

## Achieving HRSA Audit Best HR Practice

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With the recent adoption of the Affordable Care Act (ACA), the health care environment changes by the minute, from the insurance and billing side, to quality of patient care. And while many health care organizations have focused on quality of patient care, other areas of the health care organization also require improvement.

No longer is quality improvement just about patient care but also about the operations and administration of an organization, including finance, information technology and, of course human resources.

The federal government has now noticed how other functions of an organization can impact the bottom-line of quality patient care.

As a member of the management team of Santa Rosa Community Health Center (SRCHC), I lead the human resources department. With several locations throughout Santa Rosa, California and over 370 employees, our Federally Qualified Health Center (FQHC) is highly visible in Sonoma County, serving over 43 thousand patients.

FQHCs are highly regulated by the federal government and, in particular, the Health Resources and Services Administration (HRSA).

HRSA is an agency of the U.S. Department of Health and Human Services. HRSA functions to improve access to health care to those who are geographically isolated, economically or medically vulnerable.

For those who are not familiar with an FQHC, they are unique health care entities; they serve community residences of all walks of life, including people with employer

based and governmental insurance.

They also serve people with limited resources who struggle to access care through traditional channels, including the homeless, residents of public housing, migrant farm workers and others with emergent and chronic health care needs. FQHCs maintain an open-door policy, providing treatment regardless of a person's income or insurance coverage. They are nonprofit, which means unlike profit driven organizations where profits are distributed among shareholders, FQHC gains are put back into the organization to help further the ultimate purpose of that organization.

Every three years, HRSA conducts an extensive and systematic audit of each FQHC. It usually takes three full days. At the end of the third day the HRSA auditors meet with the FQHC's board members to disclose their findings.

Many FQHCs score poorly or even fail HRSA audits because of the presumption that HRSA will focus on patient care quality rather than the quality practice of the entire

organization.

SRCHC works to improve quality in every aspect of our organization and recently received the designation “Best HR Practice” in our 2013 HRSA audit. The audit process was not easy as the HRSA auditors examined areas like recruitment and compliance, credentialing and privileging and our strategic approach to HR operations.

### **Recruitment and Compliance**

When hired by SRCHC as their director of human resources, my focus was to align the strategic goals of the organization with HR best practices, beginning with talent acquisition. Every organization understands that the right talent fit is the key to organizational success.

This included proper sourcing, screening and interviewing as well as standardized offer letters that detail employment expectations.

Talent acquisition processes include a background check on every candidate that covers work history, criminal activity and reference checks. Drug and alcohol screening is also covered during the recruitment process.

For the HRSA auditors, well defined

processes assure that all candidates (specifically medical providers) are hired with a consistent process rather than done on impulse by the hiring managers. Proper documentation of these processes is essential to evidence consistencies.

HRSA auditors will choose random employee files, with provider employees well represented, and review for documentation consistencies. Documents in employee files include, but are not limited to, job descriptions, employee personal identification, health benefit materials, and federal and state compliance materials.

When examining provider employee files, HRSA will focus on the provider’s contract with the FQHC. They place a heavy focus on contractual standards for quantity and quality of patient care.

### **Credentialing and Privileging**

It’s common at FQHCs for the Credentialing and Privileging function to be included as part of the HR department.

Credentialing and Privileging is an extensive background check of medical providers, specifically in the area of medical license, education, training, etc. This process provides

a measure of confidence that the health care professionals are able to provide a high level of care to the specific patient population.

HRSA takes this process very seriously, especially the alignment of credentialing Policy & Procedure with current practice.

In addition, HRSA will evaluate credentialing files, looking for various issues, such as inconsistencies, or worse, expired credentials for current working providers.

### **Strategic Operations**

The HRSA auditors evaluated our strategic approach to HR operations. We demonstrated that the acquisition of talent was crucial, but our retention plan, current and future training criteria, and our performance management system were all vital parts of our strategic plan for future organizational success.

Ultimately, strengthening our HR foundation was the means to achieve our “Best HR Practice” designation.

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