Access Management Journal

Official Journal of the National Association of Healthcare Access Management Volume 33, Number 2

National Association of Healthcare Access Management NAHAM™

Access Management Journal Author Guidelines

The NAHAM *Access Management Journal* is published by the National Association of Healthcare Access Management (NAHAM). It is designed to share ideas and experiences, and to learn about trends and developments in the field of Access Management. The *Journal* welcomes news, articles, and story ideas from members and other writers.

Article Topics

The NAHAM *Access Management Journal* accepts unsolicited articles but does not guarantee publication of all submissions.

The *Journal* accepts a variety of article types, including:

- First-hand experience with trends in the field
- New projects that your organization is developing or implementing
- New products or services that have increased your job productivity
- News from committee or affiliate meetings
- Trends or problems emerging in the workplace or the field in general
- Reports on legislation or policy issues that affect the field
- The "lighter side" of the workplace
- Book reviews related to work or the field
- Articles on topics of special relevance to front-line staff

The NAHAM *Access Management Journal* welcomes submissions from the industry. Specific products or companies cannot be endorsed in editorial pieces and therefore should not be mentioned in the body of the article. Company and/or product information may be included in a brief description contained in the author biography at the end of the article.

Submission Format

Articles should be submitted in English, by e-mail in a Microsoft Word file. If e-mail is not available, files can be sent on a CD via mail. Times New Roman 12 pt. or Arial 10 pt. font is preferred. Articles should be accompanied by a cover sheet that includes the article title, author(s) name(s), address, telephone number, e-mail address, and brief biography (one to two sentences that contain the author's name, credentials, current position, and committee name and/or chapter affiliation, if applicable).

Quotes and statements from sources must be attributed. Facts (such as statistics) must be referenced. Do not use abbreviations. Acronyms may be used after the first full reference.

Photos or graphics must be camera-ready and can be submitted as an attachment via e-mail along with the article. Acceptable photograph file formats are .jpg, .tiff, and PDF. Photos must be high resolution (300 dpi). Hard copy photographs also may be mailed. Graphs, tables, and charts also may be submitted to further illustrate the article.

Copy Editing

All articles are subject to editing by the editorial staff.

Exclusivity

Articles should not be under consideration for publication by other periodicals, nor should they have been published previously (except as part of a presentation at a meeting).

Copyright

Authors must agree to a copyright release, transferring copyright ownership to the *Access Management Journal* before an article is published.

Publication Schedule

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How to Submit

All articles and accompanying photos or graphics should be submitted via e-mail to Shaune LaMarca at ***slamarca@smithbucklin.com***. Additional information also may be found on the NAHAM Web site at ***www.naham.org***. Microsoft Word files on CD, hard copy photographs, or supporting materials can be mailed to:

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If you would like your photos or files returned, please include a self-addressed stamped envelope.

Alternatively, articles may be submitted via our secure online form, which can be found at ***www.naham.org***. Before completing the online form, please have an electronic copy (.doc or .txt file preferred) of the article ready for upload. Any accompanying attachments must be sent via e-mail to ***slamarca@smithbucklin.com***.

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Editor's Letter

Greetings, NAHAM members!

I was sitting in my office the other day, in between meetings, thinking to myself about my duties in the Patient Access environment. On the papers, my official title is "Patient Access Manager," but what does that *really* constitute? Grabbing a pencil and paper, I began to jot down my smaller, more intricate roles that tie into my overall career in Access Management. I penciled in responsibilities including "team leader," "advisor," "trainer," "mentor," and "supervisor," to name a few. Ultimately, I oversee a team to ensure patients' safety, office professionalism, and proficient recordkeeping, for one overarching purpose—client satisfaction.

Think about it. In any medical environment, whether you're a CEO or a custodian, you are working towards the wellbeing of the patients. Customer service is a priority. When the patients walk away happy, healthy, and having an up-to-date file in the system, you know you've succeeded.

