CONFIDENTIAL RESUME

JOSEPH FRANCIS HUGHES

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**EDUCATION:**

BS – Health Care Management, Southern Illinois University, Carbondale IL, 1987-1990

Completed 15 Semester Hours toward MS – Health Care Management, St. Joseph’s College, Standish, ME, GPA 3.82

**EXPERIENCE:**

**RIVERSIDE HEALTH SYSTEM Newport News, VA 10/09 – Present**

**Riverside Walter Reed Hospital, Gloucester, VA**

(Non-profit, 1009 licensed bed health system consisting of 5 acute care hospitals, 3 specialty hospitals, multiple physician practices, skilled nursing and rehabilitation facilities, ambulatory surgical centers and home health agencies throughout the Eastern Virginia region)

***Director, Quality and Care Management***

**Responsibilities:**

* Lead the Performance Improvement Program - compile and analyze operational needs in fast-paced, demanding environment
* Oversight of continuous survey readiness with Joint Commission and Center for Medicare and Medicaid Services validation surveys- establish, administer, monitor and regulate measures, programs and protocols
* Oversight of pay for performance reporting- management daily operations with accountability of budget, staff and program implementation
* Oversight and management of Care Management Department staff, including discharge planning and utilization review
* Partner with physician leadership and individual physicians to ensure that Quality, Patient Safety and Care Management services meet the needs of patients
* Oversight of patient experience survey/service recovery program and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) performance
* Collaboration and negotiation skills to interact productively and resolve conflicts with colleagues, team members and community
* Directly report to the Vice President/Chief Executive Officer

**Accomplishments:**

* Achieved score of 106 points for 2009-2010 reporting period, an increase from previous year’s 81.77 points, on the Anthem Q-HIP (pay-for-performance) program, qualifying for 100% of payment
* Enhanced Blood Utilization Review Processes: updated policy/consent form, evaluated data collection process, and incorporated into Service Line peer review activities
* Established Hand-off Task Force- developed and implemented protocol for effective communication between care-givers
* Established and implemented a robust Ongoing & Focused Professional Practice Evaluation process
* Successful Joint Commission Accreditation survey, January 2010
* Joint Commission readiness communications including National Patient Safety Goals (NPSG’s) and compliance
* Re-organized Quality/Care Management Department with implementation of Compliant Documentation Management Program, (CDMP), hired new staff, trained new and existing staff in roles; oversight of program, direct, and plan duties of clinical data specialists
* Assisted in preparation for initial Commission on Cancer survey, resulting in successful accreditation, awarded with commendation

**THE WILLIAM W. BACKUS HOSPITAL Norwich, CT 2/05 – 9/09**

(212 beds, non-profit community hospital)

***Director, Quality Improvement***

**Responsibilities:**

* Developed and directed quality and clinical data analysis function
* Implemented and planned Quality Improvement program
* Oversight of all QI activities including promotion of evidence-based medicine standards
* Oversight and coordination of continuous survey readiness for Department of Public Health, the Joint Commission and Center for Medicare/Medicaid Service validation surveys
* Managed internal and external national public reporting initiatives, including data collection, analysis, improvement strategies, and reporting of CORE Measures
* Facilitated the integration of QI activities and cross-organization initiatives to evaluate and improve processes, as well as outcomes of quality care
* Provided organization-wide education, resources, and expertise on Joint Commission and Quality Improvement
* Directly reported to Senior Vice President/Chief Medical Officer

**Accomplishments:**

* Assisted in the development and implementation of a successful Rapid Response Team, based on best practices and information provided by Institute of Healthcare Improvement (IHI) 100K Lives Campaign
* Developed patient safety program, established and chaired patient safety committee, and assisted in the creation of job description and position, oversight in interviewing and hiring organization’s first patient safety officer
* Restructured peer review program, streamlining the process, and incorporating ongoing professional practice evaluation and focus professional practice evaluation process
* Successful Joint Commission and Commission on Cancer accreditation surveys

**UNIVERSITY HEALTH SYSTEMS OF EASTERN NC Greenville, NC 6/03 – 1/05**

(A non-profit, 1491 licensed bed, health system servicing 29 counties in Easter North Carolina, serving over 1.4 million people. Consists of 8 hospitals, multiple physician practices, home health, hospice, wellness centers and other health care services, affiliated with the Brody School of Medicine at East Carolina University)

***Quality Improvement Manager - Corporate Office of Quality***

**Responsibilities:**

* Provided direction for assigned key services Quality Improvement Programs, resource for all system entities
* Joint Commission expertise in accreditation standards and survey process for acute care hospitals, physician practices, ambulatory surgical center, and home health agency
* Provided QI consultation and education; facilitated meetings; ensured compliance with regulatory standards, performed Environment of Care tracers
* Responsible for ensuring timely and accurate public reporting data submission
* Responded to sentinel events, provide expertise on root cause analysis/investigation

**Accomplishments:**

* Developed regional peer review program, successfully established process involving physician representation and participation in peer review process for cases requiring outside peer review for smaller rural hospitals within the health system.
* Participated in preparation for Joint Commission surveys for acute care hospitals, and affiliate practices resulting in successful accreditation.

**COMMUNITY PARTNERS HEALTHNET Snow Hill, NC 12/99 – 5/03**

(A network of 7 community health centers serving the underserved in Eastern North Carolina,

serving over 130,000 patients per year, over half of whom are low-income and/or uninsured.

