Exponent®
Engineering & Scientific Consulting

Connie Maltby, JD, RN

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Professional Profile

Ms. Maltby has more than 35 years of progressively responsible experience within the healthcare field, enhanced by extensive academic preparation and specialized training, including 15 years experience as a healthcare consultant working with hospitals, specialists, attorneys, expert witnesses, and other healthcare facilities. Ms. Maltby's areas of experience include medical-surgical, orthopedics, psychiatry, substance abuse, geriatrics, case management, and occupational health.

Ms. Maltby has experience in many arenas, including: utilization, risk, quality management; case management; discharge planning; workers compensation; admitting, insurance, and billing procedures; assessment and development of policy and procedures, programs, and systems; budget development; contract negotiations; review and evaluation of medical records and legal documents; identification of risk issues. She also has consulted on requirements for HCFA, PRO, JCAHO, Title 22, and other regulatory agencies.

Ms. Maltby has also completed many continuing education classes, including Health Care Management, JCAHO Preparation, Quality/Risk Management, Utilization Management, Gerontology, and Psychiatric Nursing. Prior to joining Exponent, Ms. Maltby was an independent Healthcare Consultant, where she reviewed and evaluated medical records, depositions, and other records for the identification of issues in litigated cases, workers' compensation claims, and insurance matters.

Academic Credentials & Professional Honors

J.D., Western State University, 1995

B.S., Nursing, California State University, Long Beach, 1982

A.S., Nursing, Cerritos College, 1972

Licenses and Certifications

Registered Nurse, California, #

Bar Association Member (CA)

Prior Experience

Healthcare Consultant, Worrall and Associates, 1990-2004

Manager of Occupational Health and Medical Case Management, The Stockman Group, 1997-2002

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Coast Community Medical Center, Director of Quality Improvement, Case Management, Risk Manager, 1994-1997

College Hospital-Costa Mesa, Director of Quality Assurance/Utilization Review, 1992-1994

Verifax Incorporated, Vice President, Operations, 1991-1992

Coast Plaza Medical Center, Director of Prospective Payment, 1990-1991

Pacifica Hospital, Utilization Review/Patient Case Coordinator, 1985-1990

FHP, Inc, Manager of Utilization Review, 1982-1985

Metropolitan State Hospital, Unit Manager Geriopsychiatric Services; Unit Manager Drug Rehabilitation Unit, 1978-1978

Presbyterian Intercommunity Hospital, Team Leader, 1973-1978

Publications

Maltby, TC. Utilization management in the psychiatric setting. Home Study Program and Seminar for CEUs, published by Managed Care Resources.

Maltby, TC. Utilization review in long term care setting. Home Study for CEUs, published by Managed Care Resources.

Maltby, TC, Deaktor L, Fournier, J. Case management, approaches and methodologies. Program for CEUs, published by Managed Care Resources.

Maltby, TC, Deaktor L, Fournier, J. Case management in workers' compensation setting. Program for CEUs, published by Managed Care Resources.

Project Experience

Manager of Occupational Health And Medical Case Management — Responsible for the management of the occupational health nurses and medical case managers in the third party administrator setting for self-insured employers in workers compensation. Client corporations include grocery, retail, high tech components, public entity, and heavy manufacturers. Responsible for daily department management; development and maintenance of cost containment programs; interfacing with clients; and monitoring quality. In addition, functions as consultant to clients on special needs, evaluating systems, and identifying risks areas. Interface with defense attorneys on workers compensation claims. Other responsibilities include writing proposals, contracts, and policies and procedures. Developed early intervention program.

Director of Quality Improvement, Case Management, Risk Manager — Responsible for the quality, utilization, and risk programs for a 100+ bed medical/surgical/psychiatric hospital with two campuses. Reorganized department into case management model. Restructured risk program: early identification of risk and quality issues. Prepared hospital for JCAHO survey. Managed staff of 15 licensed and 2 unlicensed staff. Educated nursing staff to legal issues. Responsible for processing patient complaints. Ongoing monitoring of medical staff, assisted nursing department in development of peer review. Interfaced with legal department and malpractice carrier.

Director of Quality Assurance/Utilization Review — Responsible for utilization, quality, and risk

management programs for a 130-bed medical/surgical and psychiatric hospital. Reorganized and streamlined the utilization management program. Ongoing monitoring of medical staff, overseeing hospital wide quality assurance program transitioning to quality improvement. As Risk Manager, performed reviews, follow up, trending of incident reports, identification of potential problems, and interfacing with legal department and malpractice carrier.

Vice President, Operations — Developed and implemented innovative system for off-site processing of medical insurance verifications for hospitals and providers. Developed corporate policies and procedures. Applied computer model for financial planning and productivity analysis. Designed and delivered product sales presentations and employee training programs. Provided product support to clients. Began as consultant then developed position of VP of Operations.

Director of Prospective Payment — Managed the utilization review, discharge planning, admitting, insurance verification, PBX, and transportation departments in 126-bed hospital specializing in “bloodless surgeries.” Total of 30 licensed and clerical staff. Developed new programs: pre-admission screening, 23 hours short stay, utilization of services resulting in one million dollar savings in the first nine months. Responsibilities included budget, cost-containment programs; analysis of case mix, DRG, and physician profiling; physician liaison; department quality assurance; educational seminars; 24-hour admission screening and approval.

Utilization Review/Patient Case Coordinator — Responsible for total utilization review program for 109-bed hospital. Concurrent/retrospective review of all payor sources, interfacing with PROs, appeal process, final diagnoses sequencing, analyzing and profiling DRGs and physicians, and quality assurance reviews. Developed following programs: pre-admission screening, 23-hour medical short stay, educational seminars, criteria for review of services. Participated in trial integrated discharge planning/utilization review program.