Beaumont

Beaumont Laboratory

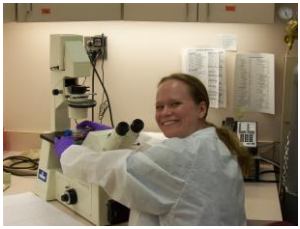
Introduction to Laboratory Compliance

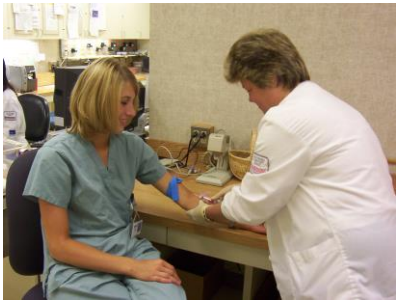
February 2017

BEAUMONT LABORATORY
COMPLIANCE PLAN

The purpose of this booklet is to explain the importance of compliance to you and to Beaumont Laboratory. Compliance relates to everyone at Beaumont Laboratory. No matter where you work within Laboratory, you are responsible to comply with the laws, regulations and accreditation standards that govern the Laboratory.

The information in this booklet supplements the content of the **Beaumont Laboratory Compliance Introduction** on-line course in the Beaumont Health System Learning Center which can be accessed on *Inside Beaumont Online* under **Education – Mandatories/Student Center**.





BEAUMONT LABORATORY COMPLIANCE PLAN

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Questions You May Ask About Compliance

QUESTIONS YOU MAY ASK …

What is Compliance?

- Simply put, doing everything we do **"The Right Way"**.
- Maintaining high standards of integrity and ethical business practice.

Compliance means that Beaumont Laboratory must abide by all the laws governing health care and be able to prove it. Of particular interest are the laws that govern the way we deal with Medicare and Medicaid patients, how we attract their business, what services we provide to them and how we charge and bill for these services.

Why is Compliance important?

- Compliance protects the **patient's rights, privacy** and **confidentiality** of their records.
- It also ensures that healthcare dollars are appropriately spent on patient care.
- Voluntary compliance may help protect the lab from severe penalties or damages in the case of an audit and investigation.

Beaumont Health System recognizes that it has an obligation to its patients, its payers, its employees and the communities it serves to observe and maintain the law and high standards of integrity and business ethics. The Beaumont **Code of Business and Ethical Conduct** provides the general principles and guidance in meeting these standards.

Who is responsible for Compliance?

We are ALL responsible to:

- Participate in the training program.
- Seek advice and ask questions.
- Make a personal commitment to compliance.
- Adhere to the Beaumont **Code of Business and Ethical Conduct** to perform our jobs "The Right Way".

Who are some of the organizations and agencies we must comply with?

- **CMS** - Centers for Medicare and Medicaid Services is the federal agency that administers as well as defines the rules and regulations of Medicare and Medicaid. CMS has ultimate authority to enforce the Clinical Laboratory Improvement Amendments (CLIA 88).
- **OIG -** Office of the Inspector General is the policing arm of the Federal Government. Conducts audits and investigations and takes appropriate action where needed.
- **3rd Party Payers** - Such as the HMOs, PPOs, and other types of insurance carriers that pay for the care and services we provide to our patients.
- **OSHA** - Occupational Safety and Health Administration has specific rules and regulations that we are required to follow to ensure a safe environment for our employees and the community we serve. **MIOSHA** is the Michigan Occupational Safety and Health Administration.
- **JOINT COMMISSION-** The Joint Commission been accrediting hospitals for more than 50 years. Its accreditation is a nationwide seal of approval that indicates a hospital meets high performance standards. Joint Commission accreditation is required for healthcare organizations to participate in federal programs such as Medicare and Medicaid.
- **CAP** - The College of American Pathologists is the accrediting organization for Beaumont Laboratory. The CAP has deemed status with CMS.
- **OCR –** Office of Civil Rights helps to enforce Federal civil rights laws and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

What are some consequences for lack of compliance?