Customer service and client satisfaction involve many hands. A hospital consists of departments, teams, procedures, regulations, technologies, and so much more. More specifically, for our piece of the pie, the Access department, to run at its best, we need to provide the adequate training. As Patient Access professionals, we require an understanding of *all* aspects of the system—the numerous facets which make our jobs exciting and rewarding. That's where this issue of the *Access Management Journal* comes into the mix.

You'll find this issue of particular value, as it covers all bases that tie into customer service. Flip through the pages and you'll discover how you can train your team in a fun, creative learning environment. You also will learn about new identity verification technologies that can speed the registration process and avoid filing errors. Explore how two authors turned their ideas into action items in this issue's book review. Keep on reading, and you'll find out how to prepare for, respond to, and recover from unwanted emergency situations on the job. One feature article even covers how delegating certain jobs on your "to-do" list can challenge, train, and motivate your employees. Each piece, you'll find, offers insights and ideas to improve your work environment—and in turn, best serve your patients.

As Patient Access Service professionals, providing exceptional customer service is one of our core values. At the end of the day, we want to ensure that our patients are safe and satisfied. I encourage you to take advantage of the ideas that this issue of the *Access Management Journal* brings to the table—for the sake of developing your skills, your team, your department, and your organization. A tightly organized, expertly managed medical environment equates to a positive patient experience, and in our eyes, a job well-done.

Best wishes,

Jim Hicks, CHAA, CHAM, CAM

Jim Hicks is the Patient Access manager for Southeastern Regional Medical Center in Lumberton, North Carolina, and serves as the Communications Chairman on the North Carolina Chapter of Healthcare Access Managers (NCAHAM) Board of Directors.

Customer Service: An Institution-wide Priority

By Millie Hast

Customer service is integral to any successful, profitable organization. Learn how you can train your staff to enhance the patient experience in your hospital or clinic.

When your hospital has 1.9 million outpatient appointments and more than 22,000 inpatient admissions per year, providing excellent service is a challenge. To address this need, the University of Texas M. D. Anderson Cancer Center's core values drive customer service throughout the organization.

Embarking Upon a New Initiative

In February of 2007, after a Malcolm Baldridge self-assessment identified a lacking standardization of key customer service processes, senior leadership set out to build a culture of customer service which would simplify access to M. D. Anderson for patients and referring physicians.

Two multidisciplinary teams were created to identify and recommend desirable customer service processes in Patient Access, along with organization-wide, customer-friendly behaviors. As a result of the teams' recommendations, senior management appointed an institutional committee called the Customer Service Initiative. Its representatives include a wide variety of departments related to Patient Access.

Barbara A. Bowman, associate vice president in Patient Services, chairs the Customer Service Initiative. She believes that service is a must in the organization. Connie Longuet, director of Patient Access Services, agrees. "Customer service is not a one-time occurrence," she notes. "It needs to be part of the organizational culture."

The Customer Service Model

To illustrate each staff member's responsibility to live by the core values and provide outstanding service, the Customer Service Initiative created a model (Figure 1). The model's outer ring includes the organization's core values of care, integrity, and discovery. Inside this ring are nine principles of behavior: sensitivity to concerns, inclusiveness, respect and courtesy, communicating openly and frequently, trustworthiness, accountability, creativity, being learning-oriented, and being able to solve problems. The next ring comprises the five pillars of customer service: friendliness, courtesy, reliability, safety, and responsiveness. At the center of the model is each staff member, embodied by the phrase, "I am M. D. Anderson," to show that each staff member represents the entire institution to patients.

Accountability

To weave customer-focused behaviors into the fabric of M. D. Anderson, the committee sponsored interactive training modules and videos that take staff through each step of a patient encounter—from appointment, to treatment, to billing. Mandatory customer service classes are held for Patient Access staff and other departments. Training also has been developed for physicians to demonstrate service-oriented behavior in common patient interactions.

