

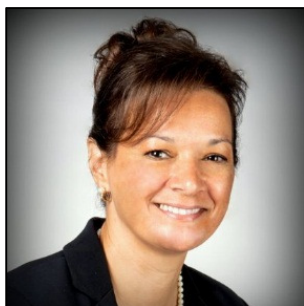
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Welcome to the New Director of Clinical Support Services North Carolina Independent Assessments Program



Barbara Matthews, RN MBA has recently joined the Liberty Healthcare leadership work group. Barbara is the Director of Clinical Services at the North Carolina Independent Assessments Program.

A Commander in the Navy Nurse Corps., Barbara and her husband Bob live in Raleigh and will celebrate their second wedding anniversary this August.

Barbara has lived in North Carolina for six years and is originally from Southwick Massachusetts, a small town outside of Springfield.

Barbara has a 31 year-old daughter, Shelby who lives in Massachusetts with husband Chris and grandson Everett, who turned 2 on February 22nd. Her 30 year-

old son, Derrick serves the US Navy in California and recently married in December.

Barbara's 14 year-old daughter, Rose just started high school. Barbara loves to cycle and has done many century rides. She is a 'tough mudder' for any of you who have ever joined that club.

She also golfs and cooks, but tells us she is not good at either. Barbara is really happy to be a part of Liberty and looks forward to getting to know everyone better.

Joint Commission Spotlight – Patient Safety Systems

Quality and safety are inextricably linked. Quality in health care is the degree to which its processes and results meet or exceed the needs and desires of the people it serves (Joint Commission, 2015). Those needs and desires include safety.

The components of a quality management system should include the following:

- Ensuring reliable processes
- Decreasing variation and defects (waste)
- Focusing on achieving better outcomes
- Using evidence to ensure that a service is satisfactory



Six Sigma and Lean Six Sigma Converge

Judith Ann Shields, RN, MSN

Lean Six Sigma, Master Black Belt, Six Sigma

"Quality depends on good data. It also depends on executive leadership in using that data."

- Juran Institute, Inc.

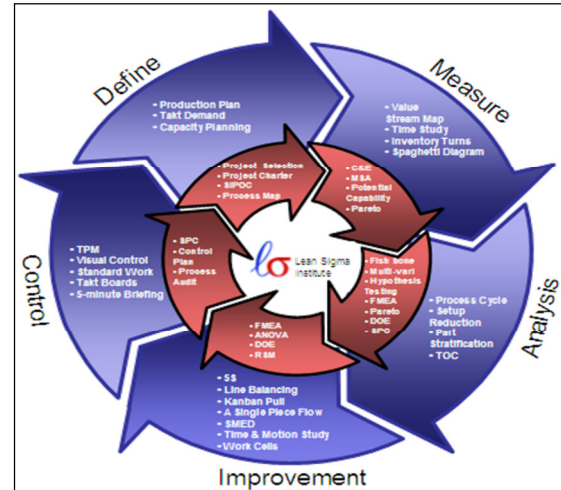
In several previous articles we have introduced Six Sigma methodology to our readers with the hope that implementing this methodology improves the quality and safety of our business processes.

Additionally, we would like to introduce the concept of Lean Six Sigma, as the integration of both methodologies has proven to improve outcome management and remove any waste and inefficiency from our business processes.

A quick refresher on the highlights of Six Sigma: You may recall from the winter edition that Six Sigma is a highly disciplined process that helps us focus on developing and delivering near-perfect products and services (Villanova University Six Sigma Program, 2015).

At the core of this near perfect performance is a deep understanding of customer needs combined with data measurement and management. At the center of quality performance is statistical measurement so that every work flow process measures quality and safety.

That sounds pretty good. So why would we want to integrate Lean Six Sigma into this near perfect system? Lean Six Sigma reduces or eliminates waste in the



process, which in turn reduces time and cost.

As Six Sigma work groups are flowcharting the process from beginning to end, the Lean process is added to evaluate whether each step is value added. Once non-value added steps are eliminated, the speed of the process increases, but quality and safety remain intact.

Within the DMAIC framework lean concepts are introduced to augment Six Sigma tools when the project focus is to improve process speed and efficiency. Six Sigma projects focus on quality and safety. Lean provides tools to reduce time and non-value added steps of any process. By increasing speed and reducing wasted time, the overall cost of the process is reduced.

When projects include the effectiveness of Six Sigma with the efficiency of Lean Six Sigma, the outcome

management affects all key aspects of business processes by improving quality and safety while identifying and eliminating any waste of time, money, or energy.

The convergence of both concepts facilitates near perfect performance that is both waste-free and cost-efficient.

So how to get started? Just start with your own work space – sort out drawers and straighten up your paperwork. Remove anything that you no longer need to complete your work processes. Next, standardize your work steps in each of your work processes, and make a commitment to sustain this improved process flow.

Of course, never forget safety, not only in your personal work space but throughout Liberty Healthcare.

Medical Corner

Population Health Management – An Overview

Judith Ann Shields, RN, MSN

Lean Six Sigma, Master Black Belt, Six Sigma



There is a new emphasis in medicine today where clinical providers are moving from symptom-based medical practice to managing population health with an emphasis on patient-centered care. The focus of this movement is quality improvement.

Liberty Healthcare implemented its concept of the High Performance Culture in 2014, and it seems like the perfect time to explore this powerful switch and to begin preparing for the journey ahead.