- The severest penalty is going to jail or loss of licenses.
- The government can impose monetary penalties or damages depending on the severity or the extent of the violation.
- The government can also impose a Corporate Integrity Agreement, which is a mandated government compliance program.
- The government can exclude providers from participating in the Medicare/Medicaid program.
- Loss of public trust.

What is the purpose of the Beaumont Health System Corporate and the Beaumont Laboratory Compliance Program?

- To **Educate** all levels of staff and physicians regarding Beaumont's **Code of Business and Ethical Conduct** and responsibilities in order to assure compliance with the highest standards of integrity and ethical business practices.
- To **Encourage** staff to seek advice when they have questions about compliance. This can be accomplished through communication with your supervisor or manager, the Corporate Compliance Officer or the Hospital's Trust Line.
- To **Enable** Beaumont employees to perform their jobs **"The Right Way**".

How was the Laboratory Compliance Plan developed?

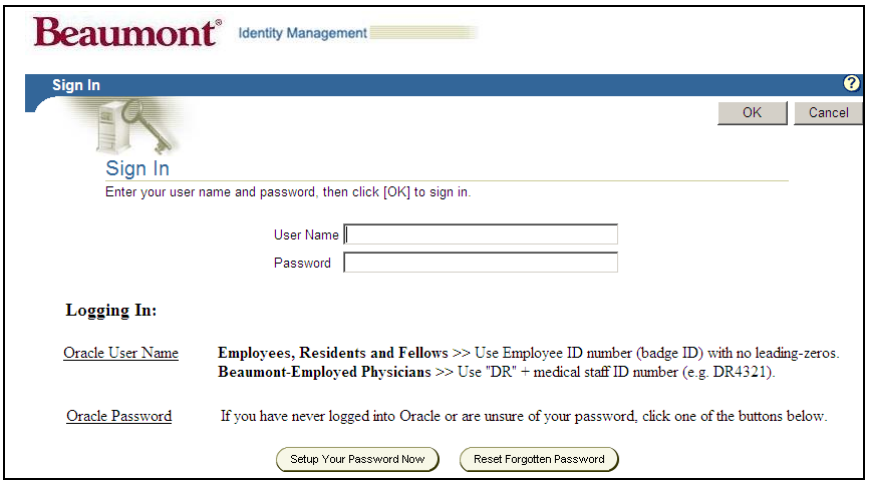
- OIG's *Compliance Program Guidance for Hospitals* was used to develop and implement the Corporate Compliance Plan.
- Beaumont Corporate Compliance Plan is used to guide the Laboratory's Compliance Plan process.
- OIG's *Compliance Program Guidance for Clinical Laboratories* was used to develop and implement the Laboratory Compliance Plan.
- The Laboratory Compliance Committee worked for more than a year to complete the plan, which was introduced in year 2003.
- Today, the Laboratory Compliance Committee remains active in reviewing and revising the Laboratory Compliance Plan in response to changes in laws, regulations, accreditation standards, and the OIG work plan as well as risk area audit outcomes.

What tools are available to assist me with Compliance?

- Corporate Compliance web site on *Inside Beaumont Online* and Beaumont Health Intranet Documents
- ***Corporate Compliance Program*** brochure
- ***Beaumont Health Business Ethics and Compliance Policy***
- ***Trust Line 1-800-805-2283*** (24 hours a day) brochure
- ***Effective Lines of Communication*** poster
- Laboratory Compliance Plan and associated polices available on the Beaumont Laboratory web site on *Inside Beaumont Online*.
- College of American Pathologists (CAP) ***Quality Line*** poster
- Beaumont Laboratory Compliance Coordinator
- Laboratory Supervisors, Managers and Medical Chief
- Education and Training (described on the next page)
- IT Security Informational Posters (posted on Lab Services website)
- HR or Safety Communications (e.g., Safety Data Sheet poster)

What education and training will I need to complete?