In addition, the human resources department developed a toolkit for managers to use in the hiring process. This toolkit includes questions to ask potential job candidates during interviews that will identify those most likely to demonstrate customer-friendly behavior.

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To ensure that staff remains focused on excellent service, the annual performance evaluation now holds staff accountable for demonstrating desirable customer service skills.

Process Enhancements

The Customer Service Initiative oversees a wide variety of projects that enhance the customer experience. Projects that have been completed include AIDET facilitator training for clinical administrative directors and clinical business managers, a volunteer patient navigator program, the development of a physician referral specialist position, an "I Am M. D. Anderson" self-assessment tool for staff, the redesign of the M. D. Anderson Web site, and a variety of internal communications focusing on customer service.

Other projects in progress include the expansion and enhancement of secure Web portals for patients and referring physicians, an assistance program for patients who become ill in public areas of the hospital, customer service training for staff in Spanish, bereavement letters, ongoing emphasis on customer service in internal communications, interactive customer service training for managers, and a Webcam project to facilitate patients staying in touch with family and friends while hospitalized, just to name a few.

Measuring the Value

Patients were surveyed in September 2007 regarding their perceptions of customer service in the referral/registration process. After customer service training was provided a second patient survey in November 2007, showed improvement. Subsequent surveys in June 2008, September 2008, and January 2009 showed fluctuating scores (Figure 2). As a result, Patient Access training is ongoing.

Figure 1: Customer Service Initiative Model

M. D. Anderson's Customer Service Initiative model depicts the service-oriented core values and principles each Access employee must uphold.

