



*In this issue:*

- **Note from the Editor**  
Use of a triage process in competency evaluations,  
Pg. 1
- **Joint Commission Spotlight**  
Fall Prevention,  
Pg. 1
- **Key Performance-Efficiency**  
Lean Six Sigma- How do I know that my work processes are efficient?  
Pg. 2  
– Judith Ann Shields, MCBB
- **Medical Corner**  
Measuring Client Experience,  
Pg. 3  
– Judith Ann Shields, RN, MSN, Vice President, Performance, Editor, Liberty QualityCare® News
- **Performance: Best Practice Review - Oklahoma Robert M. Greer Center,**  
Pg. 4  
– Dr. Hugh Sage, Executive Director, Norris Sonntag, MA, PI Coordinator, et al.
- **Healthcare Business Corner**  
4<sup>th</sup> Quarter R.A.I.S.E. Winner,  
Pg. 5  
– JoAnn Agapito, P.T.  
– Presenter – Dr. Karen Peret, VPO
- **Liberty's Refreshed Work Groups**  
Quality Services and Medical Peer Review,  
Pgs. 5-6

Winter Edition – February 29, 2016  
Volume 33 Issue 34

## Use of a triage process to improve performance-based work – when speed without mistakes or waste is vital



The effort to provide quality competency review on a pre-hire and annual basis for all Liberty employed and subcontracted physician staff requires an evaluation process that functions without waste or error, much like in an emergency room. As such, our competency evaluation work group has created a process that

imitates an emergency room (ER) in its rigor and efficiency.

### **Triage I – Abby Yankawitz, B.S.**

leads the Triage I process which includes verification of current and previous employment, identification of lapses in employment, and procurement of four positive work performance references from supervisors and peers. Abby has become an expert in obtaining detailed

information concerning work performance and was praised by our Joint Commission reviewer during this year's intracycle review. Abby also updates competency evaluation data required for our monthly key performance

indicators (KPI) reporting.

### **Triage II – Joan Dunleavy, B.S.,**

CPCS is responsible for primary source verification of all degrees, licensure, board certification, and other competencies. This includes the National Practitioner Data Bank (NPDB) and the Office of Inspector General (OIG) reports. Joan also organizes the criminal reports and any state reporting requirement.

**All within an established benchmark:** Just like in an ER, we move all files quickly through Triage I and Triage II to meet our benchmark-within five (5) business days!

## Joint Commission Spotlight – Fall Prevention



On September 29, 2015, The Joint Commission issued a Sentinel Event Alert focused on preventing patient falls, which identified a number of factors that contribute to the problem, including a lack of hospital leadership. "Fall prevention is the responsibility of everyone in the organization and success is highly dependent on leadership playing a primary role," said Ana Pujols McKee, M.D., Executive Vice President and Chief Medical Officer, in a Joint Commission news release. "It is their commitment and approach that determines an organization's ability to significantly reduce and sustain the reduction in falls," McKee said. According to the release, among the other conditions that lead to unnecessary falls are inadequate assessment, communication failures, and lack of adherence to protocols and safety practices. The issue of addressing patient falls has been a vexing one, with providers adopting a number of strategies to reduce them. In Nebraska, 19 hospitals are working together within an Agency for Healthcare Research and Quality on an initiative to reduce falls, and in Ohio, a clinic at Wexner Medical Center at The Ohio State University puts a heavy emphasis on preventing falls in the home. The Joint Commission alert follows the unveiling last month of the Preventing Falls Targeted Solutions Tool by The Joint Commission Center for Transforming Healthcare.

“The first rule of any technology used in a business is that automation applied to an efficient operation will magnify the efficiency. The second is that automation applied to an inefficient operation will magnify the inefficiency.”

- Bill Gates

Efficiency is doing things right; effectiveness is doing the right things.

-Peter Drucker  
American Management  
Consultant

## Key Performance-Efficiency: Lean Six Sigma – How do I know that my work processes are efficient?

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

Each morning, as you outline your tasks for the day, you should ask yourself some important questions. “Does this task add form or feature to the product or service I am delivering?”, “Would a customer be willing to pay extra for this OR prefer Liberty over the competition as a result of this?”, “Is my process for this task error free so that I can do this task correctly the first time?”, “Does this task enable a competitive advantage – reduced price, faster delivery, fewer errors?” With these questions we ask ourselves if the task is value-based for our customer’s product or service. Of course some of our daily tasks may not be value-based for our customers but they are required. These important tasks include but are not limited to: tasks required by law or regulation, tasks that shall reduce financial risk, tasks that support financial reporting requirements, and tasks without which the process would break down. First, you want to identify those activities that add work but are not value-based for your customer. These activities would be considered a form of waste if seen through the eyes of your customer. Activities like counting, handling, moving waiting, transporting, or searching are wasteful to a customer. Below are examples of wasteful tasks:

### Overproduction of Service:

Producing reports that no one reads; making extra copies of

documents; sending the same document via paper, email, and fax; entering the same information on multiple documents.