- Each new hire orientee MUST complete their mandatory education requirements on the first day in their department, or before they have contact with patients or access patient or other confidential information.
- Laboratory employees upon hire, transfer, or service break (greater than six months), must complete the **Laboratory Compliance Introduction** on-line course and complete the attestation statement or, when applicable, the associated exam within their probationary period. Reading this booklet is also required.
- In addition, the above laboratory employees must also read the **Laboratory Compliance – Confidentiality, Privacy, and Information Security Guidelines** booklet and complete any additional on-line courses as assigned within **their probationary period.**
- Additional job specific compliance education may be assigned periodically based on associated risks and responsibilities for each job category; audit findings; and operational and regulatory changes.
- Compliance information and education may be disseminated as needed, at staff meetings, in-services, or via other means.
- For more information about the on-line **Beaumont** Health System **Learning Center**, go to Inside Beaumont Online under Education to access Mandatories/Student Center log in page as shown below.



What should I report?

As stated in the ***Corporate Compliance Program*** brochure, every Beaumont employee has a responsibility to prevent fraud and abuse by reporting potential compliance issues. Avenues have been developed by which you can bring compliance issues to the attention of Hospital Leadership to be investigated and responded to internally. However, you have the right to report potential issues of non-compliance to state and federal agencies. By law and Hospital internal policies, Beaumont is not allowed to penalize you for reporting potential compliance issues.

Who should I contact?

- Whenever possible, first direct your concern to the Laboratory Compliance Coordinator (Leana Salka, 248-42-33839 or pager #56891) or your Supervisor, Operations Director or Medical Chief.
- You can contact the Corporate Compliance Officer directly at extension 15004 or any member of Beaumont's Lab Corporate Compliance Team as listed on page 19 of this booklet.
- You can call the Beaumont Trust Line at 800-805-2283(available 24/7) and leave a confidential message.
- The information you provide and your identity will not be revealed unless permitted by you or when required by law.

Are there other ways to detect problems?

- Yes, the Laboratory Compliance Plan includes a monitoring and audit program to help detect potential problems and assure compliance.

What will happen if a problem is identified?

INVESTIGATION:

- The Laboratory must respond to any deficiencies that are noted during an audit or reported by an employee.
- Any problems discovered must be properly reviewed and steps must be taken to correct the problem.
- We will take measures to correct any instances where the policies and procedures are not being followed appropriately.
- We will also update or revise policies or procedures as needed.
- In the event that a systemic-wide error in operations is discovered, the Laboratory will report the problem to the Corporate Compliance Officer for further guidance and appropriate action will be taken.

What will happen if a problem is identified? – continued:

DISCIPLINARY MECHANISMS:

- Formal In-service: If audits and quality improvement measures indicate less than desirable performance outcomes, formal in-service will be conducted with staff to clarify expectations.
- Performance Improvement: If a process is found to be questionable, a performance improvement team may be initiated to evaluate the process and make necessary recommendations to improve performance and compliance.
- Retraining: If an individual is found to be performing his or her job incorrectly, the employee will be retrained.
- Corrective Action: If it is found that an employee was deliberately non-compliant with a policy, the employee will be disciplined as directed by Hospital Performance Management Program Policy.

Are there risk areas identified in the Laboratory Compliance Plan that pertains to ALL laboratory employees?

Yes. Some examples of these risk areas include:

- **Pricing Practices**
  The Laboratory must NOT provide any FREE testing to clients (physicians or other healthcare providers), their families, or their employees. Such offers could be construed as an inducement (or incentive) for lab test referrals.
  - Laboratory Compliance Policy #502 - Professional Courtesy or Provision of Free Testing
- **Document of Medical Necessity**
  Laboratory tests must be ordered by a physician or other qualified non-physician practitioner as authorized by State Law and BH Medical Staff Policies.
  - Laboratory Compliance Policy #202 – Physician Orders
- **Arrangements with Physician and Provider Customers**
  The Laboratory only provides supplies used to order, collect and process specimens for testing by Beaumont Laboratory.
  - Laboratory Compliance Policy #602 - Supplies & Equipment to Beaumont Laboratory Clients