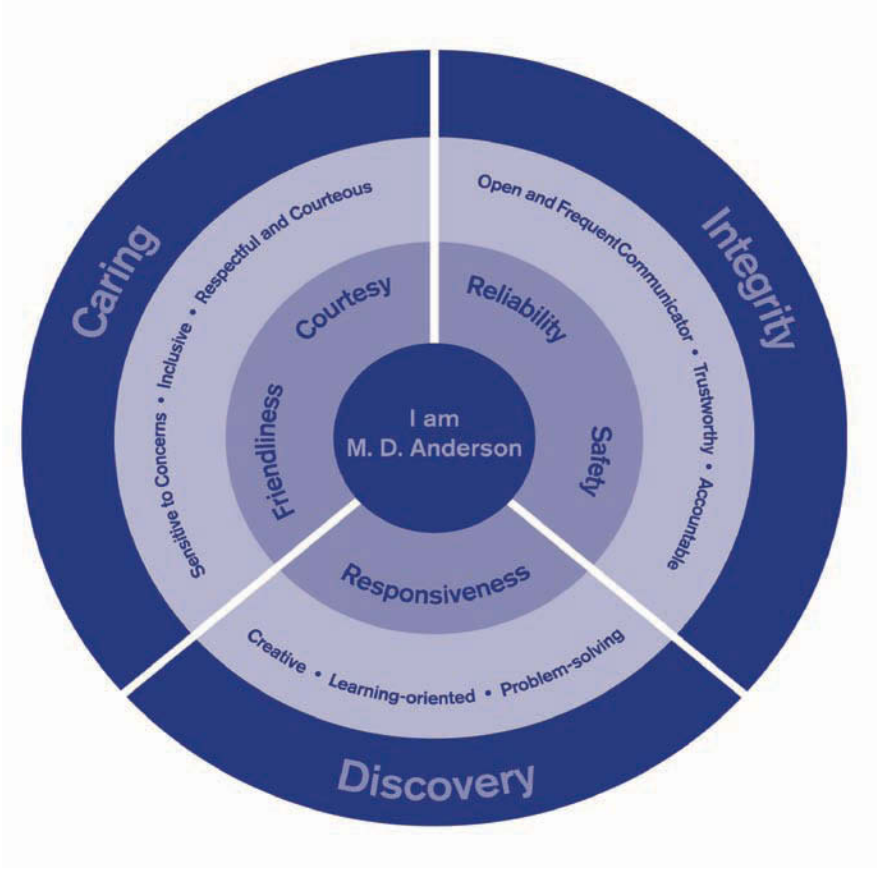
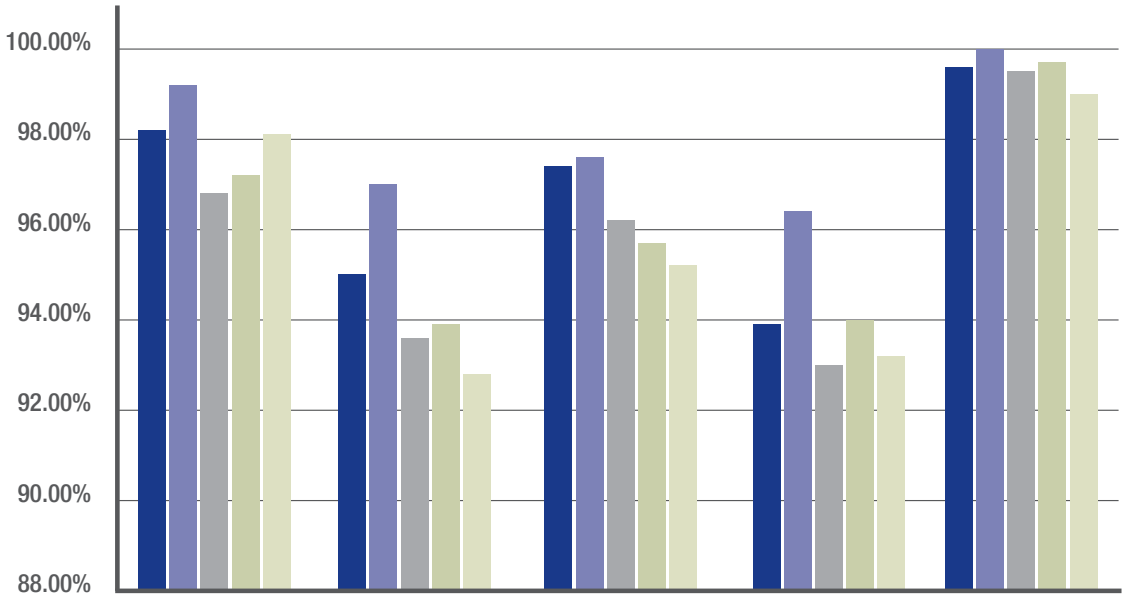


Figure 2: Customer Service Survey Results

M.D. Anderson's fluctuating patient survey scores reflect the need for ongoing staff training in the referral and registration process.



	Staff very courteous/ courteous in scheduling first appointment	Staff very clearly or clearly explained referral process, how to become a patient	Staff very helpful/helpful in assisting patient through the referral process	Staff kept patient very informed/informed throughout process	Staff very courteous/ courteous at registration
Sep-07	98.20%	95.00%	97.40%	93.90%	99.60%
Nov-07	99.20%	97.00%	97.60%	96.40%	100.00%
Jun-08	96.80%	93.60%	96.20%	93.00%	99.50%
Sep-08	97.20%	93.90%	95.70%	94.00%	99.70%
Jan-09	98.10%	92.80%	95.20%	93.20%	99.00%

In each of the surveys, the two lowest score categories improved. Both Longuet and Bowman agree that commitment from the institution is essential to excellent customer service. "Caring has to be a part of who you are," Longuet says, "and it needs to include the faculty and administration, as well as staff." Bowman notes that "there are all levels of customer service. It's important to set the expectations and take it to the highest level. Fours aren't good enough. You need fives."

One of M. D. Anderson's challenges going forward is how to sustain the gains. As Bowman notes, "Finding talented, creative people isn't hard. So many people have stepped up to the plate. The challenge is to keep it fresh."

