Theressia Ly-Don West-Polk RN, BS, BSN, EMBA, CLSSBB

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**PROFESSIONAL EMPLOYMENT HISTORY**

**SPECIAL SKILL SET**

* Healthcare Inspections: Specializing Acute Care, Skilled Facilities and Home Health
* Healthcare Audits and Evaluations: Specializing in fiscal and quality accountability
* Healthcare Contract Monitoring: Specializing in oversight and compliance monitoring
* Certified Lean Six Sigma Black Belt, Lean/Performance Improvement Subject Matter Expert – Executive Sensei (Transitional Team Leader).
* Extensive experience with portfolio, program, and project analysis and management
* National Project lead/expert responsible for planning, designing, developing, and delivering sustainable strategic education/development and instructional programs, using instructor-led, train-the trainer, electronic/web-based, and/or multimedia education/development methods and formats
* Experienced in developing a strong working network and partnerships with senior leaders
* 31 years of healthcare management and experience with advanced clinic access including an understanding of VHA health care delivery systems.
* Performance Driven – Decreased agency usage from 40% to 0.4% within 6 months;

Performance soared from 38% to 96% within 24 hours and remained 100%;

* Expert support of quality assurance, patient care issues, business and data analytics, working within relational databases (SAIL, HEDIS) and other forms of documentation

**PROFESSIONAL EMPLOYMENT HISTORY**

**Universal Health Services, Inc. May 2019 - Present**

**Director of Risk Management / Performance Improvement Full Time 40hr/week**

Reporting directly to the Chief Executive Officer. Responsibilities included:

* Keeping up to date with health & safety legislation and guidelines and advise Hospital management on legislative developments which may affect Safety, Health and Welfare at Work by initiating a facility wide self-assessment process
* Establishing appropriate structures and processes in relation to risk reporting, incident management and Health and Safety within the Hospital.
* Review the Hospitals Safety Statement and related policies/procedures/guidelines, in consultation with relevant personnel and with due regard to prevailing legislation making recommendations to the Chief Executive Officer as considered necessary.
* Coordinate the development and review of relevant/required risk and incident management policies, procedures and guidelines.
* Assisting department directors in identification of potential risk through risk assessment, analysis of accidents/incidents and near miss incidents, periodic safety inspections and/or audits.
* Make recommendations to reduce, prevent or eliminate risks identified.
* Maintain a risk audit database and liaise with department heads in relation to issues arising.
* Enter all accidents/incidents/near miss incidents onto the national Clinical Indemnity Scheme computer database and generate reports.
* Coordinate the claims management function.
* Provide monthly/quarterly and ad hoc reports to the Chief Executive and Corporate Risk Manager Consultant highlighting trends in relation to accidents/incidents.
* Liaise with the Hospitals external Safety Consultants on all aspects of Health, Safety and Security.
* Make arrangements for health and safety training as required. Maintain records of all health and safety training.
* Participate on the Hospitals Health, Safety and Security Committee and Major Emergency Planning Committee.
* Maintain records of the Hospitals Risk Management Strategy, Fire Plan and Major Emergency Plan.
* Promote an awareness of Health & Safety in the workplace.
* Actively engaged staff in participating on project teams seeking to initiate and improve services.