Are there risk areas identified in the Laboratory Compliance Plan that pertains to <u>ALL</u> laboratory employees? - continued:

- **Clinical Laboratory Improvement Amendments (CLIA)**
  This federal law defined the categories of laboratory tests according to their level of complexity, the education level of personnel who perform the procedure, the responsibilities of various laboratory personnel, and gives certification to labs qualified to do the test.
  - Laboratory Compliance Policy #701 - Clinical Laboratory Improvement Amendments

- **Confidentiality and Privacy**
  The Laboratory will follow Hospital Policy #314 related to defining, recording, accessing, disclosing, and retaining Hospital information and Protected Health Information (PHI). It is every employee's responsibility to protect the confidentiality of patient information.
  - Management Policy #314 - Confidentiality and Disclosure of Protected Health Information
  - Laboratory Compliance Policy # 801 - Assurance of Patient Confidentiality and Privacy
  - Laboratory Confidentiality, Privacy and Information Security Guidelines booklet

- **Environmental and Employee Safety**
  Beaumont has an active Safety Department that oversees all safety for the Hospital. Education on safety issues is provided in the annual on-line mandatory education courses and Laboratory in-services.
  - Laboratory Safety: Personal Protective Measures: BL.SA.SM.014
  - Laboratory Compliance Policy # 1001 – Environmental & Employee Safety
  - Laboratory Safety Manuals

- **Vendor /Supplier Relationships**
  - <u>Relationships with Vendors, Conflict of Interest, and Vendor Eligibility</u>:
    In the Beaumont Health ***Business Ethics and Compliance Policy*** and in **Policy 159- Purchasing Policy**, there are details that describe appropriate relationships with vendors and conflict of interest. Purchasing must confirm that the vendor is qualified to do business with Beaumont by checking the Office of Inspector General (OIG) and Excluded Parties List System (EPLS)
    - Beaumont Health Business Ethics and Compliance Policy
    - Management Policy #159 - Purchasing Policy
    - Beaumont's Vendor Relations Program (VRP)
    - Laboratory Compliance Policy #901 - Vendor/Supplier Relationships
    - Fraud Risk Management Policy 351.

Are there risk areas identified in the Laboratory Compliance Plan that pertains to <u>ALL</u> laboratory employees? - continued:

- **Record Security/Safeguards**
  - <u>Information Security, including Data Integrity</u>
    - Management Policy #314 - Confidentiality and Disclosure of Protected Health Information
    - Beaumont Intranet - Information Security Policy
  - <u>Safeguard of Data and Information, including the Clinical Record, against Loss, Destruction, and Tampering</u>
    - Management Policy #111 – Destruction of Records with PHI
    - Beaumont Intranet: Information Disposal Security Standard
  - <u>Release of Patient Information</u>
    - Management Policy #314 - Confidentiality and Disclosure of Protected Health Information
  - <u>Signature on General Consent to Treatment and Notice of Privacy Practice</u>
    - Management Policy #304 – Informed Consent
  - <u>Display of Notice of Privacy Practices</u>
    - Management Policy #314 - Confidentiality and Disclosure of Protected Health Information

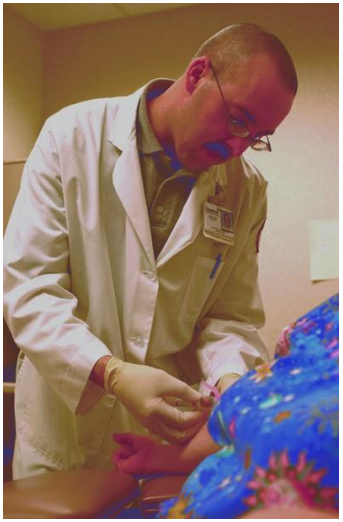
Why is ethics training included in our compliance education?

