

# HOSPITAL TRAINING GUIDELINES AND CURRICULUM STANDARDS



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## Definitions

The “Center” refers to the Georgia Rural Health Innovation Center at Mercer University School of Medicine as established by O.C.G.A. § 31-2-16 and Georgia Department of Community Health grant #19045G.

An “Applicant” is an individual or organization seeking approval from the Center to offer training as outlined in O.C.G.A. § 31-2-16

A “Trainer” is an individual or organization who has received approval from the Center to offer training and who remains in good standing with the Center.

A “Learner” is a person for whom training is required as designated by the Center to include “the chief executive officer, the chief financial officer, every board member, and every hospital authority member, if operated by a hospital authority pursuant to Article 4 of Chapter 7 of this title, of a rural hospital organization as defined in Code Section 31-8-9.1” in accordance with O.C.G.A. § 31-2-16.

An “Approved Curriculum” is a course of study created by an individual or organization that has received approval from the Center.

An “Instructor” is the individual(s) who directly deliver Approved Curriculum to the Learner through an approved Trainer.

## Guidelines

### **Section 1: Training Requirements**

In accordance with O.C.G.A. § 31-2-16 training approved by the Center must be completed by “the chief executive officer, the chief financial officer, every board member, and every hospital authority member, if operated by a hospital authority pursuant to Article 4 of Chapter 7 of this title, of a rural hospital organization as defined in Code Section 31-8-9.1”. Such individuals are required to “complete an education program approved by the center pursuant to this paragraph no later than December 31, 2020, or within 12 months of initial hiring or appointment and every two years thereafter.”

- 1.1 Trainers must provide significant transparency with regard to training session length, format, and cost on all promotional materials, print and digital. Such promotional materials should clearly state the Trainer offering the service and the approval granted by the Center in the form of the Center logo.
- 1.2 Training format is subject to review by the Center. Digital or distance learning formats are acceptable however, in person options for each session must also be made available to Learners.
- 1.3 Two hours of in person training covering Standard 1 must be completed by each Learner prior to their installation. This two hour module will serve as a prerequisite to all other training.
- 1.3.1 In the case of an unexpected change of board members or executives, where delays due to this requirement would adversely impact the hospital, deviations may be approved by the Center on a case by case basis.
- 1.4 Each additional standard may be covered in any order or grouping and split over as many or as few sessions as the Trainer sees fit. It is also acceptable to cover components from different standards in whatever order is preferred by the Trainer. A total of six hours of training is required on the remaining standards. These hours are in addition to the two hours provided as a prerequisite.
- 1.5 All standards must be covered in a period of no more than 12 months from the Learner’s initial service date.
- 1.6 Upon request the Trainer must provide reasonable accommodations for Learners with documented disabilities.

1.7 The Trainer must inform Hospital Leadership and participating Learners that a survey will be sent to a randomized selection of participants via mail or email from the Center requesting feedback on the performance of Instructors and quality of the Curriculum.

## **Section 2: Assessment Requirements**

The Trainer must have a process to ensure Learners have achieved the training objectives through an individual assessment. A separate assessment is required for the prerequisite material.

- 2.1 Each assessment may be attempted by a Learner a maximum of three times. Feedback and remedial training should be offered between the attempts at no additional cost to the hospital or Learner.
- 2.2 If the assessment is failed three times the Learner must repeat the training session in its entirety before attempting the assessment again at no additional cost to the hospital or Learner.
- 2.3 The Trainer must maintain records of training and assessments for no fewer than 7 years and make those records available to the Learner, hospital, Center, or State Office of Rural Health upon request.
- 2.4 Trainers must have in place a mechanism by which to verify the identity of each Learner taking an assessment.
- 2.5 Trainers must have a mechanism by which they assess baseline understanding and adjust instruction to accommodate the specific needs of the Learner or group of Learners.
- 2.6 Trainers must routinely monitor the performance of Instructors to assure quality. The Trainer will make the results of such monitoring available to the Center upon request. Such monitoring should include but is not limited to, Learner evaluations of the Instructor, training outcomes, continuing education completed by the Instructor, and professional development activities.
- 2.7 Trainers must have a confidentiality policy and provide it to Learners prior to training.
- 2.8 Trainers must have in place a documented methodology for continuous quality Improvement.

## **Section 3: Reporting Requirements**

Following the completion of any training session, Trainers must report outcomes of each training session to the Center by the 10<sup>th</sup> day of the month following training. Post training reports will utilize the standard form provided by the Center and submitted electronically. The form will include information about the name of instructor(s), names of all Learners in attendance, Learners who passed the assessment and the hours of credit awarded each Learner.

