Liberty Healthcare Corporation
THE FREEDOM TO SUCCEED™

Liberty QualityCare®

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Business Continuity and Disaster Recovery Planning – A Re-Configuration of Critical Functions

From Left to Right: Camille Tanner, Debi Snyder, Abby Yankawitz, Trish Piontek, Cathy Oblea, Judith Ann Shields

A small group of leaders from the Pennsylvania Bala Cynwyd office and the Liberty Quality Services Work Group have initiated the planning and creation of a centralized disaster recovery plan. The plan will contain strategies for relocation to alternate premises, re-constitution and re-configuration of all company critical applications, and support for technical infrastructure including but not limited to the following:

- Network
- Servers
- Database applications
- Voice communications
- Insurance coverage response to various disaster scenarios

Our planning shall be based on two scenarios. First, the disaster event renders the building unusable and requires operations and personnel to be re-located to an alternate location for recovery efforts. Second, the building is available, but access to information systems has been interrupted for a period of at least 48 hours. Finally, we hope to have this plan reviewed by Corporate Management and tested by the end of June 2016 to ensure that the plan is adequate.

We are hoping that through both planning and testing, we will be able to identify vulnerabilities present within the infrastructure and indicate the type and severity to assist with remediation efforts.

Joint Commission Spotlight – Speak UP! ™

By teaching patients and their families about what the issues are and the potential identification errors to look out for, providers are engaging patients to prevent misidentification and focusing on patient-centered care. Patients don't always know or understand why their health care provider or caregiver asks for their name, birthdate, or other identifying information or why the next caregiver or provider they encounter asks for the same information again. Patients may be confused; they may even worry that no one knows who they are or why they are in the hospital or at the doctor's office. For a patient who doesn't understand the purpose of these repeated questions, it can be concerning and even frustrating. The *Speak Up: Right ID, Right Care* campaign explains that as a patient, you are asked these questions to distinguish you from other patients who are also receiving care and may have a similar name or diagnosis, or be receiving similar medications or treatment. Any resulting mix-up between patients, can potentially cause an adverse event or lead to a patient getting the wrong medicine or even the wrong surgery.

****REMINDER - Our 2016 Joint Commission HCSS Certification is unannounced (this review can occur anytime between July 1, 2016 and October 31, 2016) ****

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

- Juran Institute, Inc.

"We can't solve problems by using the same kind of thinking we used when we created them".

- Albert Einstein

Key Performance - Why Martial Arts Belts for Six Sigma?

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

Recently, whenever I am consulting or training on the subject of Six Sigma and I am introduced as a Masters Black Belt, a portion of the group reacts like I am a rock star. I quickly realize that they think I am a martial arts expert and not a Six Sigma expert. So I thought it would be important to give brief definitions of the various belts. I earned the White and Yellow Belts from Drexel University and the Green, Lean, Black, and Masters Black Belts from Villanova University, so these definitions come from my experience in both programs. The belt name generally correlates to the individual's level of experience in Six Sigma with the darker colored belts indicating more training, more knowledge, and skills with Six Sigma methodology.

White Belt: A White Belt usually requires several hours of training and is attended by executives who need to know the basics of process improvement. This training assists in change management and cultural buy-in.

Yellow Belt: A Yellow Belt is trained in the general lean Six Sigma concepts and basic tools. Usually designated leaders are chosen to study a set of basic tools for data collection.

Green Belt: A Green Belt has strong knowledge and skills related to the DMAIC (Define, Measure, Analyze, Improve, and Control) methodology and Lean methods.

Black Belt: A Black Belt has expert knowledge and skills related to the DMAIC methodology, Lean methods, and team leadership. Black Belts can lead teams across the organization in executing Lean Six Sigma projects. Black Belts can also conduct Lean Six Sigma training and act as coaches and mentors to other belts in training.

Masters Black Belt: The Masters Black Belt has both advanced expert knowledge and practical application of skills in Lean Six Sigma, project management, strategic planning, and organizational objectives using both DMAIC and Six Sigma design. Masters Black Belts mentor and support the Black Belts. They take on leadership roles as keeper of the Six Sigma process and advisor to executives or business unit managers, and they leverage his/her skills toward projects that are led by Black Belts or Green Belts. A Master Black Belt has successfully led ten or more teams through complex Six Sigma projects.

So you can see why I quickly go from rock star to nerd as soon as I explain the belts of Six Sigma. However, I felt like a rock star every time I achieved a Six Sigma belt. Six Sigma is so important to removing barriers to project success and letting a team know that they have organizational support for developing efficient processes, removing waste, and eliminating error in every step of every process.

If you do not want to be an expert in statistical tools, a White or Yellow Belt might be for you. But each level of knowledge and skill will assist you in possessing a breadth of organizational knowledge to ensure that your work groups are aligned when a project is required.