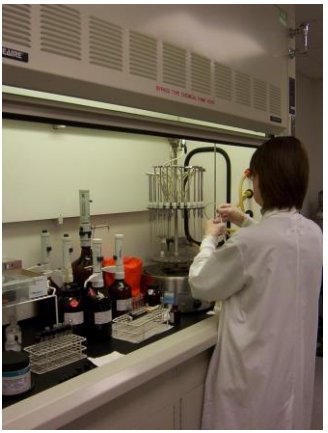
- Our own values and standards guide us in the choices we make.
- We want you to exercise good judgment when making job related decisions or choices.
- As a Beaumont Employee, you must adhere to the highest standards of integrity as outlined in the Beaumont **Code of Business and Ethical Conduct**. We want you to "Do Things the Right Way".
- With good education, maintaining a proper ethical culture, and following the hospital and Laboratory policies, you will be able to seek advice, ask questions, make correct choices, and perform your job properly.

What should I do if approached by government or accrediting agencies?

- Become familiar with the procedure titled "Inspection of Laboratory Operations by Government and Accrediting Agencies" or similar procedures located in each laboratory section.
- As outlined in the Laboratory's inspection procedure, ask the agency representative for proper identification (i.e., ID badge and notice of intent to conduct inspection).
- Be polite and don't be intimidated. State that you would be happy to help them but Laboratory policy requires you <u>first</u> refer them to <u>one</u> of your Laboratory leadership team (e.g., Supervisor, Administration, and/or the Laboratory Compliance Coordinator).

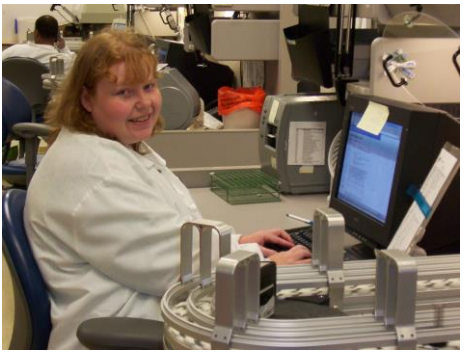
Remember…..





You are the KEY to assuring that Beaumont does it …

The Right Way!



OVERVIEW

BEAUMONT LABORATORY COMPLIANCE PLAN

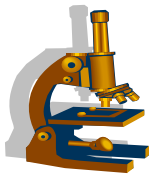
The Beaumont Health System Corporate Compliance Plan was used to develop a Division/Department based Compliance Plan Model and associated standards for all divisions/departments of Beaumont Health System. The Beaumont Laboratory Compliance Plan was then developed from this Division/Department based Model.

Beaumont Laboratory has been designated as a single compliance zone in the Beaumont Health System. The Compliance Plan for Beaumont Laboratory includes the following 7 components/elements:

1. Beaumont Laboratory Compliance Coordinator and Beaumont Laboratory Compliance Committee
2. Written Policies and Procedures
3. Training and Education
4. Lines of Communication
5. Monitoring, Audit, and Support
6. Investigations
7. Disciplinary Mechanism(s)

The above components/elements are based on The Office of Inspector General's (OIG) Compliance Program Guidance for Clinical Laboratories as well as the OIG's Compliance Program Guidance for Hospitals. The intention of these guidance documents is to assist clinical laboratories in developing effective internal controls that promote adherence to applicable federal and state law and the program elements of federal, state and private health plans.

The following pages present an overview of Beaumont Laboratory Compliance Plan.



OUTLINE OF THE SEVEN ELEMENTS AND THE CORPORATE COMPLIANCE PLAN STANDARDS

I. Laboratory Compliance Coordinator and Compliance Committee

WBH STANDARD: **Each Division/Department must have a Compliance Coordinator.**

A. Laboratory Compliance Coordinator

(1) Hospital/Lab leadership is responsible to designate a management level staff member as the Laboratory Compliance Coordinator.