Partnered with North Carolina Office of Rural Health and Community Care)

***Practice Manager and QI/Accreditation Consultant***

**Responsibilities:**

* Provided consultation and education within network, working with over 250 team members ranging from front line staff, physicians, administrators, and board members
* Responsible for goal-setting, monitoring and evaluating outcome measures for all clinical programs
* Oversight of QI programs and TJC preparation activities, ensuring compliance with standards for all entities
* Interim Practice Manager working with Vice President of Medical Staff Services - planned and implemented systems to create optimal care in a medically underserved community
* Reported directly to Chief Executive Officer

**Accomplishments:**

* Developed and implemented policies/procedures set forth by Board of Directors for continuous survey readiness process and developed, led survey readiness teams at all centers
* Developed and implemented system-wide Quality Improvement program for network
* Successful accreditation of 100% of community health centers and affiliate practices, including migrant health centers, school health programs, dental clinics, and home health agencies

**PENDER MEMORIAL HOSPITAL Burgaw, NC 7/95 – 12/99**

(An 86 bed, non-profit, small rural community hospital, a member of integrated New Hanover Regional

Medical Center health system, Southeastern North Carolina's tertiary referral center)

***Director, Quality/Risk Management***

**Responsibilities:**

* Developed and implemented Quality/Risk Management/Patient Relations programs
* Conducted staff and physician training on Joint Commission, Quality Improvement, corporate compliance, and risk management
* Monitored, planned and implemented all loss prevention programs
* Safety Committee Chairman/Emergency Disaster Coordinator
* Corporate Compliance Committee co-chairman

**Accomplishments:**

* Developed and implemented seven Environment of Care plans to ensure compliance with regulatory standards
* Developed and implemented Quality Improvement plan and related quality indicator monitors
* Developed and implemented Patient Representative program
* Applied for and awarded $20,000 grant from North Carolina Hospital Association to assist with costs of Joint Commission accreditation preparation
* Provided oversight on ensuring compliance with Joint Commission standards, achieved organization’s initial accreditation

**UNIVERSITY OF NORTH CAROLINA (UNC-CH) Chapel Hill, NC 6/94 – 6/95**

(NC Prescribe for Health Project, through UNC CH School of Medicine’s Lineberger Cancer Prevention

Center, funded by the National Cancer Institute, and co-sponsored by the NC Area Health Education

Center Program, this was a Continuous Quality Improvement (CQI) initiative designed to help

community-based primary care practices change how they provide preventive care for their patients;

worked directly with physician leader: Dr. Russell Harris)

***Research Associate (temporary grant funded position)***

**Responsibilities:**

* Clinical research on cancer prevention through patient chart reviews, data collection, and analysis
* Administered patient questionnaires and conducted patient interviews
* Provided education on preventive health care

**Accomplishments:**

* Successfully applied the principles of CQI to the challenge of improving preventive care in primary care practice and each practice’s own data collected from chart reviews and patient questionnaires, was used to identify potential target areas for attention
* Working directly with physician team leads, developed strategies to monitor the process and provided feedback to the practice, the results of their efforts
* Through the structure of the project, offered as consultation, overcame the reluctance to allow “outside reviewers” to work closely with the individual practices
* Results of project presented at 19th annual meeting of the Society of General Internal Medicine, Washington, DC, May 1996 by physician leads: Dr. Russ Harris and Dr. Linda Kinsinger, Program on Health Promotion and Disease Prevention, UNC, Chapel Hill

**NEW HANOVER REGIONAL MEDICAL CENTER Wilmington, NC 2/91 – 5/94**

(A non-profit 855 beds integrated health system, consisting of 3 acute care hospitals serving

Southeastern North Carolina)

***Quality Assurance Facilitator***

**Responsibilities:**

* Duties included monitoring and evaluating medical staff quality assurance activities
* Facilitator for Department Medical Staff Quality Improvement Committees
* Maintained data base for physician profiles for re-appointment/credentialing process

**COMMITTEES: (Significant Hospital/Medical Staff)**

Quality Oversight Committee

Operations Council, General Medical Staff and Medical Executive Committee

Service Lines Teams: Inpatient, Emergency Department, Diagnostics, Outpatient Rehabilitation & Therapeutics, and Primary Care Physicians

Cancer Committee

Safety Committee

Pharmacy & Therapeutics/Infection Control

Accreditation Readiness Team

**PROFESSIONAL AFFILIATIONS:**

Virginia Association of Health Care Quality, since 10/2009

Connecticut Association of Healthcare Quality from 2005 - 2009

North Carolina Primary Health Care Association Quality Leaders Group Member, 2000 - 2003

North Carolina Association of Healthcare Quality, Board Member/Treasurer, 2002 - 2004

Certified Professional in Healthcare Quality (CPHQ) since 10/2004

**COMMUNITY AFFILIATIONS:**

St. Therese Catholic Church -Small Christian Fellowship

Gloucester Community Volunteer - Wine Event

**TEACHING EXPERIENCE:**

Volunteer Instructor for Newport News, VA Charter School – “An Achievable Dream”

**OUTSIDE INTERESTS:**

Running, cycling, hiking, kayaking, long-distance walking programs, swimming, yoga, cooking

**Honorably discharged Navy Veteran**

**United States Naval Reserve (Retired) Chief Hospital Corpsman (HMC)**

**References furnished upon request**