**Department of Veteran Affairs (OHT) February 2015-February 2019**

**Supervisory Program Specialist / Project Lead Full Time 40hr/wk Grade 13/Step 10**

* Executive Sensei responsible for providing leadership and direction to multiple MyVA Access healthcare performance improvement teams to ensure support for initiatives that evaluate quality improvement and patient care issues
* Responsible for performing in-depth reviews and evaluations of quality improvement processes and patient care issues in a healthcare environment and in conformance with regulations as a SAIL team leader;
* Responsible for leading performance improvement teams, which includes planning and coordinating the review work, performing data validation, and writing and editing draft and final reports while meeting set deadlines for various VA facilities and programs to include Contract Nursing Home investigations
* Ability to lead teams on national healthcare facility inspections to review performance and identified quality issues within the VHA system, conducting health inspections, completing an analysis of current processes, report writing and making recommendation for improvement
* Ability to lead teams by planning, directing, organizing and management assigned territories and focused areas using the investigative process to audit and gain an understanding of facility processes that may jeopardize patient safety and public trust
* Ability to direct national task groups, provide project planning control and evaluate options involving broad, complex, healthcare business related issues as evidenced by:
  + Serves as Executive Sensei for several high-level VHA projects across the country (SAIL, MyVA Access, Supply Chain, Service Contracts
  + Serves as national team lead in all assigned VA-CASE Professional Development projects
  + Coordinates activities of senior executives assisting in developing strategic planning through organizational transformational plan of care
  + Reviewing quality and financial reports, budgets, contracts and major expenditures for troubled healthcare organization – developing a plan for correction
* Conducts needs assessments to identify and evaluate education/development requirements for staff training.
* Conducts and / or facilitates education/development programs.
* Develops education/development materials to include education/development handbooks, job aids, models, multimedia visual aids, computer and web-based tutorials, and standard operating procedures.
* Researches and studies advancements in educational technologies and methods; evaluates effectiveness of education/development programs, utilizing appropriate data collection instruments and procedures.
* Ability to provide technical consultation and editorial review of proposals, papers, manuals, and other materials as needed as evidenced by:
  + Provides ongoing consultation to staff on how to analyze and evaluate the effectiveness of programs and operations in meeting established goals and objectives using quantitative and qualitative data and made recommendations for effective lean healthcare organizational changes
  + Consultation to leadership for promoting and providing system redesign successes and best practices throughout the healthcare facility.
* Ability to manages multiple healthcare related, complex programs/projects concurrently, from inception to completion as evidenced by:
  + Serves as Executive Sensei for My VA Access Red Sites conducting TPOCs, VSA and developing completion plans to lead organizations from Red to Yellow Sites: (Houston, Prescott, Oklahoma)
  + Currently assigned to Phoenix VA (high touch site) as an Operational Management Facilitator/Coach working with leadership, quality management and UR to improve outcomes
* Ability to oversee and maintain detailed project schedules and timelines within the portfolio to ensure integration and early identification of opportunities or inefficiencies as evidenced by:
  + Developing a formal virtual lean management training program and schedule consisting of 5 tracks and 8 offerings throughout FY 16;
* Ability to ensure projects are optimally managed and administered to produce the best product on time and within budget as evidenced by:
  + Meeting launch deadlines for virtual white and yellow belt launches in FY 16 resulting in approximately 8000 LEAN trained employees
* Ability to apply knowledge of VA policies and procedures and organizational/functional structures to recommend improvement as evidenced;
  + Providing focused strategic planning training to facilities on how to develop policies and procedures governing their programs, communication and education of staff that meet national directives and
* Ability to Coordinate and leads meetings, conferences, training sessions and other forums to facilitate communication and coordination with portfolio stakeholders as evidenced by:
  + Developed nationwide white, yellow, green belt virtual training programs resulting in more than 5000 employees being exposed and trained in lean management during FY 16
  + Conducted nationwide Lean Healthcare Yellow Belt, Green Belt Black Belt, Mid-Level Management and Executive Coaching face to face and virtual classes for direct care, mid-level management and Executive Leadership
  + Conducts project management meetings with assigned My VA Access teams
* Provide written and oral presentations/reports to VA and VHA senior executives as evidenced by:
  + Developing a standard Executive Briefing Form which is currently being used throughout My VA Access and SAIL projects
  + Provided recommendations of program process improvement to executive leadership
* Responsible for acquisition related functions including COR responsibilities and guiding staff on procurement processes/options as evidenced by;
  + Serving as Senior consultant (SME) providing leadership and direction for executive teams ensuring expert support in quality assurance in meeting performance measures
* Lead project management and strategic planning related activities related to management of complex health care deliver as evidenced by
  + Providing consultation to executive leadership on strategic management to improve performance using lean principles
* Conduct analytical studies which may have an impact on service provision, clinical education or long-range planning as evidenced by:
  + Reviewing SAIL Data, Shepp and Press Ganey scores and training facilities at all levels on system redesign and performance improvement program concepts,
  + Performed research and analysis of complex issues in preparation for project development, identifying potential QM/health care program problem areas
  + Designed projects to assess specific issues, completing individual assignments to independently evaluate complex and sensitive QM/health care program issues.
  + Assessed system redesign opportunities and performance improvement activities in VA agencies
  + Assisted local agencies to create, integrate, coordinate and manage system redesign and performance improvement activities
  + Worked directly with the assigned local System Redesign Coordinator to plan, develop, and implement strategies and goals using lean principles