Effective customer service stems from organizational commitment from senior management, to staff, to physicians, creating a culture of caring, high expectations for behavior, procedures designed to achieve a customer focus, and a continuing effort to keep the message fresh. Such are the main ingredients of M. D. Anderson's Customer Service Initiative. Bowman's advice for other hospitals that want to improve service is to make it "an ongoing priority that includes all those who interact with the patient, holding all staff accountable for performance." ●

Millie Hast, MS, CHAM, is senior management analyst at the University of Texas M. D. Anderson Cancer Center, in Houston. She serves as liaison between Patient Access and Patient Business Services and is a member of M. D. Anderson's Customer Service Initiative.

Delegate Projects to Strengthen, Challenge, and Motivate Your Staff

By YaVonda Haynes

Delegate tasks to your staff to better manage your time, train your team, and improve the overall efficiency of your office.

A Day in the Life

It's eight o'clock in the morning and I walk into the office to be greeted by multiple people who need my attention. Either someone wants to talk to me, show me an error that requires correction, or they need me to consult a patient. After dumping my bags behind the first empty desk, I scramble to clock in. The tiny wheels in my head are turning in an effort to prioritize to whom I need to speak first, or which problem needs tackling. My thoughts are, of course, interrupted by an important phone call. Meanwhile, I open my e-mail to get an idea of what lies ahead for the day, and my eyes roll as I see that my inbox is up to almost one hundred messages again. Not to mention, I have an upcoming meeting to attend.

By 10 o'clock, I finally open the door to my office and ask if someone has started another pot of coffee because I have missed the first two. I shift the papers around on my desk in an attempt to reprioritize my tasks, before hearing a knock on my door, followed by the voice of someone asking if it's okay if they head to lunch. Next, someone walks in and places my purse and bags on my desk…

This is an example of a typical day for most Access managers. Our days are filled with endless tasks and demands that must be met in order for our institution to run efficiently. We're working from the time we walk in the door, until we reach that imaginary clock-out time.

As managers, we have undoubtedly mastered the skill of multi-tasking. However, we sometimes miss the mark of delegation. Independently, we assume the responsibility of our multiple tasks for various reasons. Perhaps some of us view ourselves as Super-Managers. Regardless of the case, if we're not careful, we'll find ourselves overwhelmed and backed into a corner of an overflowing inbox and never-ending responsibilities. The pressure can hurt our job performance and concern everyone around us.

Why Delegate?

Delegation is imperative, a key to professional and organizational prosperity. Not only does delegation increase your productivity, but it also gives you an opportunity to develop your staff. When you take the time to train your team, the staff will have a higher sense of pride and appreciation for the job, as well as for the organization. Their professional development will shape them for new opportunities that may come.

Delegation involves more than merely assigning a task. It's taking a responsibility that is normally a part of your job and giving someone else the authority over it. As simple as it may sound, it actually involves strategic planning on your part as the manager.

The How-To's of Delegation

First, you must decide what to delegate. Anything regarding performance feedback or disciplinary actions would not be appropriate. In my experience, the typically lower-priority tasks that are easier to do should be delegated. Next, you must decide which employees would be the most fitting people for the task. If the project or task requires

the person to have thorough knowledge of processes, it may not be to your advantage to ask a newer employee to take on such responsibility. Remember, the objective is to execute the task with little to no help from you.

Coaching is the next essential step of delegation. You must trust the person to be able to manage the responsibility. Along with that, be sure that you have clearly defined the goal, while at the same time, being careful not to tell them exactly how to accomplish it. Leaving the decision-making up to the employee allows them to exercise the authority that you have just given them, making your choice to delegate more worthwhile. Still, ensure that all the tools necessary to complete the task are readily available, and that you encourage your employees to ask questions if needed. Keep in mind that delegation will help develop your team and the greater organization. In that, you must make sure to explain how their task will affect and benefit the organization.

