

Are You Running A Risky Business ?



What makes your business "risky" ?

- MD/OD Issues
- Staff Issues
- Patient Scheduling /Phone Center Issues
- Accounting Issues
- Human Resource Issues
- Safety Issues

Example # 1: MD/OD Issues

"They'll Wait To See Me " (or The Captive Audience Syndrome)

Either for a future appointment *or* for hours in the clinic. In the "old days" patients had a limited number of choices where and who they could see for their care. Now... they can go pretty much anywhere *they* choose.



Example #2: "Cans of Corn"

I had a doctor that was consistently booked out (6) months. He would comment that because he was a *specialist*, patients would wait to see him. And he would point to his schedule as proof that this was true. He viewed this backlog as "the future" - inventory if you will.



My administrator (at the time) used to work for Green Giant. He called these "warehoused" patients "cans of corn". *IF* you have a whole warehouse of corn... you do not have *stored* revenue - or even *future* revenue. All you have is "cans of corn" !



Example # 3a: All aboard and stuck at the gate !

Your doctor is like the pilot of a plane. No one is going anywhere until *they* "take off" and there is nothing the staff can do to keep the patient happy if the physicians are delayed arriving to clinic !

IF you have a *chronically* late arriving physician - help them by adjusting their clinic to a more realistic start time .



Example # 3b: Dr. Slower Than Death

I had a doctor that was the nicest, most caring, competent *and* surgically talented doctor around ! Staff adored *her* - as did her patients. Problem was... they hated to be in *her clinics*. Her speed was in reverse - clinics always ran late, overtime through the roof and no matter how great she was - she became the doctor they all loved to see - once.



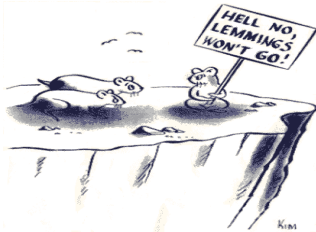
Example # 4: If You Didn't Document It, You Didn't Do It"

The entire staff, including the doctor, has got to document and **sign** their work they do in order to be properly reimbursed as well as legally covered if a discrepancy occurs in treatment.. **or heaven forbid..** in the case of litigation regarding failure to treat or failure to diagnose. **No one is exempt...**



Tech Issues: Example # 1

" The Blind Leading The Blind"



Consistency in the education of the technical staff is crucial to ensure that everyone is performing at the same standard.



* Make sure the staff that is training the new staff are not playing "telephone" - passing along bad habits, poor technique or sloppy patient care to the new hires.

* Make sure the message is consistent regarding clinic policies and procedures.



Example # 2 : "We've never put allergies in red "

Make sure that you have **written policies** for:

- * Out of Office: sick, vacation, funeral
- * Tardiness
- * Poor performance : do you have measures in place for repeated errors in work or judgment ?
- * Alcohol, Drug & Substance Abuse



Example # 3: "Your lips are moving but all I hear is blah, blah, blah !"

Do you have a system in place for conflict resolution, between:

- * you and an employee
- * employee to employee
- * doctor and employee



Encourage discussion - no news is not always good news. You don't always have to make a change - but you do have to listen !



Example # 4: Expect the Unexpected.....

Your staff needs to "feel":

- * appreciated
- * taken care of
- * part of the team
- * valued
- * able to grow
- * good pay



"Surprise, Surprise, Surprise"

You will lose staff "for no apparent reason" or more commonly referred to as "I took a job closer to home".

It will always come at the worst possible time and be totally unexpected by you!



Scheduling/Phone Center Issues: Example # 1

"Meet Ms. Been There Done That"



Monitor from time to time your phone access staff to ensure the following is not occurring:

- * "I had that once and it was just an allergy"
- * In the winter your eyes are drier...just use some artificial tears 4x a day and you'll feel better"
- * Cataract surgery is a piece of cake - it's pretty easy to do now a days!"



Example 2: It's easier to schedule everything on the same day...or ..."

