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## Welcome to the New PRN Competency Nurse Evaluator Liberty Healthcare Corporation – Bala Cynwyd, PA.



Marian Pottage, RN MS is delighted to have recently joined Liberty Healthcare Corporation as a Competency Evaluator on a PRN basis covering for Judith occasionally throughout the year. Marian has an extensive healthcare background in clinical practice with specialization

in surgical and cardiovascular nursing, professional education, and clinical/performance improvement. Marian is originally from Chicago, Illinois and lived with her family in Massachusetts and Connecticut before settling in Paoli, Pennsylvania eight years ago. This turned out to be a happy move for everyone and currently the Philadelphia area truly feels like home. Now that their two daughters, Kimberly and Jennifer, are grown up, gainfully employed, and

living in Boston and New York City respectively, Marian and her husband John (along with their very spoiled cat Samantha) are adjusting to being empty nesters. When John can spare the time from his busy job in the pharmaceutical industry, they enjoy traveling together, cooking, and taking care of their house and garden. A warm welcome to Marian!!

## Joint Commission Spotlight – Medication Management

An effective medication management system includes mechanisms for reporting potential and actual medication – related errors and a process to improve medication management processes and patient safety based on this information. A well-planned and implemented medication management system supports patient safety and improves the quality of care by doing the following: (Joint Commission, 2015)

- Reducing variation, errors, and misuse;
- Using evidence-based practices to develop medication management processes;
- Managing critical processes to promote safe medication management throughout the program;
- Managing the medication management process for efficiency, quality, and safety;
- Standardizing equipment and handling processes, including those for sample medications, across the program to improve the medication management system.



## Six Sigma and Lean Six Sigma Converge – Part II

Judith Ann Shields, RN, MSN

Lean Six Sigma, Master Black Belt, Six Sigma

When everything seems to be going against you, remember that the airplane takes off against the wind, not with it.

- Henry Ford

In the spring edition, we gave everyone a challenge to organize their work spaces. We have received interesting feedback. Some found materials that were over ten (10) years old but were still useful and other materials that were a month old that were outdated and were shredded. You may be asking yourselves how organizing work spaces could highlight the value of converging Lean Six Sigma with Six Sigma. You might be thinking, it is just a space I work in. Each piece of paper or pile of paper you touch and review represents a process that developed the papers, the things, or the equipment surrounding your work space. This review of work spaces also includes your electronic files and piles. Reviewing and organizing the work space is very similar to reviewing and organizing work processes. If a step (paper, thing, equipment) is not value-added, shred it, delete it or get rid of it. Then you are left with organizing what has value immediately, weekly, monthly, or yearly. Devise a strategy and tactics of how to electronically organize or manually file this information so that it is available only when needed so retrieval is quick and timely.



The de-cluttering and organizing of work spaces is the first step in embracing Lean Six Sigma. Initially the task shall appear overwhelming like spring cleaning your home, but the detail required to complete this process is the detail needed to move any waste and inefficiency from our business processes.

As part of this review, the quality of the paper, things, and equipment will naturally be examined. Errors that you may not have noticed either in how you processed these work objects or how you previously utilized them will come to light as you decide the value they hold to organize or to delete. This tedious exercise shall also have an effect on how you organize in the future and each step of your work space process. You will not want to go through this same rigorous process, you will naturally want to streamline

your work every day so you will create a detailed process of what and when you shall delete or save. This is true of all process evaluation. Which steps are value-added and which are not will begin to become a daily thought as this laborious experience of organizing the work space for the first time stays fresh in your mind. You will quickly recognize how intertwined quality is with every decision of efficiency. Your desire to straighten out the work space will quickly become meaningless if a document that you need to perform a business process is no longer quickly available to you. You will find in this simple task that the more efficient you become, the more you focus on improving the quality of the process.

An additional bonus is next time your significant other asks you to straighten out the garage or a closet, you will be all in.

“When everything is a priority, nothing is a priority.”

— Karen Martin  
*The Outstanding Organization: Generate Business Results by Eliminating Chaos and Building the Foundation for Everyday Excellence*

## Medical Corner

# Infection Control and Prevention – An Overview

Judith Ann Shields, RN, MSN,  
Lean Six Sigma, Master Black Belt, Six Sigma

The Centers for Disease Prevention and Control (CDC) reports that 1.7 million infections annually are health care related, and as a result, 99,000 people will die each year.\* Health care practitioners in the hospital environment know all too well about hospital-acquired infections. Modern health care, despite its great strides in preventing and treating disease, has yet to conquer the risk to clients of acquiring an infection in the very place where infection should be least present. However, multidrug-resistant infections can be acquired in almost any setting, including homes, schools, and vacant lots, making the need for effective infection prevention and control all the more important.