Setting deadlines for the tasks should be decided together, along with setting check points to monitor your staff member's progress. Coaching also includes giving feedback. Communicating her progress or room for improvement is essential. These checkpoints are a good time to praise the employee, as well, which will keep her motivated. Check points may be a good time to create new deadlines, or explain the expectations in further detail.

While the employee should be held accountable for the assignment at hand, ultimately the success or failure of it lays upon you as the manager. Therefore, you must be sure that once the delegated work is delivered back to you, you set aside enough time to review it thoroughly.

The Benefits

Initially, delegation may seem like more work than necessary, but when done correctly it is a benefit for all involved. Allowing people to take on tasks that they may not normally do keeps the job from being repetitive. Delegating projects also allows you, as a manager, to give yourself more time and energy to focus on your most important projects and goals. In addition, you will provide a challenging environment in which you further train and strengthen members of your team. ●

YaVonda Haynes, CHAA, CFC, is an assistant Access manager for Athens Regional Medical Center. YaVonda can be reached at *yavondah@armc.org*.

Patient Access and Emergency Management: Collaboration and Education

By Leon Roth

Preparing your team for unexpected emergencies involves collaboration and training, which will ensure successful mitigation, relief, and recovery from disasters and catastrophes.

I have worked at Advocate Lutheran General Hospital for almost 19 years. Ten years I was on the clinical side, and the last nine, I have been in Patient Access. As a Patient Access professional, I know firsthand the struggles of the daily operations—the demands from the revenue cycle, state and federal regulations, staffing shortages, wait time issues, both external and internal customer satisfaction, and continuous training. However, there is something we seem to forget as an industry, and that missing piece is emergency management (EM).

There are two overarching federal documents that guide national response to an emergency, disaster, or catastrophe: the National Incident Management System (NIMS) and the National Response Framework (NRF). NIMS focuses on six key components: command and management, preparedness, resource management, communications and information management, supporting technologies, and ongoing management and maintenance. The NRF focuses on five key principles: engaged partnership, tiered response, scalable, flexible, and adaptable operational capabilities, unity of effort through unified command, and readiness to act.

More information about NIMS can be found at: ***www.fema.gov/emergency/nims/***

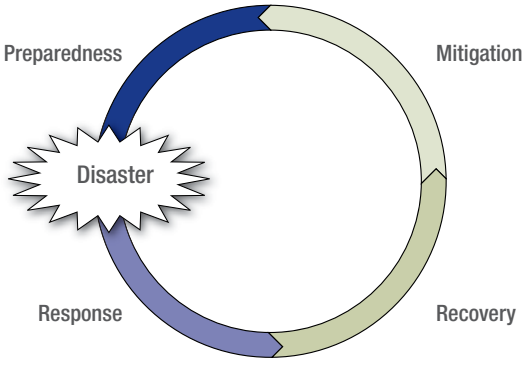
More information about NRF can be found at: ***www.fema.gov/emergency/nrf/***

The Emergency Management Cycle

Emergency management encompasses an all-hazard approach that has four distinct phases: mitigation, preparedness, response, and recovery. These phases create the overall Emergency Management Cycle. Mitigation is the action taken to reduce or eliminate a hazard or risk to life or property. At times, you will find that you will be working on mitigation during the recovery phase. Preparedness is how to respond during a disaster. Response is the actual reaction to the hazard that caused an emergency, disaster, or catastrophe. Recovery is working toward getting things back to normal. As you can see, this is a continuous cycle.

Figure 1: Emergency Management Cycle

The Emergency Management Cycle, courtesy of Tuscaloosa County EMA Web site: ***www.tuscomema.org/cycle.html/***.



As Access managers, we need to pay special attention to the preparedness stage of the Emergency Management Cycle. This requires collaborative work with the subject experts—the emergency planners of the hospital. Access managers and their staff must practice activities they will need to perform when an actual emergency, disaster, or catastrophe strikes.