**Healthways Inc. July 2013 – December 2014**

**Regional Director, Hospital Programs Fulltime 40hr/week**

* Responsible for establishing and managing a regional performance improvement program for 14 comprehensive outpatient programs – developing quality metric, benchmarks, etc
* Total Accountability for strategic planning (designing and implementing) of 14 Comprehensive Care Programs;
* Coordinates the activities of senior executives and works with them to develop short and long range objectives, policies, and procedures.
* Ensures that policies are uniformly understood and consistently interpreted and administered.
* Established the organization hierarchy and delegates limits of authority to subordinates executives; prescribes the specific limitations of the authority of subordinates regarding policies, contractual commitments, expenditures and personal actions.
* Reviewed and approved all financial reports, budgets, managed care contracts and major expenditures; directs, establishes, reviews, and adjusts charges for services; and maintains accreditation and licensure standards of the Joint Commission on Accreditation of Hospital Organizations, Medicare, Medicaid, state licensure, regulatory agencies, and similar organizations.
* Analyzed operating results of the organization and its principal components relative to established objectives and ensures that appropriate steps are taken to correct unsatisfactory conditions.
* Resolved issues that had financial impact / cost savings, enforcing efficiency of processes, and compliance with state and federal requirements.
* Program performance Improvement activities of specific programs for 7 of Texas Health Resources Hospitals (Denton, Dallas, Allen, Kaufman, Plano, Alliance, and HEB).
* Overseeing day to day operations of assigned contracted programs – cost recovery
* Coordinated program planning budget preparation, administering system wide policy formulation
* Represented the agency at various professional, civic and governmental organizations and meetings.
* Partnering with physicians who admitted and discharge patients in assigned services taking a role in the recruiting and retention of physicians for chronic disease management programs
* Worked with assigned teams to ensure the programs met necessary regulatory and compliance approvals and quality accreditations in conjunction with other system representatives – resolving non-compliant fiscal issues
* Worked with THR executives to create an environment that encouraged the recruiting and retention of qualified program employees
* Analyzed areas in planning, promoting and conducting organization-wide performance improvement activities
* Assisted in planning of new services that generated additional sources of profit revenue
* Assisted in managing costs by continually seeking data that will identify opportunities and take action to eliminate non-value costs in conjunction with the C-Suite staff
* Participated in the hospital's monthly operation reviews as well as participating in corporate office meetings as deemed necessary
* Lead consultant and principal advisor to top level management for Chronic Disease Management

Programs, working directly with Triad leaders to plan, develop and implement strategies and goals for exceeding performance measures targets relating to access and timeliness of care delivery and support processes;