Anyone who has clinical contact with clients shall wash his or her hands frequently to help prevent the spread of disease. However, effective infection control prevention and control plans go well beyond this approach. A strong plan shall have the input and support of program leadership and shall stress communication and collaboration. Everyone involved in the daily operations of the program, from practitioners to receptionists, should play a role and understand basic infection control principles.

To reduce the possibility of acquiring and transmitting an infection, programs can establish a systematic

infection prevention and control plan. The design and scope of your program's plan are determined by the specific program risks faced by your location, the population(s) you serve, and the type of services your program provides.

The 2015 Joint Commission Patient Safety Goals recommend using guidelines from the Center for Disease Control and Prevention as a guideline for hand hygiene in health-care settings. During Liberty Healthcare Corporation's onboarding and orientation process these handwashing guidelines were introduced. \*\*

We recommend re-visiting the handwashing guidelines periodically to refresh the basic concepts with our Liberty Healthcare Corporation's employed and physician subcontracting staff as a reminder of very simple basic steps they can take to reduce infections. Identify your program risks for infection, plan for those risks and never forget your handwashing as the most basic and simple protection against infection and disease.

\*Source: Klevins, RN, et al: Estimating healthcare associated infections and death in U.S. hospitals, 2002. *Public Health Reports*, 2007Mar-Apr: 122:160-166. Accessed July 19, 201.  
[http://www.cdc.gov/HAI/pdfs/hai/infections\\_deaths.pdf](http://www.cdc.gov/HAI/pdfs/hai/infections_deaths.pdf)



\*\*Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. *MMWR* 2002;51(No. RR-16):[inclusive page numbers]

Refer to 2015 Joint Commission Standards – Chapter Infection Control and Prevention (IC)

## Quality Performance / Quality Improvement Client Satisfaction – Can clients really be satisfied?

Judith Ann Shields, RN, MSN,  
Lean Six Sigma, Master Black Belt, Six Sigma

In evaluating the Liberty QualityCare® client satisfaction survey process, we recognized that a shortcoming of the process was not highlighting the benefits of obtaining annual client satisfaction data. Through the years leaders asked the question: “can clients be satisfied with their program?” To be quite frank, we really were not sure ourselves and we may have neglected to address this issue with our program leaders because deep down we were also

somewhat intimidated that the satisfaction results would have fair or worse yet poor ratings and this would reflect negatively on our clinical expertise. We may not have spent the time needed to challenge these fears of failure, and resistance but just look at the results below and know clients CAN be satisfied and the journey of asking is really worth it! Of course, there shall always be specific clients based on their diagnosis that shall not have the capability to express

satisfaction, but ask anyway.

At the Robert M Greer Center the clinical team utilized a combination of interviewing and the use of satisfaction ‘faces’ with the Likert Scale to obtain satisfaction data from clients who are functionally illiterate. If you would like additional information about this creative approach to satisfaction surveys, please contact Norris Sonntag, MS at [Norris.CTR.Sonntag@okdhs.org](mailto:Norris.CTR.Sonntag@okdhs.org)

### Questions:

1. I believe the program addresses my needs.
2. I understand the program goals.
3. I feel the program is helping me with my treatment goals.
4. I get respect from the staff.
5. If I have a concern or a problem, I know what to do and who to talk to.
6. I am able to access program services.
7. I feel safe.
8. If I don't feel safe, I know what to do.
9. I have places for privacy where I live.
10. The place where I live meets my needs.
11. I am able to keep active.

Liberty QualityCare® Client Satisfaction Survey Results by Year 1 through Year 6 Agree and Strongly Agree Responses											
Question #	1	2	3	4	5	6	7	8	9	10	11
Year1	88%	94%	81%	94%	100%	67%	86%	85%	90%	70%	73%
Year2	72%	85%	68%	87%	81%	51%	76%	76%	92%	54%	83%
Year3	75%	83%	86%	90%	82%	82%	79%	83%	79%	70%	86%
Year4	72%	85%	84%	88%	75%	75%	85%	88%	84%	84%	69%
Year5	44%	87%	61%	76%	74%	64%	71%	86%	91%	90%	47%
Year6	74%	83%	74%	77%	88%	75%	80%	89%	91%	84%	68%
Average	71%	86%	76%	85%	83%	69%	80%	85%	88%	75%	71%

## Healthcare Business Corner

### The Business Aspects of Second Level Peer Review

Cheryl Bolinger, MD., CMD, FAAFP

Matthew Chang, MD, Psychiatry, General/Forensic, BC

Michael Pontious, MD, Family Medicine, BC

Peer review effectively evaluates the performance of advanced clinical processes. This results in improved documentation, as well as an enhancement in both patient quality of care and the safety of the delivery of care services.