Hospitals use the Hospital Incident Command System (HICS). During an emergency, disaster, or catastrophe, the first position that has to be assigned is that of an incident commander. An incident commander decides if more positions on the HICS organizational chart need to be activated. The Web site—***www.emsa.ca.gov/HICS***—provides Job Actions Sheets that have detailed descriptions of functions and responsibilities for each position.

In the HICS organizational structure, Patient Access is a box owner under both the operations and planning sections. From the operations standpoint, Patient Access is responsible for the job of patient registration unit leader. Its mission is to coordinate inpatient and outpatient registration. From the planning standpoint, Patient Access is responsible for the job of patient tracking manager. Its mission is to monitor and document the location of patients at all times within the hospital's patient care system, and to track the destination of all patients departing the facility.

Educating Your Team

In my role as an Access manager, I have frequently discussed the importance of collaboration and education for emergency planning. At Advocate Lutheran General Hospital, Patient Access works closely with M. Cari Selzer, RN, BSN, EMT-P. She is the subject matter expert for the hospital's emergency plans. We work together on preparedness and response for Patient Access employees and management. She is enthusiastic to work with my department on implementing plans and specific drills, and has provided helpful assistance with the development of departmental policies and procedures for emergencies.

In today's ever-changing world, education is key. We must continue to keep ourselves informed, and we have a duty to educate our staff and ourselves.

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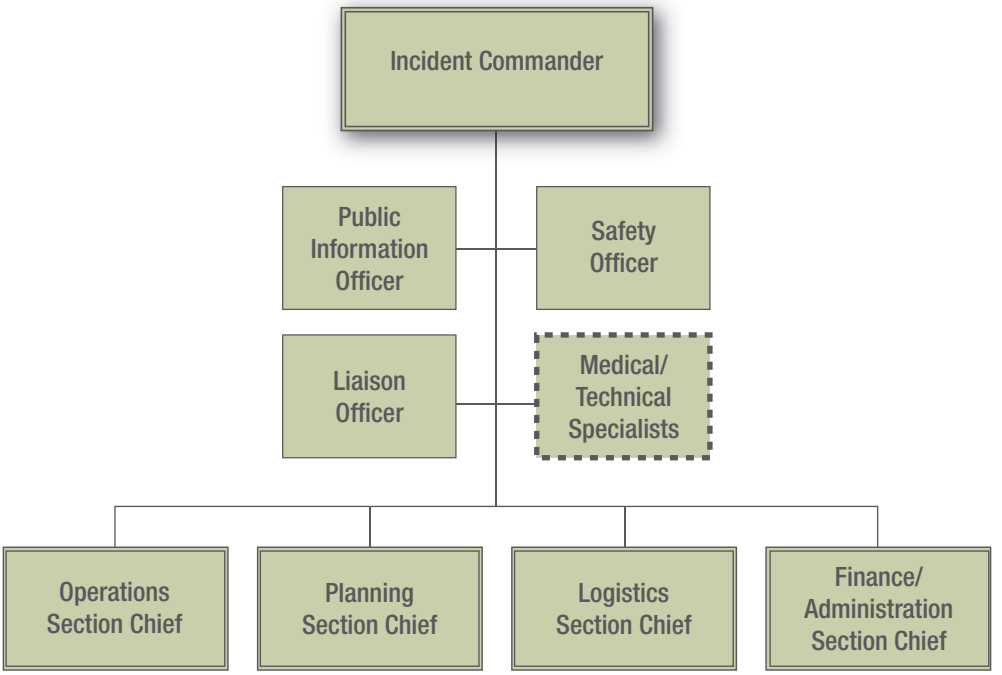
Figure 2: The HICS Chart

HICS Chart, courtesy of ***www.emsa.ca.gov/HICS***. Information about HICS and the Job Actions Sheets can be found at ***www.emsa.ca.gov/HICS***.



Exercises and training are important to keep our response skills up-to-date, so we automatcially know what to do and appropriately react when a real emergency faces us. There are many different types of government-provided educational materials available on the Internet. Utilize them!

