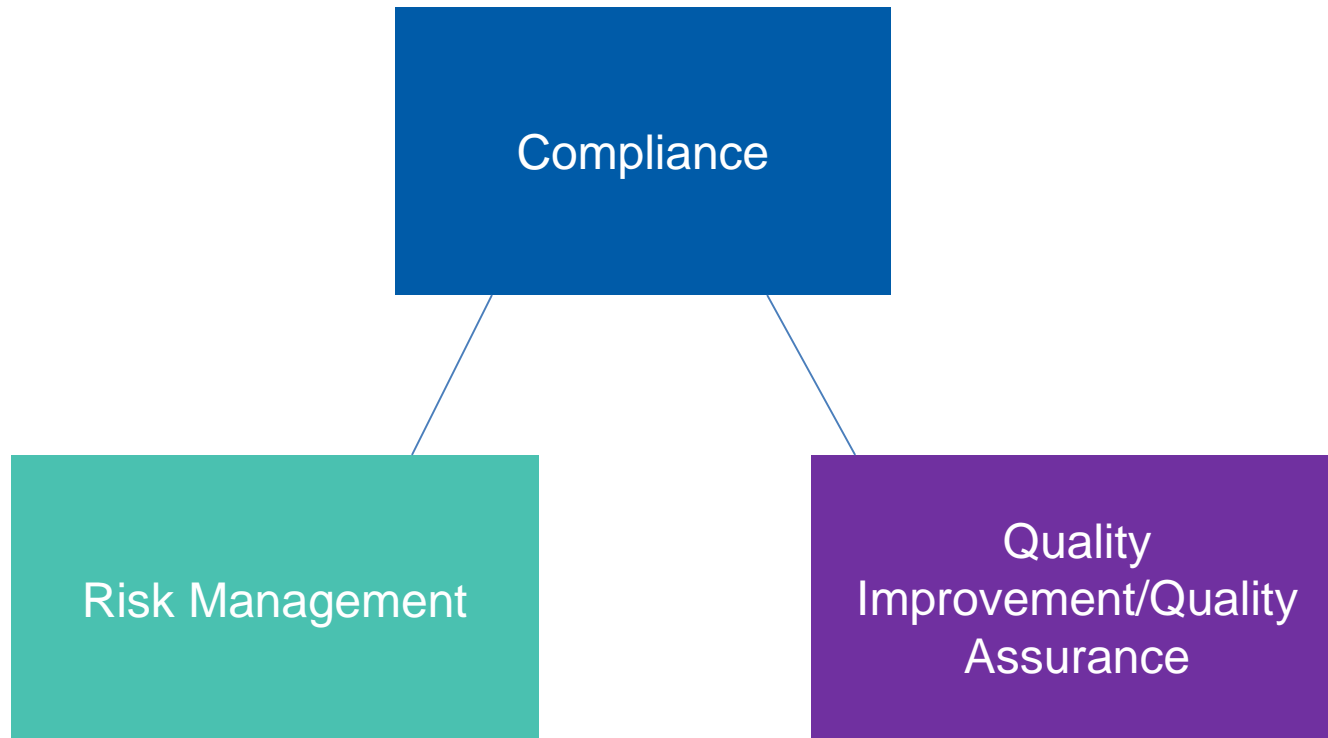


Responsibility of Individuals Affiliated with CFHC, Inc.

- Individuals affiliated with CFHC, Inc. are expected to comply with CFHC, Inc. Standard of Conduct, its policies and procedures, and are required to promptly report concerns regarding compliance.
- Compliance is an element of job performance and is a service to CFHC, Inc.
- Reporting occurs through established chain of command.
- Staff are expected to cooperate fully in the investigation of potential non-compliance.
- Individuals affiliated with CFHC, Inc. who report compliance concern in good faith are protected by the law from retaliation.



Compliance involves both risk management and quality improvement/quality assurance activities



Quality

- **Quality Improvement** (also known as performance improvement) is a continuous process designed to improve patient outcomes. It is continuous, proactive and focused on the process.
- **Quality Assurance** is a reactive effort to assess correction of underlying problems.



Risk Management

- Defined as clinical and administrative activities that:
 - Identify, evaluate, and reduce risk of injury to patients, staff, visitors, volunteers and others
 - Reduce the risk of loss to Carolina Family Health Centers

Risk Management includes making and carrying out decisions to reduce clinical, business and operational risks.