* Successfully implemented outpatient PI; inpatient flow and throughput; administrative and business processes, and management and leadership engagement and support of improvement objectives; Successfully executed business plans of Chronic Disease
* Management Systems within allocated program budgets;
* Achieved clinical and quality objectives while delivering contracted services against contractual Obligations.
* Accountable for the profitability of the division through client retention, cost control, incentive plans, contract pricing, etc., monitoring, auditing and correcting erroneous billings
* Actively participated in the formulation of proposed EBITA and performance expectations within the region.
* Monitors corporate-approved performances while taking immediate, proactive measures to align expenditures, business development strategies to achieve and exceed expectations.
* Managed the resources to maximize profitability and quality of service to clients.
* Implemented strategic and tactical plans which strive to enhance product and service delivery to clients; ultimately improving profitability.
* Actively participated with THR TRIAD (Executive Management) and Healthway’s Sr. Leadership teams.
* Responsible for anticipating changes in level of care and the current business environment, and allocates resources to ensure timely and effective service delivery.
* Directed programs through delegation of responsibility to administrative and management personnel.
* Ensures required standards of clinical care are being followed.
* Directed the strategic business operations and business analysis for the region.
* Established innovative approaches to bring new services to market.
* Responsible for employing, recruiting, managing and directing qualified personnel to carry out the policies and procedures of the region and ensures the education and evaluation of staff members.
* Hired and promoted a diverse workforce by monitoring employment decisions for consistency and fairness.
* Acted as a role model for teamwork and collaboration and sets the expectation that employees will work collaboratively.
* Provided counsel to management regarding needs of the community, personal needs, financial needs, professional practices and health planning.
* Continuous fostering of good working relations with physicians and community agencies. Adhered to all company policies and procedures and adherence to and compliance
* with information systems security. Also, responsible for ensuring client confidentiality at all times through verbal, written and automated information Systems security policies and procedures and reporting information systems security problems.
* Certified Federal Mentor to employees, conducting performance evaluations, counsel and disciplinary actions to assigned personnel, while continuing to work and
* facilitate individual and team development that drives positive results.
* Coordinated and provided oversight for educating over six thousand nurses on chronic disease management and transitional care services.

**Lean Management Consultants – Health Care Consulting October 2011-Feb 2015**

**Chief Executive Officer Contract services**

* Formulated internal and external teams to conduct quality sensitive reviews
* Performed research and analysis of complex issues in preparation for project development, identifying potential QM/health care program problem areas and designing projects to assess those issues, and completing individual assignments to independently evaluate complex and sensitive QM/health care program issues.
* Provided recommendations of program process improvement to executive leadership
* Developed Chronic Disease Management Programs which impact quality and fiscal outcomes
* Conducted and reviewed agency-wide program of quality assurance or patient care inspection and providing insight for activities in healthcare environment;
* Developed Performance Improvement initiatives utilizing skills, analytical ability and sound judgment to review, analyzing and evaluating programs, procedures and problems pertaining to a wide range of factors that affect and influence the management of healthcare delivery at local, regional and national level;
* Served as Senior consultant providing leadership and direction for executive teams ensuring expert support in quality assurance;
* Performed in-depth reviews and evaluations of quality assurance procedures, patient care, inspections and oversight projects in a healthcare environment and in conformance with Federal regulations.
* Provided education and training for executive leadership on strategic management to improve performance.
* Assisted clients in recovery resolution including managing claims savings to ensure cost avoidance financial goals are met.
* Resolved issues that had financial impact / cost savings, enforcing efficiency of processes, and compliance with state and federal requirements.
* Responsible for designing, developing and executing SQL queries to attain an end result
* Maintained a high level of attention to detail and validation efforts on each script completed
* Developed operational documentation that includes workflow use cases, context diagrams, requirements documents, operational support documentation, test cases and training material
* Monitored program monthly financial status by comparing and analyzing forecast saving against actual results to ensure financial goals are met
* Sought out and led project opportunities to drive the identification of new information and the improvement of processes and maximized COB cost avoidance
* Worked collaboratively with SMEs, operational teams and management, health plan representatives, and other external and internal partners
* Led internal/external vendor activity by driving work effort and/or providing Subject Matter Expert's (SME)
* Tracked vendor and internal operational team quality of work, performing audits as needed
* Worked with internal operational teams (COB Ops) to manage cost avoidance loading and validation process
* Research escalated COB issues and concerns, to identify root causes of problems or explain misinterpretations of COB outcomes, drive file crosswalk and/or mapping projects
* Worked closely with other departments while performing internal /external audits to resolve encounter rejections and cost avoidance reconciliation issues.
* Research escalated COB issues and concerns, to identify root

