**Toni N. Moore, MBA**

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**Healthcare Management Professional**

*Quality Improvement / Program Development*

Accomplished healthcare leader with 10+ years of success promoting continuous improvement and growth within hospice, home health, and mental healthcare agencies. Analytical and results-driven professional driven to influence positive change by developing service-oriented programs, tools, and support systems. Articulate communicator with a talent for fostering collaborative, inclusive environments through hands-on leadership, team building, and training.

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| * Full-Cycle Project Management
* Strategic Planning / Implementation
* Contract Administration / Negotiation
* Budgeting / Resource Allocation
 | * Staff Supervision, Training, & Mentoring
* Performance Metrics / Improvement
* Client, Vendor, and Employee Relations
* Healthcare Regulations / Compliance
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**Professional Experience**

Care Hospice-Falls Church, VA

**Program Director- March 2021-Present**

The Administrator (Program Director) is responsible for the overall direction of the hospice services.  They ensure the employment of qualified personnel and are responsible for the provision of hospice services, hospice personnel evaluations, and ensuring that standards of care comply with federal, state, and professional guidelines.  They also ensure that the provision of services is consistent with the agency’s mission, vision, and philosophy.

* Assumes responsibility for the day-to-day administration of the hospice program.
* Organizing and directing the organization’s ongoing operations to assure the availability and provision of care and services.
* Implementing governing body directives and organizational policies and procedures.  This includes Ensuring the development, implementation, and enforcement of agency policies and procedures.
* Complying with applicable laws and regulations.
* Recruiting, employing and retaining qualified personnel to maintain appropriate staffing levels.
* Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions.
* Ensuring adequate staff orientation and staff education.
* Completing performance evaluations on subordinate staff in accordance with organizational policy.
* Directing and monitoring organizational Performance Improvement activities.
* Managing operations in accordance with established fiscal parameters
* Serves as a consultant for projects by healthcare entities determining appropriate qualitative and quantitative information that is needed.
* Completed research, analyzing & interpreting findings, and presenting the findings and recommendation to key stakeholders in the organization .
* Operates in project leadership role and facilitates teams and related workgroups that support strategic and business development initiatives.
* Works with senior leadership to develop the organization's strategic plans to ensure its continued successful growth and profitability for the company
* Conducts statistical scans, organizational positioning analyses and other studies.
* Leads and/or supports development of recurring deliverables such as the annual medical staff development plan, growth projection, environmental assessment.
* Connects strategy with business operations, drawing from disciplines such as strategy development, business analysis, process management, operations and systems analysis using in house statistical data software
* Works closely with Finance to develop financial feasibility studies.
* Conducts or facilitates periodic reviews of achievements and performance vs. strategic plans.
* Coordinates and supports Certificate of Public Need applications.
* Performs other duties as assigned.

Vitas Hospice-Fairfax, Virginia. **Manager of Admissions – October 2020- 2021**

The Admissions Manager is responsible for managing the activities of the Admission Nurses. Constructs strategies and plans. Monitors coaches, and mentors the Admissions Nurses to successfully educate and assesses potential patients from referrals through admissions processes. Coordinates staff and schedules in the admissions department. Manages Admission Team's customer service and referrals to admission goals. Responsible for the recruitment and retention of the Admission Team.

* Understanding of CMS Standards and Conditions and the Medicaid program
* Ability to manage multiple priorities and projects, function in a fast-paced moving constantly changing, deadline-driven environment -
* Experienced in creating business use cases, requirements, and process maps & data flows
* Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions.
* Ensuring adequate staff orientation and staff education.
* Completing performance evaluations on subordinate staff in accordance with organizational policy.
* Directing and monitoring organizational Performance Improvement activities.
* Managing operations in accordance with established fiscal parameters

Magellan Complete Care -Richmond, Virginia **Utilization Review Management (LTSS)** – remote (contractor) June 2019 to June 2020

 Under general supervision, and in collaboration with Medical Directors and other members of the clinical team, gathers and synthesizes clinical information in order to authorize services. Completed internal audits and authorized care for members to ensure facility-wide adherence to healthcare regulations, quality standards, and internal policies Reviews health care services to determine consistency with contract requirements, coverage policies, and evidence-based medical necessity criteria; collects and analyzes utilization information; assists with program processes for transitions across levels of care including discharge planning and ambulatory follow up activity.

* Proposes alternatives when the requested services do not meet medical necessity criteria or are outside the contracted network.
* Follow all NCQA standards and follow the quality improvement processes when auditing to maintain quality and transparency.
* Develops and monitors discharge plans. Collaborates with the Care Coordination Team
* Performed data collection, tracking, and analysis
* Participates in network development including identification and recruitment of quality providers as needed.
* Ensuring appropriate agreements and collaboration with clients and healthcare entities and providers.

MOORE HOME CARE, LLC, Fairfax Station, VA

**Administrator / Director** January 2013 – July 2019

Empower personnel to deliver high-quality healthcare services through the close oversight of all core functions, including program development, human resources, and quality assurance. Assess business operations, implement improvements, and negotiate cost-effective contracts to reduce expenses. Complete internal audits to ensure strict compliance with governmental regulations, licensing requirements, and quality standards. Serve as a resource to patients, clinicians, and administrators.

* Achieved regulatory compliance through the introduction of standardized processes and procedures, as well as investigatory protocols and corrective action plans reportable to the state.
* Improved continuity of care by forging strong partnerships and business contracts with local healthcare providers, community agencies, and vendors.
* Created, implement, measured and manage the businesses quality assurance and performance improvement program with a data-driven approach to maintaining and improving patient safety.
* Measure, analyze, and track quality indicators, including adverse patient events and other performance indicators.
* Enhanced service quality by leading strategic workforce planning initiatives, as well as hiring campaigns and retention programs.

