



SAINT LOUIS UNIVERSITY
COMPLIANCE
877-525-KNOW

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Research Compliance

What's Wrong with a Little Touch-Up?

Images used in research publications assist the audience in interpreting the author's message. Although it is generally accepted that authors sometimes need to adjust the images for clarity, they should not manipulate the images to the extent that the audience arrives at an alternative conclusion.

Many journals have adopted editorial policies specific to Image Manipulation, and we encourage authors to become familiar with the exact terms prior to publication. A recent review of editorial policies by the Compliance Office suggests the following general guidelines:

- The grouping of images from different parts of the same gel, or from different gels, fields, or exposures, must be made explicit by the arrangement of the figure (i.e. using dividing lines) and in the text of the figure legend.
- Linear adjustments of brightness, contrast, or color balance should be applied to every pixel in the image and should not obscure, eliminate, or misrepresent any information present in the original.
- Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.
- Unacceptable adjustments to images typically include the removal or deletion, concealment, duplication, addition, selective enhancement, or repositioning of elements within the image.

We encourage the University's researchers to consider the necessity of every alteration made to their research images by questioning (1) if the change is absolutely necessary and (2) if the resulting image is still an accurate representation of the original data. An excellent article on this topic "What's in a picture? The temptation of image manipulation" by Mike Rossner & Kenneth M. Yamada in the *Journal of Cell Biology*, Volume 166, Number 1, July 5, 2004, 11-15, can be found at: <http://jcb.rupress.org/content/166/1/11.full?sid=e6b1521e-618a-400f-843b-f5e900a75a57>.



Meet our Newest Member of Research Compliance

Research Compliance is pleased to introduce Hannah Halstead to the University. Hannah will serve as the department's new Research Compliance Auditor. She will audit compliance and statutory, regulatory, and contractual requirements and University policy pertaining to research activity. Additionally, she will provide education and guidance to the University research community, as well as updating the University compliance policy. She comes to SLU from Washington University, where she was also in the field of Research Compliance for the last several years. Hannah received her Master in Social Work degree from Washington University with an emphasis in Public Policy. Since graduating she has worked both in the private sector and for non-profit entities in healthcare compliance roles.

Outside of SLU, Hannah is a marathon runner, who recently completed her fifth marathon. Additionally she enjoys volunteering as a Track coach and spending time with her two young daughters. She is also an avid sports fan and looks forward to cheering on the Billikens in the upcoming basketball season!

2014 Annual Compliance Update

Available Online
Deadline October 31st

This **mandatory** online session provides an overview of current health care compliance including the prevention of fraud, waste and abuse; teaching physician guidelines; OIG work plan; HIPAA; various healthcare laws; Sunshine Act; Conflict of Interest; and Research Compliance. The update is available in the "Compliance Requirements" section of your mySLU home page and must be completed by October 31, 2014.

Instructions for accessing and completing the course are available on the Compliance website [click here](#). (Note: The video playback speed can be adjusted at the bottom of the Tegrity player.)



Q. Does HIPAA allow patients to request communications about their care be sent to a different address?

A. Yes, HIPAA allows patients to request that a covered entity communicate with them in a confidential manner such as by alternative means or location. They may request to receive mail at an alternate address such as a post office box or telephone calls at an alternate number.

Q. How do patients make such a request?

A. They must complete a form called:

Request for: Restriction Confidential Status Alternate Communication. This form can be obtained at the clinic registration desk and returned for review and processing of reasonable requests. Accepted requests will be maintained in the patient's record. **NOTE:** *Alternate Communication does not mean sending disclosure to a different person.* (This form is invalid if another named individual is used as the alternate communication.) If another adult assists in the management of a patient's medical care, the patient may request that the individual have access to their MyChart record by completing an Adult MyChart Proxy Form and submitting it to the Provider's Office or Health Information Management.

Notification Process for Open Encounters (SLUCare Policy No. 632)

Open encounters will be monitored through the EHR and Open Encounter Reports to determine the age of the encounter. The notification process will be initiated according to encounter date:

1. **Day after Encounter:** The responsible provider will receive an auto-generated InBasket message through the EHR listing all encounters that have not been closed.
2. **7 Days after Encounter:** The clinical manager of the provider's department will receive an auto-generated InBasket message listing all encounters that have not closed within seven (7) days. The clinical manager is responsible for offering assistance to the providers in closing open encounters.
 - a. Billing supervisors should run the EHR Open Encounters Report on a weekly basis to identify providers that have delinquent encounters outstanding. In addition, billing supervisors will work with providers to complete necessary documentation and close encounters after selecting appropriate bill codes.
3. **31 Days or > after Encounter:** Initiate the EHR auto-close process.
 - a. Auto-closed encounters will be converted from the selected level of service (LOS) if one has been selected to a UBMR (unbillable medical record) procedure code. Encounters that had no LOS selected will need to be manually reconciled by billing staff and converted to a UBMR encounter.