- 3.1 The Chief Executive of each rural hospital must submit, to the Center, a quarterly report of current Board Members, Executives, and Hospital Authority Members and attest to each individual's compliance with training requirements. This report should utilize the standard form provided by the Center.
- 3.2 The Center will maintain a public record of Hospitals who are required to have training, said Hospital's compliance with training requirements, and a list of Trainers, prices, and contact information.
- 3.3 The Center reserves the right to convene focus groups of Learners and hospital leadership as deemed necessary for quality improvement and feedback.

## **Section 4: Application, Approval, and Renewal**

Application submissions are to be made using the online portal on the Center website. Applications via Mail, Fax, and other methods will only be accepted if special arrangement are made with the Center in advance.

#### 4.1 Submissions must include:

- 4.1.1 Online Application Form listing the Organization's name, contact information, Instructors (if in place) and qualifications, and anticipated cost of training for Hospitals.
  - 4.1.2 Curriculum including learning objectives, lesson plans, and curriculum mapping demonstrating the coverage of all standards.
  - 4.1.3 Finalized Assessments with answer key, standards map, and explanation of passing scores.
  - 4.1.4 A written summary of the quality assurance and improvement processes and copies of instructor evaluations and session evaluations.
- 4.2 Completed applications will be vetted by the Center and forwarded to no fewer than two independent, outside reviewers for assessment and feedback. Feedback will be given to Applicant for revisions and changes will be reviewed until the reviewers feel that the submission meets all standards.
- 4.3 Final approval will be issued by Center in writing and forwarded to the Trainer in hard copy and electronically.
- 4.4 Training may commence immediately upon approval. Any training conducted prior to the date of approval will not be recognized by the Center as satisfying the training mandate.
- 4.5 Approval is non-transferable. Trainers and Curriculum are approved as a pair. Approval does not allow a second organization to use that Curriculum or, conversely, an approved Trainer to use another Curriculum.
- 4.6 At the discretion of the Center, all Trainers are subject to an audit of training materials and related outcomes.
- 4.7 The Center reserves the right to revoke approval at any time for failure to comply with the stated guidelines and standards. Any such revocation will be provided in writing and is effective immediately.
- 4.8 Any modifications to content for the purpose of noting policy changes, regulatory changes, or changes to best practices is expected and requires no additional approval. Addition or deletion of content, sections, or objectives and subsequent changes to assessments must be submitted to the Center for review prior to implementation.
- 4.9 Approval is granted for 24 calendar months. Trainers may renew approval by resubmitting all materials as well as a written summary of quality improvement, learning outcomes, and Learner evaluations for the preceding 24 months. All materials should be submitted to the Center no later than two month prior to the certification expiration date.
- 4.10 Renewal of approval for curriculum that is unchanged or substantially similar to the original approved curriculum will undergo an internal review. Curriculum that has been significantly altered will require external review.

### **Section 5: Recertification of Learners**

In accordance with O.C.G.A. § 31-2-16, after initial training, learners must recertify their training "every two years thereafter." This requirement may be fulfilled using any of the three pathways outlined in this section. The Center considers each to be equal and sufficient to satisfy the requirement.

#### 5.1 Pathway 1: Repeated Training

- 5.1.1 The Learner must complete eight hours of training as outlined in Section 1.
- 5.1.2 Training may be completed throughout the 24 months preceding the certificate expiration date. At least four of the eight training hours must be completed within the 12 months preceding the certification expiration date.
- 5.1.3 For recertification the eight standards may be taken in any order. Standard one is not considered a prerequisite in this case but must be covered.

#### 5.2 Pathway 2: Expanded Recertification Units



- 5.2.1 The Learner must complete eight hours of training consisting of a 1 hour review course and 7 hours of approved recertification units. If any course is repeated, only the first will count toward the hours required.
- 5.2.2 The Trainer must provide a one hour review course covering the major themes of the eight training standards along with a knowledge test to demonstrate comprehension. The course and assessment must be approved by the Center.
- 5.2.3 Training may be completed throughout the 24 months preceding the certificate expiration date. At least four of the eight training hours must be completed within the 12 months preceding the certification expiration date.
- 5.2.4 Approved Trainers may apply to the Center to have specific activities approved for recertification units under the Expanded Recertification Units. All activities will be approved at the discretion of the Center after internal review. Activities will be assessed based on the following criteria:
  - 5.2.4.1 Alignment with the eight training standards.
  - 5.2.4.2 Timeliness, value, and depth of the training or experience.
  - 5.2.4.3 Quality and appropriateness of the learning objectives and assessment.
  - 5.2.4.4 Qualifications and appropriateness of the Instructor
- 5.2.5 Trainers will submit an application to the Center for approval via email using the standard form. Each activity or training to be considered for recertification units must be submitted separately although multiple applications may be submitted at the same time.
- 5.2.6 Activities may be granted one time, limited, or ongoing approval at the discretion of the Center.
- 5.2.7 Approvals granted under this section will be reassessed during the regular recertification process as outlined in Section 4.
- 5.3 Pathway 3: Hybrid
  - 5.3.1 The Learner must complete eight hours of training consisting of a 1 hour review course and 7 hours of approved recertification units or repeated training as outlined in sections 5.2 and 5.1 respectively. If any course is repeated, only the first will count toward the hours required.
  - 5.3.2 The Trainer must provide a one hour review course covering the major themes of the eight training standards along with a knowledge test to demonstrate comprehension. The course and assessment must be approved by the Center.
  - 5.3.3 Training may be completed throughout the 24 months preceding the certificate expiration date. At least four of the eight training hours must be completed within the 12 months preceding the certification expiration date.
  - 5.3.4 Learner may chose Recertification units and repeated training at their discretion as best suits their individual needs as a learner. There are no requirements pertaining to the number of hours to be taken in each category.