**Department of Veteran Affairs**   **Fulltime/40hr/week July 2006-Nov 2011**

**Long Term Care Quality Manager/Home Based Primary Care Manager/Performance Improvement & Magnet Coordinator /National Survey Readiness Consultant/ (Several promotions) Title 38 – Grade 3 Step 12 \_Permanent Status 1 Fulltime 40hr/week**

* Successful outcomes providing oversight of Nursing Quality Management program for VA North Texas Healthcare System (Bonham, Dallas, Ft Worth, and Tyler);
* Total Accountability for strategic planning (designing and implementing) Comprehensive
* Care Programs
* Program performance Improvement activities of specific programs for 7 of Texas Health Resources Hospitals (Denton, Dallas, Allen, Kaufman, Plano, Alliance, and HEB).
* Overseeing day to day operations of all departments in the hospital with the exception of Nursing
* Coordinating facility and program planning budget preparation, administering hospital policy formulation
* Representing the hospital at various professional, civic and governmental organizations and meetings.
* Partnering with physicians who use, or will use, the hospital taking a role in the recruiting and retention of physicians
* Working with the Chief Executive Officer to ensure the hospital meets necessary regulatory and compliance approvals and quality accreditations in conjunction with the hospital’s Chief Nursing Officer
* Working with the Chief Executive Officer to create an environment that will encourage the recruiting and retention of qualified hospital employees
* Analyzing areas in planning, promoting and conducting organization-wide performance improvement activities
* Assisting in planning of new services that generate additional sources of profit revenue
* Assisting in managing costs by continually seeking data that will identify opportunities and take action to eliminate non-value costs in conjunction with the hospital’s financial and nursing officers
* Participating in the hospital's monthly operation reviews as well as participating in corporate office meetings as deemed necessary
* Developed effective systems to meet performance measures as mandated by Washington Coordinates system-wide homecare performance improvement activities managing 35 home health contracts;
* Redesign process to incorporate Magnet Recognition principals and veteran centered care while developing a strategic plan to obtain magnet status within 5 years;
* Field Survey Readiness Consultant throughout the country on a continuous basis;
* Certified Federal Mediator to assist in decreasing the number of tort and arbitration claims against VA North Texas;
* Ensured timely, accurate, and complete clinical data for billing of contract services;
* Successful oversight of all contract nursing home care insuring compliance with Medicare, Joint Commission, and CARF;
* Managed and monitored operating budget for the Home Based Primary Care department (Overseeing internal home health and hospice services and 35 external homecare contracts) while increasing productivity by 200%;
* Responsible for educating the entire nursing department on Magnet Protocols and performance improvement processes.
* Provided ongoing in-services throughout the VA system.
* Completed 42 successful performance improvement projects within a 2-year time frame while implementing several annual programs to improve quality outcomes, promote patient safety, improve patient and staff satisfaction as evidence of magnetism for the magnet journey.