How does Liberty Healthcare begin to ready clinical providers for an endeavor that relies on quality improvement initiatives and a continuum of care strategy? Many of our clinical providers have been educated and trained to rely on evaluating symptoms and creating treatments that address such symptoms, so this new approach may seem like the new age to them.

Similar to our client satisfaction approach, it might be recommended to have small alpha and beta testing of this new patient management approach.

Obviously, in population management, a strong information technology system is required in order to identify population issues and to respond quickly with the most current healthcare information for treatment.

Population management should rely on interdisciplinary work groups that include, but are not limited to, laboratory and pharmacy specialists, as well as the more traditional clinical provider work group members.

Of course, the strongest positive is the emphasis on risk reduction that managing a population brings. However, the cost savings of such an approach will require the integration of business professionals into the clinical provider work group. This approach also requires expenses to be examined and monitored in a detailed way that may be new to some of us and seems excessive to others, particularly, those that perceive some expenses as the normal “cost of doing business.”

This long-term commitment to cost savings could, in the short-term, affect the compensation of the clinical and business work groups. Consequently, this is not for the faint of heart and requires planning, commitment, and an honest dialogue to push through the old to the new way of “doing business”.

We encourage you to visit the Knowledge Center on INTEGRATEDHealthcareStrategies.com for more information on the new approach to the management of the patient continuum of care.

Quality Performance / Quality Improvement Client Satisfaction – A Point of Differentiation

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

The Liberty QualityCare® client satisfaction survey was developed in 2004, alpha tested from 2004 to 2006, and beta tested from 2006 to 2008 by a work group of Liberty Healthcare program executives and the Vice President of Quality Performance/Quality Improvement (VPQPQI)/Corporate Compliance Officer/Privacy Officer (CCPO). The purpose of the survey is to measure client satisfaction and feelings of satisfaction and safety.

You might ask yourself why this metric is vital to Liberty Healthcare’s quality performance initiatives. Executive Directors of programs that have distributed this survey

questionnaire over the last nine years have found the tool to be very useful in managing and monitoring their clinical outcomes and program goals. By allowing clients to complete a client satisfaction survey annually, hidden negative concerns for their treatment or safety are reduced. In addition, the client, as the end user of our clinical services, provides input that is vital to our outcomes management.

Each year, in our annual summary reports, we place an emphasis on exceeding our benchmark of 70% client satisfaction. Liberty Healthcare utilized an average annual return from our 2014



surveys using mean average for a Likert Scale survey. Results from three Liberty Healthcare programs with a total number of client respondents N = 38 were averaged and the results are shown on the table below.

**A Likert scale is a psychometric scale commonly involved in research that employs questionnaires (Wikipedia).*

Item #	Interview Questions	Mean	% Positive	% Negative	% Neutral	No Response
1	I believe the program addresses my needs.	3.8	74%	25%	1%	0%
2	I understand program goals.	4.1	83%	6%	11%	0%
3	I feel the program is helping me with my treatment goals.	4.0	74%	12%	14%	0%
4	I get respect from staff.	4.2	77%	7%	16%	0%
5	If I have a concern or a problem, I know what to do and who to talk to.	4.4	88%	8%	4%	0%
6	I am able to access program services.	4.1	75%	6%	12%	7%
7	I feel safe.	4.0	80%	9%	4%	7%
8	If I do not feel safe, I know what to do.	4.2	89%	6%	5%	0%
9	I have places for privacy where I live.	4.5	91%	1%	1%	7%
10	The place where I live meets my needs.	4.2	84%	9%	7%	0%
11	I am able to keep active.	4.1	68%	12%	20%	0%
	Total by Mean	4.1	80%	9%	9%	2%

Healthcare Business Corner The Power of Accreditation

Lacey Barnes, MBA and Barbara Matthews, RN, MBA



Many healthcare organizations purposefully seek a stamp of approval from a formal body whose purpose is to scrutinize and test the policies, procedures, and quality control methodologies that these organizations put in place.

There is generally a significant cost to obtain that seal of approval, both in time and money. Why should we submit ourselves to such close inspection and even pay for the privilege? Quality improvement, market differentiation, pride, and proof that we are what we say we are. That's why.

Quality Improvement

By having an outside observer review our processes and ask us tough questions, we identify opportunities for improvement that we might not otherwise discern. Just anticipating the accreditation review causes us to

take special care to ensure that we identify the critical needs of our customers or patients and that we document our procedures, including a quality check to ensure that they are followed.

Market Differentiation

When we compete with others in a like industry, it is important that we differentiate ourselves. All healthcare companies assert that they provide quality care and services, but potential customers tend to rely on the seal of approval from a recognized and respected accrediting body when choosing a business partner.

Pride

Employees, clients, and other customers can be proud that they are associated with an organization that has been recognized and is committed to achieving the highest quality standards.

Proof

They say that talk is cheap, and accreditation does some of the talking for the organization. Not only do we claim to have a commitment to high quality, an impartial reviewer verifies that what we say is true.

There are many questions to answer when considering accreditation. What type of accreditation is best for your program? What are the costs? How often is reexamination required? It can be a lengthy process and requires commitment and dedication, but harnessing the power of accreditation might be a great investment for your program.

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
- Judith Ann Shields, Vice President Quality Performance/Quality Improvement Credentialing Corporate Compliance Officer/Privacy Officer
- Ken Carabello, Vice President-Operations
- 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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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 March 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, Long Term Care
- Dr. Matthew Steward Chang, Forensic Psychiatry, BC, Psychiatry, BC
- Dr. James Michael Pontious, RMGC, Internal 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, FAHQ, 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,

- 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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