

# CAROLINA FAMILY HEALTH CENTERS, INC.

## PROCEDURE

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**TITLE:** HR-903.01 Staff Development & Training

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**EFFECTIVE DATE:** April 2002

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**SECTION:** Human Resources

**REFERENCE POLICY:** HR-903 Staff Development and Training

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**RESPONSIBLE CHIEF OF STAFF:** Chief Operating Officer

**RESPONSIBLE COMMITTEE:** Employee Investment CIT

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**REVIEWED:** 8/04, 1/08, 1/13, 3/17, 4/16/2020, 3/15/2021, 5/3/2023, 6/7/2023, 4/3/2024, 12/04/2024, 05/19/2025, 01/08/2026

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### I. PURPOSE

The purpose of this procedure is to establish a process for staff development and training at Carolina Family Health Centers, Inc. (CFHC, Inc.).

### II. PROCEDURE

CFHC, Inc. provides a comprehensive list of training to staff to comply with regulatory bodies and to reduce the risk to the organization, staff, and patients. Refer to *HR-903 Staff Development and Training* for a complete list of mandatory training.

To record attendance and attest to the mandatory training provided, employees are asked to sign the attendance sheet at the Quarterly Staff Meetings or complete a post-test. The attendance sheet is stored in the audit drive under the Quarterly Staff Meeting folder for the appropriate year. If post-tests or attestations are used as documentation of attendance, the tests or attestations are forwarded to the Director of Human Resources or his/her designee, and a spreadsheet is kept with the date of completion as a means of documentation. Staff are required to make up for missed training. Staff who completed orientation and received their mandatory training 60 days in advance of the mandatory in-service provided to all staff are permitted to use the completion date at the time of orientation. It is the responsibility of the Director of Human Resources to notify the employee's supervisor and reschedule the training. Staff members who do not complete training are held accountable through CFHC, Inc.'s corrective action policy and procedures. Refer to *HR-902 Corrective Action*.

Quarterly Staff Meeting agendas, training material(s), and post-tests and/or records of attendance are stored in the audit drive and are used to prepare the Federal Tort Claims ACT (FTCA) application annually.

The schedule for Mandatory Training is as follows:

#### January-March (1<sup>st</sup> Quarter)

Corporate Compliance & Incident Reporting

HIPAA/Patient Confidentiality

Medical Record Documentation (clinical staff only)  
Addressing adverse test results (clinical staff only)  
Fraud, Waste, and Abuse (designated staff only, see below)

**April-June (2<sup>nd</sup> Quarter)**

Infection Control and Sterilization  
Workplace Harassment

**July-September (3<sup>rd</sup> Quarter)**

Emergency Preparedness and Workplace Safety  
Drug-Free Workplace  
Cultural Diversity and Sensitivity  
Nondiscrimination

Continuing Education

If an employee wishes to participate in a continuing education classroom or conference program off-site, he/she must submit the program content along with a *Conference/Travel Request* form to his/her immediate supervisor for consideration. Refer to FIN-134 *Business Travel*.

Copies of certificates or documentation of training must be submitted to the Human Resources Department and placed in the employee's personnel file. The employee may be asked to share information learned from the conference with employees from their department.

HIPAA Medical Records Confidentiality Training

The Privacy Officer and Security Officer provide an annual HIPAA Training to employees. Completion of the training and documentation of attendance are used to verify attendance and completion of training. Additionally, when staff are provided security reminders or notices of HIPAA policy changes or updates, a record of the communication is made.

The Privacy and Security Officer provides the Human Resources Department with training material(s) and a HIPAA Post-Test. These documents, and the current HIPAA policies and procedures, are used by the Human Resources Department for the orientation of new employees. Each new employee is required to complete the HIPAA Post-Test. A score of 75% or better serves as a passing grade. The test is filed in the employee's personnel file. Refer to *HR-307 Orientation and Onboarding*.

Fraud, Waste, and Abuse

CFHC, Inc. provides training to employees within 90 days of employment and annually thereafter on the prevention, detection, and reporting of fraud and abuse of federal and state dollars. Staff required to attend training include Licensed Independent Practitioners (LIP) (e.g., physicians, dentists, nurse practitioners, physician assistants, clinical pharmacist practitioners, and licensed clinical social workers), Other Licensed Independent Practitioners (OLIP) involved in direct patient care and who receive reimbursement for their services (e.g., dental hygienists and pharmacists), chiefs of staff, and staff involved in billing. The Pharmacy Department and its staff follow *PHR-101.06 Fraud, Waste, and Abuse, and General Compliance Training*.

CFHC, Inc. uses CMS's training modules available on the Medicare Learning Network (MLN) or other equivalent training. The training covers information on fraud and abuse, detection and reporting, along with an overview of the False Claims Act, Anti-Kickback Statutes, the Physician Self-Referral Law (Stark Law), the Criminal Health Care Fraud Statutes, and the Exclusion Statute.

Upon employment, staff are directed to the corporation's intranet, where a link is provided to the CMS website and training module. Once training is completed, the employee prints the certificate and provides it to Human Resources as documentation of training.

Annually, the Chief Compliance Officer (CCO) or his/her designee emails staff needing training. He/she directs staff to the appropriate website and provides direction on completing the training. Once staff complete their training, they print their certificates and send a copy to the CCO or his/her designee as documentation of training. Failure to complete training by the deadline (30 days from the date of notification) results in disciplinary action up to and possibly including termination. Training records are kept in the audit drive.

#### Radiology

Training on radiation safety is required annually for all staff who operate radiology equipment. The training is provided by the Radiation Safety Officer, and documentation of training is kept on file on the Audit Drive and in the Radiation Safety Officer's office. Refer to *RAD-100.05 Training Staff on Radiation Protections*.

#### Equipment Cleaning and Sterilization

Upon hire and at least annually, the staff members directly involved with equipment cleaning and sterilization are provided with training on how to clean and package instruments, how to use and maintain the autoclave machines, and the sterilization process. The Director of Clinical Services, with assistance from the Clinical Site Manager(s), and the Chief Dental Officer, with assistance from the Dental Site Manager, ensure staff members are trained appropriately and that the training and the staff members' competency are documented. Verification of training is sent to the CCO for filing.