"Don't make promises I can't keep!"



Scheduling a HVF, OCT, CE & Pach on the same day is not doing the patient any favors! They will be here 4- 5 hours (not 2) and they will be tired and mad when they get home.

Even if you warned them.... they will *think* you really didn't *mean* 4 -5 hours.

Example # 3: Maybe they won't know I'm here if I am reaaaally quiet"



Apathy

If we ignore our customers, maybe they'll just go away.

Example # 4: Keep your head when all around you are losing theirs !

Make sure the people you have answering the phones have the right demeanor and can keep *their* composure when patients, doctors administrators & techs have lost theirs !



Business Office Issues



Example # 1: Co-payments "If they want to pay - let them pay" !!!

Co-payments tend to be an issue when patients come for exams. Depending on the patients insurance and appointment type, they may *or may not* need to pay a co-pay. **IF** a patient wants to pay their co-payment, accept it and give them a receipt. **IF** the scope of the exam changes, and a co-payment is no longer appropriate - you can refund their money later on.



Example #2: Get The Front End Information Right - Right From The Start !

Patients get **angry** when their bills are wrong - especially :

- * if they tried to give information and were told you didn't need it - **then** they got a bill because it was missing !
- * "If you can't get the bill right, then how can I trust you with my eyes"



"...figuring out how to pay these medical bills should keep your mind off your pain."

You're Not The Only Fish In The Sea !



Example # 3: What Do They Know That You Don't ?!

Compare statistical information with other benchmarks. Are you keeping up with the Joneses or are you lagging behind ?

EX: *You* bill once a month - *they* bill every other week. Their revenue is consistently flowing in - and yours isn't !



Safety & Human Resources: Wake Up Calls !



#1: "They need this job more than we need them !"

- **Respect :**
 - Their time
 - Their opinions
 - Their right to grow
 - Their future



YOU need them because there will always be someone willing to hire them away from you !

2: Let the inmates run the asylum every once in awhile !

We had a major problem with vacation schedules. It lived in a book that one person had control over. When it came time for days off, staff felt it ended up being a popularity contest - and it probably was ! The staff disliked the supervisor because they had no control over their time. "It was a secret."



Teach them to fish !



If you have a computer system, put the vacation schedules (techs & doctors) on line so that **they** can refer to them when they are requesting time off. There's many "things" they can do without you having to be involved with!

#3: Harassment..there will be noneperiod !

Sexual - comments, innuendos or actions

It's very difficult to discuss this type of harassment. Unfortunately many offices use the "that's just the way they are - real friendly" excuse to try and explain someone's behavior. **LISTEN TO WHAT THE EMPLOYEE IS SAYING** and **stop** the behavior.



"The Toucher"

Be aware of what the staff is saying and *doing*. Some people are just naturally touchy. This can make *other* people very uncomfortable. If a staff member complains of another staff's over touchiness...talk to the "toucher" **ASAP**. Do not ignore this.



"The Hugger"

When is it ok to hug a fellow co-worker...or your doctor ????!?!
Is it *ever* OK ?



What About Hugging A Patient ?

Be careful !!! Patients **should** be considered **vulnerable** regardless of the situation they are currently in, and therefore can *and will* misinterpret information, acts of kindness and diagnoses because of the stress they are under.



"The Inside Joke" or "Did They Just Say That" ?!

Watch the jokes and the stories, especially in mixed company, but even when it's "just the girls" having lunch. And... be careful sharing "too much information" ... not ***everyone*** wants to hear about your cramps from hell !



OFFICE SAFETY

SLIPS, TRIPS, & FALLS
BLOCKING EXITS
WORKSTATION DESIGN
ELECTRICAL
HOUSEKEEPING
HEATERS & FANS
EMERGENCY ACTION PLANS
LIFTING
FAULTY EQUIPMENT



No News Is Good News !

Have a Safety Committee that has representation from each part of your office: Phone Center, Business, Techs, etc. Each month have them send a standard report of their areas listing any hazards they see (frayed wires or carpets, leaks). Then **respond**, **repair** and **document** when you took care of it !



