Integrating Processes for the Best Hires
Different Functions but One Work Group

From Left to Right: Ian Castronuovo, Michael Caskey, Abby Yankawitz, Judith Ann Shields, Alba Rushiti, Frank Zura, Carol Wertley, Matt DiGirolamo, and Sue Nayda

A Well-Defined Recruiting Strategy

The recruiting process utilizes multiple sources and screening tools to build a steady stream of qualified candidates that are talented and meet our customer's job description requirements. This consistent approach has resulted in reliable recruiting performance for top talent.

Confirmation of Qualifications

The credentialing and competency evaluation associates use primary source verification, referencing, and criminal report review to verify the credentials & competencies of each individual candidate.

Competency Evaluation

Advanced nurses audit each candidate's qualifications by comparing the curriculum vitae with work history, work performance references & criminal reports to ensure that the competencies are consistent with the job responsibilities outlined in the job description and all information is accurate.

Oversight Role

If a candidate does not currently have the training, licensure, and/or certifications required by the job description, the Vice President of Performance initiates a denial process. A written "OK to Hire" from the Vice President of Operations is the first step. Next, the Senior Vice President/Chief Operating Officer must give final approval.

Medical Center

Most Common HIPAA Violations

Liberty's IT Committee is responsible for IT activities. The tactical focus most recently is HIPAA Security and Privacy.
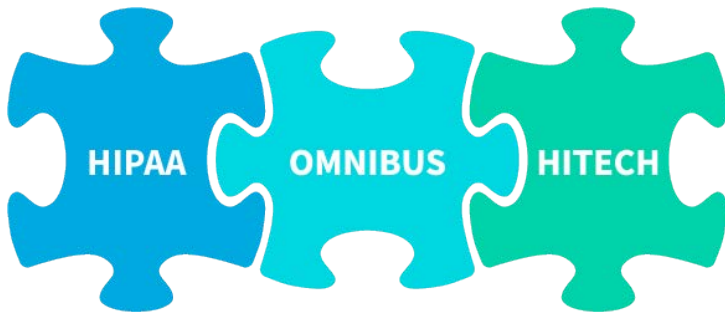
IT Committee: Camille Tanner, VP of Human Resources; Eli Back, Security Officer; Judith Ann Shields, Privacy Officer; Paul Anderson, Data Analyst; Rena Smith, Office Manager; Tod Mammuth, General Counsel; Tom McParland, Chief Financial Officer; Sue Nayda, Sr. VP/Chief Operating Officer.
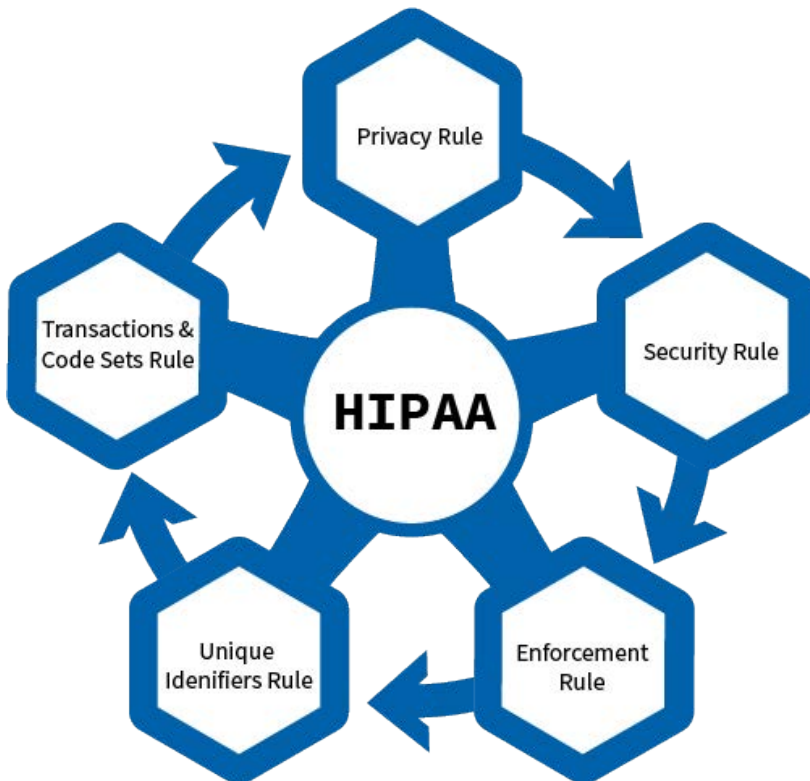
HIPAA Pitfalls in Healthcare

The U.S. Department of Health and Human Services

According to the Office of Civil Rights (OCR) there are a few key ways HIPAA can be violated:

- **Business Associates Agreements(BAA):**
  The BAA protects PHI and is a HIPAA business associate so identifying who is a business associate is key to compliance with HIPAA.