**Waiting in Service:** waiting for people, signatures, approvals, and/or information.

**Motion in Service:** searching for computer files on your desktop, searching for paper files, carrying paper work to another process by hand.

**Inventory:** files awaiting task completion, purchasing excessive office supplies, obsolete files, obsolete office equipment. Bending, searching, and reaching for inventory are examples of wasteful tasks.

You can start measuring your efficiency by developing a task agenda for every hour of your day starting tomorrow. Define your tasks, identify activities that are wasteful, and do your best to reduce the time that you spend on them OR if you can, just eliminate those wasteful activities entirely. Start small but start. If you think you might have an efficiency problem, start by gathering data to validate and

quantify. Brainstorm with yourself to offer clues into what might be causing the activities to be wasteful and inefficient. Analyze the causes: your methods, your equipment, your materials, or the folks in your process. If this sounds complex, remember most of us know what is wrong when our activities are inefficient, but to really improve you must have data. Last, but certainly not least, really make an effort to control your activities based on the information that you have analyzed. Now you are ready to continue your daily task agenda (Outlook is great for this). Look for wasteful activities and do your best to reduce the time you spend on them or try again to eliminate the waste. Talk about your task and activity improvements with your peers and see how they are doing with their efficiency level at work. Then sell it – efficiency always helps our effectiveness especially with our customers. Just keep recording time for tasks and their value to your customers and you will be on your way to knowing your efficiency level!



## Medical Corner: 2015 Client Experience Results

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

2015 Liberty QualityCare® Tool - Client Experience Results						
Item #	Question	Mean	% Positive	% Negative	% Neutral	No Response
1	I believe the program addresses my needs.	3.7	76%	9%	15%	0%
2	I understand program goals.	4.1	89%	5%	6%	0%
3	I feel the program is helping me with my treatment goals.	3.7	73%	13%	14%	0%
4	I get respect from staff.	4.2	83%	4%	13%	0%
5	If I have a concern or a problem, I know what to do and who to talk to.	4.3	96%	2%	1%	1%
6	I am able to access program services.	3.9	84%	8%	8%	0%
7	I feel safe.	3.9	79%	14%	7%	0%
8	If I do not feel safe, I know what to do.	4.1	82%	12%	7%	0%
9	I have places for privacy where I live.	4.2	88%	9%	3%	0%
10	The place where I live meets my needs.	3.8	84%	14%	3%	0%
11	I am able to keep active.	3.6	68%	15%	18%	0%
Total by Mean		4.0	82%	10%	8%	0%
Total by Standard Deviation*1.65		0.4	12%	7%	9%	0%
Mean + Standard Deviation (p<.05)		4.3	94%	16%	17%	1%
Mean - Standard Deviation (p>.05)		3.6	70%	3%	0%	0%

The benchmark for our positive client experience is 70% positive responses and a 4.0 on the Likert scale. But more important than meeting our benchmark is the opportunity to have direct feedback from our clients. These 2015 client experience results represent very complex and diverse populations for whom Liberty provides acute care behavioral health, mental health, and dual diagnosis with intellectual and developmental disabilities. These results provide invaluable feedback concerning treatment goals, access to program services, and insight into the client's ability to maintain general health through activity and movement. Clients are able to add comments which allow the client to provide detailed information about their experience. The leadership at each program utilize a combination of the data-driven nature of the tool and the comments to discuss strategy for the purpose of improving performance and enhancing the quality and safety of each program for our clients. We challenge all of our programs to establish a client experience process to increase your efforts to engage our clients in interactions with us to improve goal setting and activity levels of our clients.

## Performance Corner:

### 2016 Best Practice Review: Liberty of Oklahoma Corporation at the Robert M Greer Center

#### The importance of promoting team performance initiatives through accreditation

Hugh Sage, Ph.D., Randy Fulton, Ph.D., Brett Hemstreet, Ph.D., Lesley Hofberger, Anthony Huhman, MS, Gene Owens, BS, Michael Pontious, MD, Robert Simmons, MS, Norris Sonntag, MA, Rosie Stubbs, Marc Tatro, BS, Patricia Wallace, RN, MSN



The management team of Liberty of Oklahoma Corporation at the Robert M Greer Center (LOC/RMGC) asked two essential questions: “What evidence is there that our practices are compliant with the best practices in the field?” and “How can we assure others our practices are consistent with those best practices?” Compliance with best practice ensures a high level of service delivery and would meet or exceed significant contractual obligations. The team decided accreditation by a nationally

recognized organization would answer both questions. In 2004, it chose the Commission on Accreditation of Rehabilitative Facilities (CARF), since that organization combined standards of business effectiveness with approved clinical procedures. CARF accreditation would provide validation that the program was compliant with best practices and give evidence of that practice to the consumer, contracting agency, and field.