(2) The Laboratory Compliance Coordinator reports directly to the Laboratory Chief Medical and Administrative Directors with a dotted line to the Corporate Compliance Officer.

B. Laboratory Compliance Committee

(1) The Corporate Compliance Officer and the Business Ethics and Corporate Compliance Committee have authorized Beaumont Laboratory to form Beaumont Laboratory Compliance Committee.

(2) All compliance activities of the Laboratory must be coordinated by and through the Laboratory Compliance Coordinator and Beaumont Laboratory Compliance Committee.

(3) The Beaumont Laboratory Compliance Committee shall meet on a quarterly basis and more frequently if necessary. Its membership shall consist of Laboratory, Medical and Hospital management-level employees with varying perspectives and responsibilities in the Hospital and Laboratory.

(4) This committee reports to the Business Ethics and Corporate Compliance Committee.

II. Written Policies and Procedures

STANDARD: **BL must identify areas of risk exposure, specific to its operation. Prior to revising or developing policies and procedures, BL must evaluate existing laboratory policies and procedures, and determine the need to revise the existing or develop new policies and procedures that guide staff in compliance related activities.**

All identified risk areas must have an associated policy. See the Laboratory Compliance Plan posted the Laboratory Services web site for a list of associated Hospital and BL policies and procedures for each risk area listed on the following pages.

DEPARTMENT RISK CATEGORIES AND ASSOCIATED RISK AREAS:

Determination of Service Coverage

1. Identify primary & secondary payers (for Medicare secondary payers)-
2. Notice of Non-Coverage- Shared responsibility: Lab, Lab Billing & Patient Financial Services (PFS)
   - Medicare/ABNS and other 3rd party payer requirements
3. Point of Care testing – (i.e. QA & validation of glucometer accuracy)
4. Screening Tests/Quality Assurance
5. Distinguish non-patient from hospital patient (inpatient and outpatient) at time of registration or accession.
6. Review National Coverage Determination (NCD) and Local Coverage Determination (LCD) publications for quarterly updates

Documentation of Medical Necessity

1. Items and services provided are documented appropriately on the order or requisition and performed by Lab with accurate charge designation
2. Requisition (encounter form) design and maintenance with annual review/update
3. Physician's orders/requisitions:
   - Review for ambiguous or missing diagnosis, incomplete order, unperformed or incomplete testing, physician signature, duplicate tests
4. Standing orders
5 Series orders
6. Standing orders – End Stage Renal Disease testing
7. Customized profiles
   - Initial request, set-up (unbundling risk), annual acknowledgements
8. Reflex testing
9. Confirmation testing
10. Called-in tests/Verbal Orders (Add ons)

RISK CATEGORIES & ASSOCIATED RISK AREAS - continued:
Coding: Associated risk areas listed below are covered under Patient Financial Services Compliance Plan.

1. Items and services provided are coded correctly (professional and/or facility)
   • ICD- code
   • CPT/HCPCS
   • Proper use of modifiers if applicable
2. Charge master is updated appropriately

Billing and Collections: Associated risk areas listed below are covered under Patient Financial Services Compliance Plan.

1. Accurate claims are submitted for items and services provided and documented
   - Specialty Consultations
2. Reconciliation of claims submitted are reviewed for possible rejections, denials, underpayment or overpayment
3. Posting of Payment
   - Reconciling 3rd party payer payments with correct practitioner/provider PIN
   - Unapplied Cash
4. Patient billing and collection of co-insurance and deductibles
5. Billing of calculations
6. Tests performed within 72 hours of an inpatient admission
7. Laboratory tests for End Stage Renal Disease (ESRD) patients
8. Medicare billing for Lipid testing
9. Credit balances
10. Duplicate claims for single tests
11. Nursing Home, Medicare Part A Billing
12. Hospital to Reference Lab Referral Billing
13. Third Party Claim Audit/Review Policy
14. Medicare Secondary Payer Status-
    - Billing Medicare for conditional payment
15. Billing for accurate provider of service
16. Balance Billing
17. Direct Billing
18. Non-Coverage of Hospital Acquired Conditions (serious, never events)
    - ABO blood type incompatibility (hemolytic reaction)