Process measurements like the one described above would be an executive officer's dream since it would enhance a strategic business plan. So how do we modify the reluctance to embrace such a powerful improvement process?

#### Not automatically punitive

A potential barrier to requesting second level peer review is the hesitation to ask for what amounts to being an increased level of scrutiny. As physicians first, however, our team, uses the performance improvement rubric of reviewing for quality and for system problems that somehow interfere with the clinician

being able to get accomplished the task they set out to accomplish. Reviewing charts in this manner opens up all kinds of opportunities as opposed to having the mindset of taking a magnifying glass and looking for every negative detail possible. This approach to peer review becomes more acceptable to the clinician being reviewed the process becomes much less intimidating, and it improves care because it is not just clinician fault-finding exercise. Our goal is to push to improve care, as well as involving the program clinicians in this process so that it is a win-win situation. This process becomes an opportunity to teach critical review of literature, as well as how to assess its evidentiary value.

#### Share Best Practices

The benefit of a second level peer review is that problems with general practices can be identified. With this

information, the peer review team shall outline evidence-based literature to support the reviewed clinicians' approach, as well as propose new guidelines and/or review best practices. An intense review of clinical processes as a whole is less threatening than something directed specifically at an individual.

#### Identify problems with business practices

Second level peer review can also discover federal regulations that are not being followed; the program staff and physicians may be unaware of these specific regulations.

#### Make the contact

So if you have conducted peer review and you want another set of clinical eyes with a business practice focus, please contact us.

[judiths@libertyhealth.com](mailto:judiths@libertyhealth.com)

610-668-8800 Extension #193

## Liberty's Refreshed Work Group – Quality Services

If you have any questions or additional comments about the Quality Services Work Group, please contact your direct supervisor so they can forward your comments or concerns directly to us:

- Adam Deming, Executive Director-INSOMM Program
- Camille Tanner, Vice President-Human Resources Administrative Support and Benefits Management
- Debi Synder, Payroll Manager
- Hugh Sage, Executive Director-RMGC Program
- Ian Castronuovo, Vice President-Recruiting
- Ken Carabello, Vice President-Operations
- Judith Ann Shields, Vice President Quality Performance/Quality Improvement Competency Evaluations Corporate Compliance Officer/Privacy Officer
- Kevin Rice, Executive Director-CA ROC Program
- Shirley Greenlee, Controller-Accounting/IT/Payroll
- Sue Nayda, Senior Vice President and Chief Operating Officer
- Trish Piontek, Director-Marketing

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Visit us at:

[www.libertyhealthcare.com](http://www.libertyhealthcare.com)

## Medical Peer Review Work Group

The Medical Peer Review Work Group has two openings for a Board Certified Physician in Internal Medicine and/or Family Practice which we hope will be filled by September 2015 – Please notify your supervisor if you have a recommendation.

The following are members of our Medical Peer Review Work Group:

- Dr. Cheryl Bolinger, DHCI, Certified Medical Director, FFAFP, Long Term Care
- Dr. Matthew Chang, Forensic Psychiatry, BC, Psychiatry, BC
- Dr. James Michael Pontious, RMGC, Family Medicine, BC, QA – Chairperson
- Gretchen Gibbs, RN, MSN, FNP Family Nurse Practitioner/Psychiatry
- Dr. Charlie Sproule, Vice President of Operations – Administrative Member
- Co-Chairperson: Judith A. Shields, RN, MSN, CNA, BC, CPHQ, CHCQM, BC, CHCQM, BC, Diplomate, FAIHQ, CPCS, SSGB, SSB, MCSS, FABQAURP, Vice President Quality Performance/Quality Improvement

## Important Information

Any Liberty Healthcare employed or physician subcontracted staff member that has concerns about the safety or quality of care provided by Liberty Healthcare should:

- Contact his/her supervisor.
- Call the employee help line at 1-800-653-7174
- Contact the Corporate Compliance/Privacy Officer:

Judith Shields, RN, MSN  
Phone: 610-668-8800 ext. 193  
Email: [judiths@libertyhealth.com](mailto:judiths@libertyhealth.com),

- Contact the Joint Commission Health Care Staffing Services (HCSS)

Website: <http://www.jointcommission.org/aboutus/contactus>  
Phone: 1-800-994-6610



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