**Medical Center of Lancaster – Lancaster, Texas April 2003- June 2006**

**Director of Nursing Acute Care: Medical-Surgical**

**Psychiatric Inpatient/Outpatient**

* Decreased agency usage from 40% to 0.4% within 6 months; improved nursing documentation from 37% to 100% within 3 days and maintained throughout duration of employment; Implemented several hospital-wide quality improvement programs.
* Served as a liaison in TJC performance improvement.
* Trained 300 employees on how to implement a simplified daily care plan which would capture a maximized reimbursement;
* Performance soared from 38% to 96% within 24 hours and remained 100% until left;
* Directed the strategic business operations and business analysis for the region.
* Established innovative approaches to bring new services to market.
* Responsible for employing, recruiting, managing and directing qualified personnel to carry out the policies and procedures of the region and ensures the education and evaluation of staff members.
* Hired and promoted a diverse workforce by monitoring employment decisions for consistency and fairness.
* Acted as a role model for teamwork and collaboration and sets the expectation that employees will work collaboratively.
* Provided counsel to management regarding needs of the community, personal needs, financial needs, professional practices and health planning.
* Continuous fostering of good working relations with physicians and community agencies. Adhered to all company policies and procedures and adherence to and compliance with information systems security. Also responsible for ensuring client confidentiality at all times through verbal, written and automated information Systems security policies and procedures and reporting information systems security problems.
* Provided Joint Commission / Performance Improvement education and training throughout the hospital.

**Visions Home Health Network – Arlington, Texas**  **August 1994- Dec 2002**

**Chief Executive Officer/Chief Nursing Officer**

* Served as Director of Nursing for two years prior to becoming CEO;
* Responsible for overall functioning of the organization;
* Developed the mission, vision and values for the organization, and then expanded a state of the art Medicaid certified home health agency maintaining zero deficiencies;
* Collaborated with several agencies to insure the best possible patient outcomes;
* Successful results in sharing the “big picture” with the employees, including accepting responsibility for decisions made and outcomes.
* Developed successful Medicare certified program.
* Assured compliance with all federal and state regulations while remaining deficiency free.
* Total Accountability for operational management, strategic planning (designing and implementing) of all home based primary care programs;
* Overseeing day to day operations of all departments in the home health services
* Coordinating program planning budget preparation, administering Medicare policy formulation
* Representing the agency at various professional, civic and governmental organizations and meetings.
* Partnering with physicians who use, or will use, the agency taking a role in the recruiting and retention of physicians
* Ensured the agency met necessary regulatory and compliance approvals and quality accreditations in conjunction with the other agencies
* Created an environment to encourage the recruiting and retention of qualified hospital employees
* Analyzed areas in planning, promoting and conducting organization-wide performance improvement activities
* Planned new services that generated additional sources of profit revenue
* Assisted in managing costs by continually seeking data to identify opportunities and took action to eliminate non-value costs in conjunction with the agency’s C-Suite officers
* Participated in monthly operation reviews and community advocate meetings as deemed necessary

**EDUCATION, PROFESSIONAL MEEMBERSHIPS & PERSONAL DETAILS**

Doctoral Candidate (12/2018) – Business /Healthcare Administration - Walden University

Executive Master’s in Business Administration (EMBA) Texas Woman’s University

Bachelor of Science – Major Criminal Justice – Dallas Baptist College

Bachelor of Science – Major Nursing –Dallas Baptist University

Diabetes Educator – Emory University

**SPECIAL CERTIFICATION/ADVANCE EDUCATION**

* Certified Diabetes Educator
* Certified Lean Six Sigma Black Belt
* Certified Lean Six Sigma Green Belt
* Certified Lean Six Sigma Yellow Belt
* Certified Lean White Belt
* Certified Advance Dispute Resolution Consultant/Mediator
* Administrative Investigative Board (Executive, National Level)
* Certified SOARS (Survey Ongoing Assessment Readiness) Coordinator – Federal
* Certified Federal Preceptor/ Mentor (Fellow)

# References

Matthew Jenkins, Deputy Associate Director

Department of Veteran Affairs -864-316-1844

Jamie Workman-Germann, Deputy Associate Director

Department of Veteran Affairs – 314-590-8701

Melinda Dye, Program Analysis

Department of Veteran Affairs – 712-898-8162

Nikki Floyd, Regional Director

UT Southwestern Medical Center – 720-206-6456

Depika Patel, Health Systems Specialist

Department of Veteran Affairs – 513-765-9512