- **Underestimating the amount of ePHI in your program environments:**
  Investigations by the OCR noted that in several instances organizations identified the risks during a data incident but failed to act accordingly.

- **Data management:**
  The disposal of data and data backup/disaster recovery plans.

- **The assumption that HIPAA is a one-time project:**
  Rather than an around the clock everyday practice of privacy, security, and confidentiality. HIPAA compliance must be seen as an ongoing work in progress.

- **Our own workforce:**
  'Snooping' by staff who access patient records without a legitimate reason or a "need to know, minimum necessary" that is required under HIPAA. Based on reports to the Department of Health and Human Services, in 2016, 54% of HIPAA breaches were caused by employees.

- **Lack of data security:**
  - Lack of encryption
  - Lack of transmission security
  - Use of unsupported software

HIPAA Enforcement. HHS' **Office** for **Civil Rights** is responsible for enforcing the Privacy and Security Rules. Enforcement of the Privacy Rule began April 14, 2003 for most **HIPAA** covered entities.
HIPAA Compliance and Enforcement | HHS.gov

Key Performance: Leadership Strategies to Transform KPI Results

Judith A. Shields, RN, MSN, SSGB, SSLB, SSBB, MCBB

> "Accountability is a personal choice to rise above one's circumstances and demonstrate the ownership necessary for achieving Key Results: See It, Own It, Solve It, and Do It."
>
> — **Roger Connors**, <u>Fix It: Getting Accountability Right</u>

What are people really thinking?

So often leaders who are creating the key performance indicators (KPI) for their program do not see the value in obtaining the perspective of all levels of staff in their plan to improve performance through the KPI process. This attitude could be driven by the fact that they have not yet bought into this process of data collecting, analysis, and strategy development that is key to the KPI process; however, it could be that as a leader you have not yet seen the value of obtaining perceptions from every level of the team. Some of these benefits are:

- It is a way to show that you value staff's opinion and the quality of what they contribute.
- It is a way to foster open and honest communication among all team members.
- It is a way to offer feedback about performance and receive feedback on the KPI process and results.
- It is one way to hear and see things that you might otherwise ignore or see them in a different light.

Encourage candidness

If as leaders we do not set up a mechanism for frank, honest discussion, then these discussions will occur in the hallways and become the 'secrets' between staff members. This secretive shield will keep actionable ideas hidden from both leadership and our clients.

If you make it safe, staff will talk

You cannot rely on just formal meetings to develop staff trust. Communicating your performance goals both formally and informally, allows the staff to begin to see the bigger picture. By communicating regularly about the KPI goals, you build an atmosphere that encourages ownership of the results. Ownership by staff is vital in transforming results.

Don't sugar coat the results

- What is really hard to say may actually be the trigger to propel change in performance.
- Focus on the ideal result that you expect.
- Stay current. Constantly check and re-check the KPI results.
- Make sure as a leader you are able to also hear the hard stuff.

Own the results and process

- As a leader select some KPIs that you are passionate about
- What are you personally invested in improving?
- Show enthusiasm for the process and the results – own it.

Take a moment of excellence and of failure

- You have to learn to embrace both success and failure.
- To solve it you must ask as many questions when your results are positive as when the results are not reaching your benchmark and you can only see "red".
- The next time you make a mistake, try to say to yourself, "it is okay to fail." That is right, it is okay to fail. Once you are more relaxed ask "why, why, why, why, why did that result occur?"

Achieve the desired results

- That is right, these steps are taken not to have a 'kumbaya' moment but rather to improve results with each staff member contributing their best.
- Communicate the results of the KPI report so staff can see these results regularly. Staff input could help you solve causes for unexpected results.

Reference: Connors, Roger et al., <u>Fix It – Getting Accountability Right.</u> Penguin Random House, LLC, New York, New York, 2016

Healthcare Business Corner

2017 Q1 R.A.I.S.E. Award Recipient Star Jaggers – Award presented by Aaron Harmon

Star Jaggers

We are pleased to announce that Star Jaggers is the 2017 Q1 Award recipient of the Liberty Healthcare R.A.I.S.E. Customer Service Award! "Star admitted a new patient from a nursing facility. After finding out the patient's current issues and assessing the patient she knew there was something missing from the story. Upon further investigation with the family and nursing facility, she found out there was more symptoms that the patient was having. With her amazing assessment skills and prompt approach to gather information she was able to contact the on-call provider and get an order for a CT of the head. The CT results showed that the patient indeed did have a major medical issue that needed to be addressed, the patient ended up being discharged the next day to another facility to have a needed surgery. Without Star's amazing assessment skills and medical knowledge the CT would not have gotten ordered and the patient would not have gotten the medical treatment they needed."