## Curriculum Standards

### Standard 1: Governance, Liability, and Accountability.

#### 1.1 Liability for Hospital Directors, Officers, and Administrators

The learner will demonstrate an in-depth understanding of personal liability as it relates to their leadership role within the organization.

#### 1.2 Responsibility for Transparency

The learner will be familiar with the importance and legal requirements for transparency, including adherence to the Georgia Open Records Act and similar local, state, and federal regulations.

#### 1.3 Conflict of Interests

The learner will understand the requirement to have a conflict of interest policy, define and recognize a conflict of interest, and demonstrate familiarity with the policy at their organization.

#### 1.4 Parliamentary Procedure

The learner will be familiar with the requirement for standard parliamentary procedure and be able to state the type of parliamentary procedure utilized by the organization.

#### 1.5 Professional Behavior

The learner will outline the responsibilities for professional behavior and etiquette in a board or administration environment. This should include but is not limited to: attendance, preparation for meetings, timeliness, decorum, and civil discourse.

#### 1.6 Confidentiality

The learner will demonstrate an in-depth understanding of confidentiality policies and the ability to identify protected information.

#### 1.7 Governance and Legal Oversight

The learner will develop in-depth knowledge of the governance and oversight structure of the organization and the relationship between the Board and hospital administration.

#### 1.8 Gifts and Gratuities

The learner will understand the requirement to have a gifts and gratuities policy, define and recognize a gift and gratuity, and demonstrate familiarity with the policy at their organization.

#### 1.9 Representative Board

The learner will understand the importance of creating and maintaining a Board that is representative of the population served, including but not limited to: race, ethnicity, gender, socioeconomic status, and religion.

## **Standard 2: Responsibility to Regulatory Agencies and Legal Considerations.**

### **2.1 Risk Management Policies and Structures**

The learner will demonstrate an overall understanding of the requirement to have risk management policies and up to date risk management structures.

### **2.2 HIPAA Privacy and Security Certificates**

The learner will demonstrate an in-depth understanding of HIPAA requirements and polices to ensure organizational adherence.

### **2.3 Malpractice**

The learner will develop an understanding of malpractice regulations and compliance including extent of coverage for clinicians including legal scope of practice.

### **2.4 Regulatory Entities and Reporting**

The learner will be familiar with local, state, and federal regulatory entities that govern hospital operation including physician and clinician performance and financial reports and any other related reporting requirements.

### **2.5 Disruptive or Impaired Providers**

The learner will outline options, resources, and responsibilities regarding discipline for physicians, other licensed individuals, and anyone involved in clinical services for violations including, but not limited to: substance use disorder, ethical violations, disruptive behavior, and violation of hospital protocol.

### **2.6 Legal Responsibilities as an Employer**

The learner will understand the hospital's legal responsibilities as an employer.

### **2.7 Stark Laws**

The learner will define Stark Law, recognize an example and a violation of Stark Law, and demonstrate familiarity with the policy at their organization.

### **2.8 Nepotism**

The learner will understand the need for a nepotism policy, define and recognize an instance of nepotism, and demonstrate familiarity with the policy at their organization.

### **2.9 Electronic Health Records**

The learner will be familiar with the unique regulatory requirements for electronic health records.

### **2.10 Cybersecurity**

The learner will understand the requirement for cybersecurity policies and demonstrate a familiarity with internal policies for securing data in the IT infrastructure of the organization.

### **Standard 3: Finances and Fiduciary Responsibility.**

#### **3.1 Fiduciary Responsibility to Institution**

The learner will understand their role as it relates to fiduciary responsibility and obligation to act in the best interest of the organization.

#### **3.2 Financial Accountability**

The learner will demonstrate a working knowledge of financial accountability including knowledge of financial disclosures, audits, and best practices.

