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## Executive Operations

### Different Programs but One Work Group

The Executive Operations group works as a team to ensure the integrity of the organization relative to workforce opportunities, resource, contract evaluation and overall best practices in contract performance. These combined skills require effective communication, business planning, and adhering to financial standards of practice.



From Left to Right: Karen Peret, Todd Graybill, Sue Nayda, Ken Carabello, and Charlie Sproule

#### The Glue That Keeps Liberty Together

By combining oversight with insight, this work group keeps all the parts of their programs moving in sync to uphold the overall vision of Liberty.

#### Operations is a Service Function

The nature of business is dynamic; a top priority of the Executive Operations group is to maintain success by meeting a variety of customer needs.

#### Change Agents

Each Executive Operations group member has learned the skill of thinking outside the box, including an adaptive management style to meet the changing market place.

#### Complex Challenges

There are times, particularly while operating under new territory, that the team encounters obstacles. Through trial and error, this team has gained the skills they need to ensure long-term success in their programs.

#### Leadership in Employee Engagement

These leaders are consistently challenged with new ways to inspire staff. They work hard to ensure their staff is fully engaged and motivated for work.

## Medical Center

### HIPPA Privacy

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.

“ It used to be expensive to make things public and cheap to make things private. Now it is expensive to make things private and cheap to make things public.

- Clay Shirky,  
Internet scholar and  
Professor at N.Y.U

## Health Information Privacy

- April 2017 – a \$2.5 million settlement shows that not understanding HIPAA requirements creates risk. The U.S. Department of Health and Human Services, Office of Civil Rights (OCR) has announced this Health Insurance Portability and Accountability Act of 1996 (HIPAA) settlement based on the impermissible disclosure of unsecured protected health information (PHI).
- April 2017- No Business Associate Agreement? \$31K mistake. The U.S. Department of Health and Human Services (HHS) required a \$31,000 payment to settle this violation.
- February 2017- \$5.5 million settlement shines light on the importance of audit controls. This payment was for a variety of violations and no corrective action plan.
- \$3.2 million civil penalty paid for lack of timely action. This civil money penalty was due to an impermissible disclosure of unsecured electronic protected health information compiled with a delay in a timely request for a hearing.
- \$475,000 paid for lack of timely HIPAA breach notification. The U.S. Department of Health and Human Services, Office for Civil Rights (OCR) has announced the first HIPAA settlement based on the untimely reporting of a breach of unsecured protected health information.

## Key Performance: Legal Side of Documentation of Person Centered Care

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

Each of us play a significant role in improving the documentation of personal care. It is as important as your delivery of care. Each employee's initiative towards effective personal care documentation will ensure your program's compliance.

“ The highest levels of performance come to people who are centered, intuitive, creative, and reflective - people who know to see a problem as an opportunity.

- Deepak Chopra

### Purposes of Personal Care Documentation

Personal Care Documentation serves as the primary source of information for monitoring and evaluating the quality of care rendered.

The most significant purpose is to communicate information in an accurate and timely manner. Not only does it provide information for reimbursement and utilization review decisions, but it also serves as a legal evidence that care and oversight met legal standards of care. The quote “if it is not documented, it didn't happen” has significant weight under these circumstances.

Therefore, we should pay particular attention to the ‘flow of care’ from beginning to end, and ensure that compliance with best practices has been met regarding all personal care documentation.

### Best Practice Basics

- The seeds of best practice are legibility, objectivity, specificity, timeliness, informed consent and privacy.
- Always ensure that you have correctly identified the person under care and their informed consent to examination and intervention.
- Record observations and findings objectively and with specificity.
- Thoroughly document the person's/families/significant other's understanding and safe compliance with discharge, home care, and follow-up instructions.
- Carefully document a person's non-compliance with provider's directives or recommendations.

### Risk Management Considerations

It is important to remember that we are prohibited from revising or refining initial documentation since it would constitute as intentional destruction/alteration with arguably the intent to change its initial meaning. This is called *spoliation*.

### Take Time Now to Save Time Later

Documentation is used as a guide for future planning, so it is important to keep that in mind when considering continuity of care. Additionally, it memorializes the person's quality of life activities and desires in the event of mental incapacitation.

### Avoid Documentation Errors

- Annotate the date and time of the person-centered entry.
- Utilize an indelible instrument to record any data.
- Check your spelling, grammar and never use extra verbiage that does not describe care.
- Document the care delivered in a timely manner. Untimely documentation is a red flag and is not meeting the standard of care for documentation.
- Never identify a filing of a Sentinel Event report in the person's care record.
- Never blame or disparage another provider.
- Do not express personal feelings about a person, their family member(s), or significant other in their record.
- Avoid ‘hearsay’ – a statement made by one person and adopted as fact by another.

### Some Documentation Acronyms

- SOAP: Subjective, Objective, Assessment, Plan
- SOAPG: Subjective, Objective, Assessment, Plan, Goals
- SOAPE: Subjective, Objective, Assessment, Plan, Evaluation
- P-S-P: Problem-Status-Plan

“ The conduct of the Medical Team is often judged on the record of care written in an atmosphere of haste and tension.

- Ronald W. Scott,  
JD, MSPT, MSBA, PT, OCS



## Healthcare Business Corner

### 2016 R.A.I.S.E. Program Annual Award Recipient



## Eileen Nyce

We are pleased to announce that Eileen Nyce is the 2016 Annual Award recipient of the Liberty Healthcare R.A.I.S.E. Customer Service Award! Eileen was nominated for her attention to detail, persistence, and for going above and beyond to serve in distinction at Fulton County Health Center – FulCare Behavioral Health. Her nominator writes: “Eileen’s assessment skills and persistence in monitoring and reporting the problem resulted in a change in the course of treatment much to the benefit of the patient... he personally requested that Eileen be recognized for her exceptional performance.”

## Spotlight Corner: Send in Your Photos

### North Carolina Independent Assessment Program – Raleigh, North Carolina

#### Vision

Leading today, empowering tomorrow

#### Mission

Be a recognized leader and trustworthy partner, providing high quality healthcare assessments and associated services, employing an innovative and data driven approach to enable our customers to achieve their goals.

“ Unleash Employee creativity and engagement by trying regular outreach for some solid trust building.

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



“Wear It Wednesday” for Employee Engagement Week

## 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,
- Diplomat, 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; Kelly Hunsicker, BA, Human Resources Administrator; 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](mailto: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