Each belt of Six Sigma gives you a sense of pride that you really can "make things happen".

Medical Corner: Evolving Definitions of Population Health

Judith Ann Shields, RN, MSN - Vice President, Performance

Definitions of Population Health:

Year	Authors	Definition
1999	Dunn and Hayes	The health of a population as measured by health status indicators and as influenced by social, economic, and physical environments; personal health practices; individual coping skills; human biology; early childhood development; and health services.
2003	Kindig and Stoddart	The health outcomes of a group of individuals, including the distribution of these outcomes within the group.
2005	Young	A conceptual framework for thinking about why some populations are healthier than others.
2011	Batdorf-Barnes	"Population health system" is an intersectoral system of care, including medicine, public health, and community resources, that is accountable to improve the health of the whole community by addressing all health needs, whether the individual seeks health services or not. It also ensures the conditions within which a person can be healthy by building healthy communities.
2012	Jacobson and Teutsch	Population health has the goal of "total population health" where populations are defined by geographic areas.
2016	Gibbs and Graybill	A patient navigation program to empower and assist persons with multiple challenging health conditions to obtain high-quality, safe, coordinated, and patient-centered care across the continuum of healthcare providers and systems.

Batdorf-Barnes, A. The Kresge Foundation Population Health Project Final Report (*unpublished manuscript*), Troy, MI: The Kresge Foundation, 2011.

Dunn, J.,& Hayes, M. Toward a lexicon of population health.*Canadian Journal of Public Health,* 1999:90 (suppl 1) : S7-S10.

Gibbs, Gretchen, & Graybill, Todd, Building Blocks for Transitional/Coordinated Care – Patient Navigation Program, Bala Cynwyd, Pennsylvania, *Liberty Healthcare Corporation,* 2016.

Jacobson, D.M. & Teutsch, S. An Environmental Scan of Integrated Approaches for Defining and Measuring Total Population Health by the Clinical Care System, the Government Public Health System, and Stakeholder Organizations. Washington, D.C. *National Quality Forum,* 2012.

Kindig, D & Stoddart, G. What is population health? Am J of Public Health 2003;93:380-383.

Youn, T.K. Population Health: Concepts and Methods. New York, NY: *Oxford University Press,* 2005.

Performance Corner: Best Practice Review

Liberty Behavioral Health Corporation: Indiana Sex Offender Management and Monitoring (INSOMM) - Improving program value to the customer through ongoing research and training

Adam Deming, Psy.D., Todd Casbon, Ph.D.

Liberty Behavioral Health – Indiana Sex Offender Management and Monitoring program's commitment to the maintenance of public safety galvanized the focus of our clinical team on researching the current methodologies for reducing the risk of re-offense. The popular research today has suggested that higher scores on the Static-99 Risk Level Assessment are predictive of increased risk for the commission of new crimes. Additionally, since research consistently demonstrated a positive correlation between re-offense rate and length of time since release to the community, we had our research focus. For the last ten (10) years we have utilized our clinical expertise to utilize research to drive our data measurement initiatives and to dig deep into the data results for trends and outcomes. What has resulted is probably the most comprehensive data measurement of recidivism rates and the use of Static 99 Assessments as predictors of risk that could be found anywhere in the nation or in the world. This developed expertise has opened the door for our clinicians to study collaborators in a new Static 99R Research Project with the developers so that potential refinements in the research shall be included in the INSOMM data. Due to this increased knowledge and expertise created by research and application, our customer recognized additional value. We can teach their staff this cutting edge information on recidivism and especially patterns across risk categories. Teaching and collaborating through this process strengthens a customer partnership in ways that are just invaluable. We started out as clinicians looking for best practices and are now experts and teachers with intrinsic value to our customers. In fact, when a new program opened for a GPS monitoring system, the customer thought, INSOMM can do it! Now we have 312 sex offenders being GPS monitored via the INSOMM program.

An Overview of the Indiana Sex Offender Management and Monitoring Program

Adam Deming, Psy.D., Todd Casbon, Ph.D.