CURO HEALTHCARE SERVICES / NEW CENTURY HOSPICE, Fredericksburg, VA

**Director of Operations**, 2016–2017 (contract)

Governed all aspects of daily business operations, including budget administration, resource allocation, and staff supervision. Established performance metrics, analyzed data, and designed targeted training programs to enhance the quality of healthcare services. Generated financial reports for presentation to corporate partners and maintained documentation in alignment with policies.

* Managed the development, implementation, and evaluation of the quality improvement action plan for clinical and quality improvement activities mandated by the state
* Implemented all operational tools, including an effective budgeting and accounting system.
* Built and supervised a high-performance team of cross-functional personnel, including program volunteers, and nurses by providing one-on-one training and coaching
	+ Manage the development and realization of HEDIS, CAHPS action plans to achieve target improvement goals
* Prepared P&L reports and records on work function activities for upper management
* Performs annual update on state Plan Risk Management Program Description
* Manage the analysis and action planning related to the member/provider satisfaction survey process
* Develop and monitor Quality Management budget
* Contributes to new business activities (RFP responses, new program development, and employer group and government marketplace/exchange contract changes etc.) related to quality improvement

Medical Service of America / Medi Home Health and Hospice, Manassas, VA

**Community Nurse Educator**, 2013–2014

Coordinated the delivery of tailored educational programming to healthcare providers statewide while serving as a direct resource to internal staff. Researched emerging trends and introduced new programs to drive innovation. Enacted quality controls and tracked program performance; designed strategic plans to support the achievement of business goals and patient recruitment targets.

* Encouraged program growth by creating new partnerships across the territory; analyzed business requirements and developed tailored plans of action.
* Established metrics and reporting protocols to better identify priority cases, problem areas, and other issues, as well as to inform strategic planning.
* Facilitated in-service training events on compliance with state and federal laws designed to meet the learning needs of all levels of staff.
* Remains current concerning industry-wide, clinical care leading practices and evaluates for implementation at the facility
* Ensures and supports each hospital in adhering to NPSGs. Collaborates with Risk management for related safety activities and process implementation
* Provides orientation for new DCQIs and monitors ongoing progress
* Provides coaching and guidance to hospital DCQIs
* Provides input for strategic development, planning and implementation of regional and hospital quality plans
* Astute with using measures to assess the quality and safety of care delivered, clinical measurements used to identify trends, and focus quality improvement efforts in performance plans across the healthcare delivery system of Hospice

DC Department of Mental Health / ST. ELIZABETH’S HOSPITAL, Washington, DC

**Utilization Review Specialist**, 2011–2012

Completed internal audits on a rolling basis to ensure facility-wide adherence to healthcare regulations, quality standards, and internal policies. Reviewed performance data, identified quality improvement issues, and led resolution efforts. Mobilized facility responses to sentinel events and other patient safety issues in collaboration with administrators and policy advisors.

* Appointed to serve as the facility representative at legislative briefings, as well as a key member of utilization review and performance improvement committees.
* Supported the implementation of the Miller Settlement, the largest mental health settlement in the United States, with oversight from the Department of Justice.
* Recognized as a subject matter expert in regulatory compliance, including Medicare, Medicaid, and Joint Commission requirements.

GRACE HEALTHCARE LLC, Annandale, VA

**Director of Admissions**, 2010 - 2011

Developed new contracts and cultivated a strong network of healthcare agencies to support patient recruitment programs. Worked closely with physicians, nurses, and administrators to evaluate the utilization and delivery of medical services. Conducted daily case reviews, identified opportunities for improvement, and made recommendations to ensure compliant comprehensive care.

* Handpicked to lead the implementation of service contracts in support of communication, patient education, and general CMS initiatives.
* Designed new data visualization tools and resources to support the creation of engaging briefings and presentations.
* Support procedures for the management of clinical measurements and evaluations, provide guidance on participation in national quality database registries and provide support for all transparency domains as defined by the national patient safety of care delivered.
* Earned recognition for expert management of analytical studies and performance improvement projects.

APRIA HEALTHCARE, Alexandria, VA

**Supervisor / Community Liaison**, 2008–2010

Oversaw the delivery of compliant healthcare within the respiratory department as a team leader, trainer, and mentor. Monitored staffing levels, created schedules, and optimized daily workflows to improve overall patient flow. Administered performance reviews and impactful staff development programs. Built community partnerships to encourage ongoing improvement and growth.

* Deployed a successful plan to expand Apria’s business presence from neonatal intensive care across pediatric and medical-surgical units.
* Organized regular health promotion events; drove outreach projects from concept to completion and oversaw all phases of implementation.

**Education and Credentials**

**Master of Business Administration in Healthcare Management**

American Intercontinental University – Hoffman Estates, IL

**Bachelor of Business Administration in Healthcare Management**

American Intercontinental University – Hoffman Estates, IL

***Licensure and Training***

Certified Project Management Professional Course

Trained in Six Sigma Total Quality Applications

**Licensed Practical Nurse (LPN)**

**Proficient in EMR Software Systems**

Avatar (government based)

Home Care Home Base

McKesson

Care Advanced (BCBS)

Epic

Netsmart

***Technical Proficiencies***

Microsoft Office Suite:

Microsoft Word

 Microsoft Excel

Microsoft PowerPoint

Outlook

**Professional Associations**

Stratford College, Health Science Board Member since 2015