Goals of a Risk Management Program

- To prevent circumstances that could lead to accidents, injuries or other adverse events involving patients, employees, visitors and others.
- To minimize the effect of injuries or accidents when they do occur.
- To protect the financial assets of the organization by reducing the frequency, cost, and effects of claims and lawsuits.
- To support a culture of safety through staff education and training in system concepts.





CFHC Supports a Culture of Safety!



Culture of Safety and Risk Management

- Components of a culture of safety include:
 - Employees ability to speak up and raise concerns
 - Fostering a “just culture” (i.e., individuals are not punished for actions or decisions; punishment is reserved for cases of willful misconduct or negligence)
 - Obligation to listen when others have a concern
 - Recognition of personal and organizational hazards
 - Obligation to work as a team
 - Use of systems approach to analyze safety issues by examining how processes may lead to errors instead of focusing on individual blame
 - Acceptance of responsibility for the system





Incident reporting



Incident Reporting

All employees are responsible for reporting incidents.

Incident – an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.

Near miss – an event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to a lapse in verification of patient identification but caught at the last minute by chance).

Near misses are viewed by CFHC, Inc. as opportunities for learning and for developing preventive strategies and actions.



Incident Reporting

- All policies and procedures are available to staff on the intranet. The Incident Report form is also available. Refer to *RM-101 Incident Reporting*.
- Any staff member can complete an Incident Report when an incident occurs.
- Incident Reports have to be filled out electronically and emailed to your supervisor for review.
- Once the supervisor has reviewed the Incident Report, it is forwarded to the Administrative Assistant Compliance and the Chief Compliance Officer for review and filing.
- The incident is assigned to a chief of staff or CIT for review and mitigation.
- Incidents are summarized and presented to key management staff and the board of directors at least annually.





Scope of Practice



Scope of Practice

- Scope of practice is the range of activities that a health professional is permitted to perform within their profession, based on their education and training.
- CFHC validates that staff are trained and qualified to perform their duties through the credentialing and privileging process.



Scope of Practice

For staff to be covered by CFHC malpractice coverage, they must adhere to their Scope of Practice and the organization's approved location, hours of operation, and services. This includes:

1. Only working at CFHC-approved [locations](#) during approved [work hours](#).
2. Only performing activities as outlined in your [position description](#) and/or [privileges](#).
3. Maintaining the [credentials](#) that permit you to perform your duties (licensure, registration, or certifications).
4. Attending mandatory [in-service training](#).
5. Updating your privileges when new skills are learned.





Malpractice Claims

Subpoenas or Requests for Testimony

Any staff member who receives a subpoena or request for testimony needs to notify the CCO or CEO immediately and not provide testimony until approved to do so.

CFHC will work with its legal counsel to assist staff and the organization in these matters.



Malpractice Claims

RM-502 Malpractice Claims Management

- CFHC, Inc. is committed to protecting and preserving relevant information and documentation, in any form, if an incident or situation exists that creates reasonable potential for litigation or when an actual health or health-related claim, including medical malpractice claim, is filed against CFHC, Inc.
- The duty to preserve potentially relevant evidence may arise before the commencement of a lawsuit if it is reasonably foreseeable that a lawsuit will be filed.



Litigation Hold

- The CEO issues the litigation hold and at minimum notifies the Chiefs of Staff, the Director of Risk Management and Quality Improvement, and the Director of Revenue Cycle and Health Information (DRCHI)
- The hold extends to archived data including documentation found on paper and in electronic format (i.e., patient's medical records, emails and text messages, video surveillance footage, etc.)
- Documentation of the litigation hold is kept on file with CCO
- A Legal Review FYI flag on the patient's chart in the electronic health record system



Litigation Hold

- When staff try to access the Break the Glass pop-up opens with a warning that the record is restricted for legal reasons.
- Staff will have to enter the reason for accessing the chart and his/her Epic password to access the record with a Legal Review FYI flag.
- The Director of Risk Management and Quality Improvement generates an electronic copy of the patient's medical record and provides it to the CCO.
- The CCO/CEO stores this information electronically with the notice of litigation.
- The Chiefs of Staff identify key personnel within their department who are likely to have relevant information and notify them of the directive and the need to preserve any relevant information.
- The CCO, under the directive of the CEO, ensures the hold directive remains in effect until the matter is concluded, at which time the Chiefs of Staff and the appointed Directors are notified by the CEO.





Questions?