The fundamental purpose of the INSOMM program is the *maintenance of public safety*. Every service that is offered through the INSOMM program is driven by this purpose and remains continually sensitive to the perspective of the victims of sexual violence and abuse. The INSOMM program utilizes the most current information, research, and techniques from the fields of sex offender assessment, treatment, and community management to accomplish its mission. The program focuses on providing sex offender-specific treatment and psycho-education within Indiana Department of Correction (IDOC) facilities; management and monitoring of paroled sex offenders in the community; and training and education to IDOC facility staff, parole agents, and community treatment providers and polygraph examiners. Guided by the goal of reducing sex offender recidivism and improving public safety in the State of Indiana, the INSOMM program has several clinical objectives including but not limited to: maintaining a system for reliably identifying convicted sex offenders at the point of entry into the Indiana Department of Correction and monitoring them through the course of incarceration and the post-release parole period; maintaining a standardized system for assessment of risk potential and individual treatment needs in the area of sexual offending; maintaining specialized sex offender-specific treatment and psychoeducational programs for incarcerated sex offenders, which require them to recognize, acknowledge, and take responsibility for their deviant and abusive sexual behavior and targeting the development of improved behavioral self-management of sexual behavior; supporting the implementation of specialized stipulations and post-release supervision of INSOMM parolees by state and court agents to provide more effective supervision and surveillance, as well as sex offender-specific polygraph assessments and treatment by qualified community providers; maintaining a statewide network of qualified providers with expertise in the assessment, treatment, and management of sex offenders; maintaining a quality improvement system to continually monitor program efficiency and effectiveness and provide ongoing service reports; and supporting the Indiana Sex Offender Registry and post-release offender registration requirements under Indiana Law IC 5-2-12.

If you have any questions about the program or this article, please contact Dr. Adam Deming at ademing@LibertyHealth.com.

Healthcare Business Corner

2015 R.A.I.S.E. Program Annual Award Recipient

Winner: Laurie Patton, Operations Department Manager, North Carolina IA
Presenter: Lacey Barnes, MBA, Executive Director, North Carolina IA

Laurie Patton, Operations Department Manager, North Carolina Independent Assessments (NCIA) has been nominated four (4) times for the R.A.I.S.E. program and is the 2015 Annual Award Recipient. Laurie has truly elevated our success in customer service by supporting the program attributes in the following ways:

- Responsive – Laurie is responsible for organizing and handling all customer complaints for the NCIA program. She responds immediately which sends the message that customer satisfaction is important. She goes out of her way to solve problems and is always polite. Her door is also open to help staff with customer service issues.
- Anticipatory – Before Laurie picks up the phone, she spends time researching the issue to gather information and the necessary resources.
- Immediate – Takes immediate action.
- Service - Laurie is dependable and impeccable with her word.
- Exceeds Expectations – Goes above and beyond to get the Medicaid beneficiaries the help they need. Laurie, through genuine care and passion, works immediately with all persons necessary to get the assistance needed for the beneficiary to restore their hope.

"Our staff are our most important resource"

Laurie is passionate about the overall care being provided to the beneficiary. When she is made aware of abuse or fraudulent activity, she works diligently to report this inappropriate activity to prevent it from reoccurring. Laurie is genuine and kind and will call families at night on her own time if an issue is unresolved. Families have expressed their gratitude for her calming nature and her commitment to go out of her way to help. Laurie believes in good customer service and helping people in need. She anticipates customer needs, immediately takes ownership of their problem, keeps her commitments as a service-oriented professional, and greatly exceeds customer expectations. Laurie is a prime example of someone who "R.A.I.S.E."s the standard of customer service excellence!

Liberty's 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, INSOMM
- Camille Tanner, Vice President, Human Resources Administrative Support and Benefits Management
- Debi Snyder, Payroll Manager
- Hugh Sage, Executive Director, OK Greer
- Ian Castronuovo, Vice President, Recruitment
- Ken Carabello, Vice President, Operations
- Judith Ann Shields, Vice President, Performance Corporate Compliance/Privacy Officer
- Kevin Rice, Executive Director, CA ROC
- Shirley Greenlee, Controller, Accounting/IT/Payroll
- Sue Nayda, Senior Vice President/Chief Operating Officer
- Trish Piontek, Director, Marketing

Liberty QualityCare®
Liberty Healthcare Corporation

401 E. City Avenue
Suite 820
Bala Cynwyd, PA 19004

PHONE:
610-668-8800

TOLL FREE:
800-331-7122

FAX:
610-668-7689

E-MAIL:
judith.shields@libertyhealth.com

Visit us at:
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 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:

- Dr. James Michael Pontious, OK Greer, Family Medicine, BC, QA – Chairperson
- Gretchen Gibbs, RN, MSN, FNP, Family Nurse Practitioner, Corporate, Director of Clinical Services
- Dr. Charlie Sproule, Vice President of Operations – Administrative Member
- Co-Chairperson: Judith A. Shields, RN, MSN, CNAA, BC, CPHQ, CHCQM, BC,CHCQM, BC, Diplomate, FAIHQ, CPCS, SSGB, SSBB, MCSS, FABQAURP, Vice President, Performance

The American Heart Association has updated the CPR guidelines to include a new rate of chest compressions. The new rate includes 100 to 120 compressions per minute compared to the previous rate of at least 100 compressions.

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: 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