2017 Q1 R.A.I.S.E. Award Recipient Ernest Tamajong – Award presented by John Oppenheimer
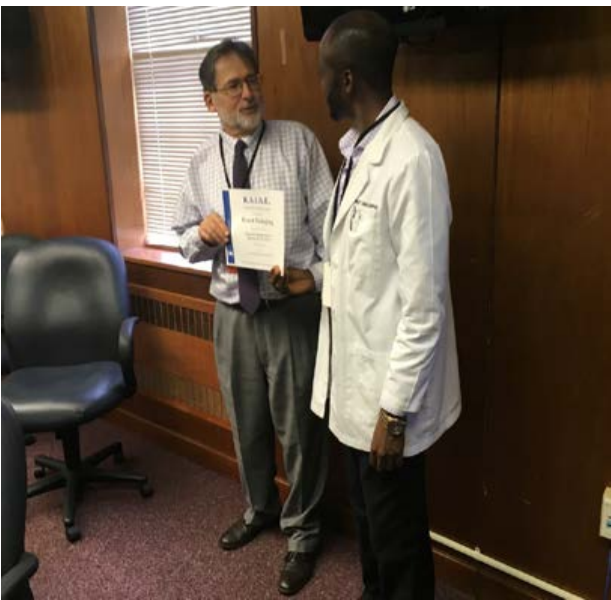
Ernest Tamajong

We are pleased to announce that Ernest Tamajong is the 2017 Q1 Award recipient of the Liberty Healthcare R.A.I.S.E. Customer Service Award! "During most of December, 2016, Ernest covered the entire facility by himself while our medical director and other full-time nurse practitioners were on vacation overseas. We had an unusually active and difficult four (4) weeks during their absence. We had numerous re-admissions from hospitals and six (6) emergency admissions from adult protective service. Our residents (135 of them) present many behavioral challenges. And, our staff has not always been respectful and fully cooperative with Ernest. He, on the other hand, has been completely professional and has worked around the clock in our residents' best interest."

❝ What else can I do? are perhaps the five most powerful words anyone can say.❞

        - Roger Connors, Tim Smith, et. Al.
        Fix It – Getting Accountability Right

Centralized Quality Services Work Group

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

- Adam Deming, Executive Director, IN SOMM
- Camille Tanner, VP, HR Admin Support and Benefits Management
- Debi Snyder, Payroll Manager
- Hugh Sage, Executive Director, OK Greer
- Ian Castronuovo, VP, Recruitment
- Ken Carabello, VP, Operations
- Judith Ann Shields, VP, Performance Corporate Compliance/Privacy Officer
- Kevin Rice, Executive Director, CA ROC Program
- Shirley Greenlee, Controller, Accounting/IT/Payroll
- Sue Nayda, Senior VP/Chief Operating Officer
- Trish Piontek, Director, Marketing

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 and forensic psychiatry which we hope will be filled as soon as possible. Please notify your supervisor if you have a recommendation.

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

- Chairperson: Dr. James Michael Pontius, OK Greer, Family Medicine, BC, QA
- Co-Chairperson: Judith Ann Shields, RN, MSN, Diplomate, VP, Performance, Corporate Compliance/ HIPAA Privacy Officer
- Gretchen Gibbs, RN, MSN, FNP, Family Nurse Practitioner, Corporate, Director of Clinical Services
- Dr. Charlie Sproule, VP of Operations, Administrative Member

The Safety Corner: Business Continuity/Disaster Planning

For this winter quarter, the safety committee has developed a business continuity/disaster plan for the corporate office in Bala. The safety committee's chairperson is Camille K. Tanner, M.Ed. VP, Human Resources. The members include Gretchen Gibbs, RN, MSN, NP, Director of Clinical Services; Steve Bryant, BA, Executive Director, Illinois, Safety 1st Conditional Release Program; Kyle Shore, M.A., Director of Community Services, Indiana Sex Offender Management and Monitoring; Lesley Hofberger, Human Resources Manager, Oklahoma Robert M. Greer Center; Jana Fransen, HR Manager, North Carolina Independent Assessments. For 2016-2017, the committee will use the corporate plan as a template for all of our programs to create their own business continuity/disaster plan.

Any Liberty Healthcare employed or physician sub-contracted staff member that has concerns about the safety or quality of care provided by Liberty Healthcare should:
- Contact his or 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: judith.shields@libertyhealth.com
- Contact the Joint Commission Health Care Staffing Services (HCSS)
  Website: http://www.jointcommission.org/aboutus/contactus
  Phone: 1-800-994-6610