"We told them over and over this was dangerous !"



Can you say lawsuit ?

It will be interpreted by your staff, the court and the jury - that you didn't care. *Guaranteed* your staff will feel that way - and will say so to anyone they can.

"I saw her limping, but I figured she did it over the weekend"

Sometimes you just don't want to ask the question - but you have to: "Hey...what's going on ? Did you hurt your leg? " Ignoring an employee with an "injury" may come back to bite you ! Ask what happened, and then document their response - especially if it was *not* work related !



Go Looking For Trouble !

Sometimes employees practice unsafe habits - carrying heavy loads without asking for help, shoveling side walks, transferring patients without transfer belts, etc. **IF** you see bad behavior, **STOP IT !**



Leaks cause falls



Don't store wraps, towels, equipment, under sinks where they can get contaminated

Does Your Staff Change Office Locations During The Day ?

Is your practice protected if your employee has an accident? What if an employee calls you concerned regarding weather, road conditions or they are nervous "crossing the bridge" ?



Will Your Insurance Carrier Conduct a Defensive Driving Class?

Talk with your carrier and ask if they will give your staff a class. **Document attendance.** **IF** an employee is on work time, transferring to another office and they are in an accident, you will need to cover them.



Do You Have Road Warriors ?

We have (7) offices. I have staff that love to "shift" every chance they can. Others get irritated if they move once a week! When talking with new hires, make sure they know they will be traveling. Pay for their mileage and their time to get between clinics! Make sure they know this **BEFORE** they start working for you!



Workplace Violence

- Violence is one of the leading causes of workplace deaths. Aggressive actions, physical conflict and sexual harassment are far more common than deadly assault and are the usual forms threatening workplace behavior assumes. Always be wary and report coworkers or others who exhibit signs of potential violence.
- **Warning signs of potential violent behavior may include:**
 - Withdrawal from others.
 - Threats of suicide.
 - Excessive drinking or drug use.
 - Argumentative behavior.
 - Behavior changes.
 - Loss of interest and confidence in life and/or work.
 - Threats or disturbing statements to others.
- **To keep your workplace safe you should:**
 - Follow all District policies and procedures regarding violence.
 - Report all threats and other suspicious, potentially violent actions.
 - Take all threats seriously.
 - Never joke about violence.
 - Always use precaution when working late or odd hours.
- **If you encounter a violent or uncomfortable situation, you should:**
 - Stay calm.
 - Never be confrontational with a violent individual.
 - Report acts of violence to your supervisor.
 - Always follow District policy concerning violent or potentially violent behavior.
 - The District may have counseling and rehabilitation programs available for employees that need assistance. Ask your supervisor about the availability of these programs.

"This Is A Safe Place "

Employees need to be, and have the right to feel, safe at work. That means **physically, mentally and environmentally** "safe".

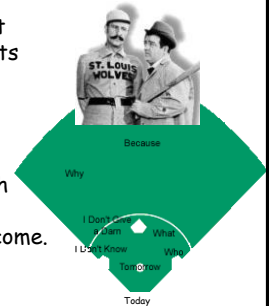
There can be no excuses . If an employee expresses a concern that they feel "unsafe" ...

excuses
Excuses
Excuses
Excuses

CHECK IT OUT !

Do You Have Your Bases Covered ?

Have a policy in place that defines the chain of events to follow if an employee feels "unsafe". IF the "offender" is a physician, have another physician or office manager speak with them. Document the conversation and the outcome. Follow Up !



What If It Is An Angry Patient?



Make sure staff know that they have an "out" if a patient is behaving unreasonable or is being overly aggressive.

No staff should have to deal with irate patients. "It's not in their job description - it's in ours"



Take Care Of Your Staff and They Will Take Care Of You!



it's all about me.
deal with it.



Pessimism

Every dark cloud has a silver lining, but lightning kills hundreds of people each year who are trying to find it.

