

## Report on Medicare Compliance Volume 31, Number 12. April 04, 2022 Adding Roles to Compliance Officers May Get Thorny; Consider Conflicts, Informing Board

By Nina Youngstrom

For four months during the COVID-19 pandemic, Kelsey Lawson, chief risk and compliance officer at Hennepin Healthcare System in Minneapolis, also served as the interim executive lead over nursing. It was an unusual additional role for Lawson, who isn't a nurse, but it's far from the only one that she and other compliance officers are sometimes asked to take on, a fact of life that brings all sorts of challenges, like being stretched too thin. It's also a reflection of their skills and disposition.

"Should I have said yes? Probably not, but at the time I wanted to help," Lawson said March 29 at the Health Care Compliance Association's Compliance Institute.<sup>[1]</sup> Even after the new chief nursing officer (CNO) started, Lawson continued to manage patient experience and the ambulance service so the CNO could focus on inpatient nursing.

"The compliance skill set lends itself for helping in different ways," Lawson said. "We are analytical," she said. Compliance officers spend a lot of time "in the details" and "explaining and teaching." After auditing, compliance officers are perceived as having a "deep working knowledge of the organization," she added. And "you are the kind of people who want to help, who want to be there, want to get the right thing done."

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