#### **3.3 Accounting and Financial Reports**

The learner will understand accounting and financial reports, tools, and topics and their role in financial oversight and decision making. Training at a minimum will include: balance sheets, profit and loss statements, contract evaluation, operating revenues, predictive analytics of hospital data, and cost reporting.

#### **3.4 Revenue Cycle and Payer Mix**

The learner will define common components of revenue cycle and payer mix and the makeup of their organization's revenue structure.

### **Standard 4: Compliance.**

#### **4.1 Responsibility of Compliance Office**

The learner will understand the role and responsibility of the hospital compliance office and the requirement for compliance reporting directly to the Board.

#### **4.2 Annual Compliance Planning**

The learner will understand the requirement and process for annual compliance planning.

#### **4.3 Board Oversight and Leadership**

The learner will outline the responsibility of the Board in compliance oversight and leadership of the hospital.

#### **4.4 Understanding Compliance Reports**

The learner will interpret and utilize compliance updates.

#### **4.5 Role of Compliance Officer**

The learner will be familiar with the independent role of the hospital's compliance officer and office.



## **Standard 5: Ethics.**

### **5.1 Implicit Bias**

The learner will define implicit bias and understand its ethical implications.

### **5.2 Ethics of End of Life Care**

The learner will understand the responsibility of hospital leadership as it pertains to the ethics of end of life care including, but not limited to: “do not resuscitate” orders, living wills, advance directives, declaration of brain death, and quality of life considerations.

### **5.3 Transplant Ethics**

The learner will understand the ethics relating to all parties of a transplant case.

### **5.4 Scope of Practice and Qualifications**

The learner will understand the scope of practice and qualifications for employees based on clinician classification as well as understand the team model of medicine.

### **5.5 Conscience Objections**

The learner will define conscience objections and identify potential sources of conscience objections for both patients and employees. The learner will additionally understand the need for a conscience objection policy and protocol and demonstrate familiarity with the policy and protocols at their organization.

### **5.6 Conflict Resolution**

The learner will understand the need for conflict resolution policies and procedures in the context of the hospital’s responsibility as an employer and will demonstrate familiarity with the policy and procedures at their organization.

### **5.7 Ethics Committees and Adjudication of Ethical Concerns**

The learner will understand the role and composition of ethics committees and the process of adjudication of ethical concerns.

### **5.8 Ethics Training Process**

The learner will understand the need for a comprehensive ethics training process and demonstrate familiarity with the process at their organization.

### **5.9 Scarcity and Deployment of Resources**

The learner will demonstrate understanding of the ethical considerations for short-term deployment of resources in situations of resource scarcity.

## **Standard 6: Continuum of Care.**

### 6.1 Re-hospitalization Prevention

The learner will understand best practices for preventing re-hospitalization and the financial, regulatory, and health consequences of re-hospitalization.

### 6.2 Primary Care, Inpatient, and Specialty Care Relationship

The learner will understand the relationship between primary care, inpatient care, and specialty care as part of an overall continuum of care for the patient.

### 6.3 Effective Discharge

The learner will understand the hospital's requirement to ensure clear and thorough communication to the patient and designated caregiver regarding post-discharge care and demonstration of medical devices.

### 6.4 Access to Medication and Medical Devices

The learner will understand the hospital's responsibility to ensure the patient's ability to access prescription medications or medical devices at discharge.

### 6.5 Value and Necessity of Follow-up Care

The learner will understand the requirement to establish follow up care and confirm follow up appointments and the hospital's requirement to instruct the patient and caregiver regarding appropriate follow up as well as provide any needed support at discharge.

### 6.6 Effective Discharge Communication

The learner will understand the requirement for patient and caregiver to have functional, effective communication with discharging physician and coverage post discharge for emergency communication.

## **Standard 7: Strategic Planning and Accountability.**

### 7.1 Formation and Evolution of Guiding Statements

The learner will be familiar with the guiding statements of the organization (mission, vision, value propositions, etc.) as well as how they are integrated into the work of the hospital.

### 7.2 Framework and Process for Strategic Planning

The learner will understand the importance of a strategic planning framework and process and demonstrate familiarity with the framework and process at their organization.

### 7.3 Long-Term Resource Planning

The learner will outline the budgeting and allocation process for long-term deployment of resources.

### 7.4 Community Health Needs Assessment

The learner will understand the requirements and the value of a well done community health needs assessment and the requirement to use this assessment for health service planning.

## **Standard 8: Grants.**

### **8.1 Purpose of Grants**

The learner will be familiar with the purpose of undertaking grant funding to supplement designated initiatives and activities.

### **8.2 Process for Grants**

The learner will outline the basic steps of the grant life cycle.

### **8.3 Responsibilities for Grant Management and Reporting**

The learner will demonstrate knowledge of the hospital board and authority's responsibilities for fiscal management and reporting related to grant activities per appropriate local, state, and federal law.