RISK CATEGORIES AND ASSOCIATED RISK AREAS - continued:

Pricing Practices

1. Prices charged to physician customers
2. Lab pricing at renal dialysis centers
3. Professional courtesy, discounts and free services
4. Pricing/Lab Fee determination policy
5. Waiver of charges to managed care patients
6. Nursing Homes – Medicare Part A billing
7. Financial assistance/charity testing and patient pay discounts

Arrangement with Physician and Provider Customers

1. Provision of phlebotomy or other services
   - Lab: Document, processing, and invoicing clients for non-Beaumont related services, PFS: Payment posting and follow-up
2. Provision of items, devices or supplies (used exclusively for Beaumont Laboratory related phlebotomy or specimen collection).
3. Rental of space in physician offices
4. Medicare Venipuncture Travel Allowance
5. Sale of supplies
6. Screening for physician and Laboratory workforce exclusion
7. Notices to physicians
8. IRS reporting of unrelated business income (UBI)
9. Provision of computers, fax, and data lines
10. Providing retrieval or disposal of biohazards waste
11. Provision of infection control reports, environmental cultures and other misc. services provided for the skilled nursing facility (SNF).
12. Test utilization-Verify patterns of physicians orders related to medical necessity vs. screening
13. Contracts and Agreements

Joint Commission, Clinical Laboratory Improvement Amendments (CLIA), CMS, Lab Accreditation Organizations

1. CLIA: Testing within scope of certification
2. Medicare and Medicaid program: Condition of Participation-Laboratory (Blood Bank)
3. Reporting of Adverse Events

Confidentiality/Privacy (Hospital information and PHI)

1. Patient consent
2. Authorization for release of patient information
3. Disclosure of patient information by employees
4. Record retention/distribution
5. Patient privacy
6. E-access of protected health information (PHI)
7. Protection of PHI, proprietary hospital information and system usage

RISK CATEGORIES AND ASSOCIATED RISK AREAS - continued:

Vendor Relationships:

1. Disclosure of conflicts of interest with suppliers
2. HIPAA business associate requirements
3. Assure the vendor is registered and enrolled in Beaumont's Vendor Management Program
4. Outside lab usage (e.g., purchasing order, subcontract)
5. Compliance w/ other regulatory requirements- CAP, Joint Commission

Environmental and Employee Safety

1. Exposure to blood borne pathogens
2. Laboratory safety
3. Exposure to sharps/other biohazards waste
4. Chemical exposure
5. Disposal of chemical/biohazard waste
6. Lab security standards related to controlled substances
7. Mailing chemical/biohazards
8. Bioterrorism preparedness: select agents (clinical specimens only)
9. Mandatory Employee Safety Training (Beaumont Student Center)

EMTALA- Emergency Medical Treatment and Active Labor Act (Laboratory provider based draw sites only):

1. Assure appraisal of emergencies and referrals when appropriate

Record Security/Safeguards

1. Information security, including data integrity
2. Safeguard of data and information, including the clinical record, against loss, destruction, and tampering.
   - Password protection of mobile devices-laptops, tablets, smartphones
   - Encryption of patient data on mobile devices and use of Hospital approved flashdrives
   - Removal of records (when permitted) and protecting data and information against unauthorized intrusion, corruption or damage
   - Preventing falsification of data and information. Developing and implementing guidelines for destroying copies of records
   - Protecting records in a manner that minimizes the possibility of damage from fire and water
3. Release of patient information
   - Proper authorization, verification of requester's identity, timely completion (within 30 days), tracking of required disclosures
4. Signature on General Consent to Treatment and Notice of Privacy
5. Display of Notice of Privacy Practices

III. Training and Education

STANDARD: The Division/Department will develop an education program based on identified risk areas. This program will relate to compliance activities specific to division/departmental operations for all new employees. The Division/Department must establish a method for educating staff regarding changes in compliance and "as needed" education for staff performance related issues.