LOC/RMGC sought a CARF survey in December, 2004, and received a Three Year accreditation. It has maintained CARF accreditation since then, being surveyed and accredited three additional times. In 2016, it will again seek CARF accreditation.

More recently, the management team wanted evidence its program met best

practice standards in the specialized area of Intellectual Disabilities and Mental Illness (ID/MI). In 2012, LOC/RMGC became the first program accredited by the National Association for the Dually Diagnosed (NADD). Within the past couple of years, a number of states have called requesting consultation on becoming NADD accredited. Three states have visited the program site.

Achieving accreditation by organizations, such as CARF and NADD, is demanding. It requires an extensive internal audit by staff in preparation for the formal survey for accreditation.

The rewards include improved efficiency and effectiveness, professional recognition at a national level, and proof of performance improvement to the consumer.

## The Advantage of Accreditation/Certification for Liberty Healthcare Corporation

**About Liberty of Oklahoma Corporation at the Robert M. Greer Center: Our program specializes in the treatment of dual diagnoses for individuals with mental health and intellectual disability. If you have any questions about the program or this article, please contact Dr. Hugh Sage at [hughs@libertyhealth.com](mailto:hughs@libertyhealth.com)**

In 2005 through 2006, the LOC/RMGC management team was instrumental in assisting Liberty Healthcare Corporation obtain corporate certification by the Joint Commission Health Care Staffing Services. The management team wanted to demonstrate the effectiveness of its program to other possible consumers, bolstered by its accreditation from two national organizations, CARF and NADD. Their leadership, in assisting Liberty meet the extraordinary standards of The Joint Commission, was central in obtaining corporate certification from 2006 to the present. The LOC/RMGC management team sought to help the parent company by gaining accreditation, thus enhancing the program’s marketability to other states.

This is key to company success. It is the national accrediting bodies that report that the program meets best practice in the area of administration and clinical services, not just the expert backgrounds and competencies of the team and staff. Some states do not know us yet, but they know the accrediting bodies. We are in a much better position to say, “let us replicate what we do in Oklahoma in your state”. It is the firm belief of LOC/RMGC that accreditation is a key component in getting and maintaining contracts, since this arduous process validates the best practice of the program. We truly understand you may be hesitant. It is very hard work to meet your own and others’ standards. As you continue this difficult journey it becomes easier, like all journeys, and high standards of performance become a habit. If you are thinking “I don’t have time”, we say in the beginning you must prioritize this time to prepare. Once it is a habit, you actually do become more efficient and effective. It does not take more time, just prioritized time. With accreditation you go well beyond contract requirements and even the requirements of your specific fields, which puts your team in a position to be highly competitive.



“Our staff are our most important resource”

## Healthcare Business Corner

### Fourth Quarter Winner and Nominations – R.A.I.S.E. Program

Winner: JoAnn Agapito, Physical Therapist, Stockley Center

Presenter: Dr. Karen Peret, Vice President, Operations

JoAnn Agapito has been an employee of Liberty for several years. She consistently exceeds expectations. As a physical therapist, she not only provides direct therapy to the severely disabled clients of the Stockley Center, but she also goes above and beyond to ensure their safety and effective treatment. Recently, we became aware that a certain testing site may not have adequate safety measures for our clients. JoAnn not only contacted the site, visited, and took demonstrative pictures, but she then developed a plan of action to make sure that the residents could receive appropriate testing safely and with adequate results. Any time problems arise, JoAnn is a part of the interdisciplinary team that attempts to solve them. While she is a trained physical therapist, she also thinks about the entire client and their holistic needs. JoAnn trains new staff, and also develops in-service programs, without being asked to do so, if a need arises for new and seasoned staff. She recently did this when a lack of understanding about a specific issue was identified. JoAnn is an asset to any team, and I don't think that the Stockley Center could function without her. Congratulations JoAnn!

## 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, IN SOMM Program
- Camille Tanner, Vice President, Human Resources Administrative Support and Benefits Management
- Debi Synder, Payroll Manager
- Hugh Sage, Executive Director, OK Greer
- Ian Castronuovo, Vice President, Recruiting
- Ken Carabello, Vice President, Operations
- Judith Ann Shields, Vice President, Performance/Corporate Compliance /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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## 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, SSB, 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: [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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