The specific processes used to meet this element are described on page 4 of this booklet as well as in the Laboratory Compliance Plan available on the Laboratory web site on *Inside Beaumont Online.*

In addition, all laboratory compliance education printed materials are posted on the Laboratory Services web site under **Continuing Education, Laboratory Compliance Education Program**.

IV. Lines of Communication

STANDARD: T**he Division/Department Compliance Coordinator (DCC) is responsible for communicating the Division/Department Compliance Plan and program to all employees/designees of the division/department. In addition, the DCC is responsible for communicating compliance updates to those impacted within the division/department.**

The Laboratory Services Compliance Coordinator is Leana Salka. Leana can be reached at extension 33839 (248-42-33839) or pager # 56891 (248-995-6891).

The specific processes used to meet this element are described in the Laboratory Services Compliance Plan available on the Laboratory Services web site on *Inside Beaumont Online.*

V. Monitoring, Audit, and Support

STANDARD: **The Division/Department will develop and implement a program of self-monitoring as a quality assurance mechanism and to assure compliance with all regulatory risk areas associated with the division/department operations. Each risk area must have an associated monitor or audit in place.**

The specific processes used to meet this element are described in the Laboratory Compliance Plan available on the Laboratory web site on *Inside Beaumont Online.*

VI. Investigations

STANDARD: The Division/Department will define the intra-departmental actions to be taken when a suspected compliance violation is reported or identified.

The specific processes used to meet this element are described in the Laboratory Compliance Plan available on the Laboratory web site on *Inside Beaumont Online.*

VII. Disciplinary Mechanism

STANDARD: Beaumont designees or employees must be informed of the consequences of failing to adhere to compliance policies and procedures.

Note: Beaumont designee refers to hospital employees, contingents and trainees at all levels (students, interns, residents, fellows, post-doctoral trainees, administrators, managers, support, clerical and technical staff, agency temporary staff and others such as volunteers who comprise the Hospital's workforce, including but not limited to agents, independent contractors and consultants, etc.) in any patient care discipline, including specialties of medicine, dentistry, nursing and allied health sciences; as well as private attending staff who provide services in conjunction with Beaumont on Beaumont premises or at other sites or participate with Beaumont in any type of activity, event or program**.**

The specific processes used to meet this element are described in the Laboratory Services Compliance Plan available on the Laboratory Services web site on *Inside Beaumont Online*.

LABORATORY COMPLIANCE COMMITTEE

Identified as a single compliance zone, Beaumont Laboratory has been authorized by the Corporate Compliance Officer and the Business Ethics and Corporate Compliance Committee to form a Laboratory Compliance Committee. The Laboratory Compliance Committee reports to the Business Ethics and Corporate Compliance Committee and meets, at a minimum, once per quarter. All Beaumont Laboratory compliance activities are coordinated by and through the Laboratory Compliance Coordinator and Laboratory Compliance Committee, subject to the oversight and direction of the Corporate Compliance Officer and the Business Ethics and Corporate Compliance Committee.

Co-Chairs:
David Grossman, M.D.
Joan Wehby (lead)

Members:
Mitual Amin, M.D.
Sarah Britton
Marissa Johnson
Isabel Gauss
Rochelle Cooper
Robert (Todd) Haight
Nancy Klenner
Elizabeth Sykes, M.D.
Leana Salka
Vaishali Pansare, M.D
Nancy Ramirez
Barb Shaub
Elzbieta Wystepek

Invited Guests: Ad hoc based on Beaumont Laboratory organization chart, or agenda and Pathology Residents

Co-chair Mentorship: Jennifer Lehmann

Laboratory Compliance Education Contacts: Leana Salka and Nancy Ramirez

NOTES

Direct any comments/concerns about this booklet to:
Leana Salka or Nancy Ramirez at x-81904 (248-898-1904)

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956 February 2017