In addition, there are many great resources for online training. NIMS and ICS training is recommended for all federal, state, tribal, and local entities, and for private sector and non-governmental personnel with a direct role in emergency management and response. The list also includes all emergency services-related disciplines such as EMS, hospitals, public health, fire service, law enforcement, public works/utilities, skilled support personnel, and other emergency management response, support, and volunteer personnel. The federal government suggests that all those listed above should take the following classes:

- **Entry Level**
  FEMA IS-700.a: NIMS, An Introduction
  ICS-100: Introduction to ICS
- **First Line, Single Resource, Field Supervisors**
  IS-700.a, ICS-100 and ICS-200: Basic ICS or its equivalent
- **Mid-level Management: Strike Team Leaders, Division Supervisors, EOC Staff, etc.**
  IS-700, IS-800.b NRF, ICS-100, ICS-200 and ICS-300*
- **Command and General Staff; Area, Emergency, and EOC Managers**
  IS-700.a, IS-800.b NRF, ICS-100, ICS-200, ICS-300* and ICS-400*

** NOTE: Not all persons required to take ICS-300 and ICS-400 will need to take IS-800.b. Emergency managers or personnel whose primary responsibility is emergency management must complete this training. ICS-100.HC and ICS-200.HC classes are geared specifically for healthcare/hospitals and can be substituted for ICS-100 and ICS-200 above.*

More information about these classes, with the exception of ICS-300 and ICS-400, can be found at ***http://training.fema.gov/*** under the FEMA Independent Study tab.

As Access Management professionals, we must break from the "silo mentality" and join forces with fellow Access managers and emergency management experts in hospitals and in our communities. There is an abundance of information and first-class resources available at your fingertips, so re-inventing the wheel is not needed. I also encourage you to talk to your colleagues and those who are the subject matter experts, as they are often your best source of information. Being pro-active and prepared for the worst will help your Patient Access Emergency Management follow best practices, and will make a significant difference for our profession, the protection of our employees, and ultimately, our patients.

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1. Harold Damron, BA, CEM, director of Will County's Emergency Management Agency. Teacher of HEM 210 – Principles of Emergency Management at Loyola University.

2. Emergency Medical Services Authority. Disaster Medical Service Division – Hospital Incident Command System (HICS). 2007. ***www.emsa.ca.gov/HICS***.

3. Deon Pillard, MS, Homeland Security program manager of Will County's Emergency Management Agency. Teacher of HEM 240 – Principles of Public Healthcare in Emergency Management at Loyola University.

4. Cari M. Selzer, RN, BSN, EMT-P, EMS educator and emergency plans at Advocate Lutheran General Hospital.

5. Tuscaloosa County EMA. Tuscaloosa County Emergency Management Cycle. ***www.tuscoema.org/cycle.html***.

Leon Roth, CHAM, is manager of Patient Intake at Advocate Lutheran General Hospital in Park Ridge, Illinois.

Securing Your Patient's Identity: The Health Insurance Portability and Accountability Act

By David Wiener

Biometric technology is the true solution for identity verification, patient safety, and government compliance.

The Importance of Secure Patient Identity

Patient safety is of the highest concern in our nation's healthcare institutions. The first line in patient safety is correctly identifying a patient and matching her to the right medical record. This must occur the moment she enters the healthcare facility and for every visit thereafter. However, even with great concerns and effort to ensure a patient's safety through accurate identification, there are certain problematic factors that continue to put a patient's safety and identity at risk.

Risk factors come from simple human error to dishonest people committing fraud. Patient safety through proper patient identification is so important that The Joint Commission has made improving the accuracy of patient identification its number-one goal for the last five years. A system for proper patient identification has even become an accreditation requirement for hospitals. In addition, healthcare providers must comply with government regulations such as the required "Red Flags Rule" for the Identity Theft Program.

The Challenges

A common difficulty in Patient Access is determining your patient's true identity and matching her to the correct medical record. The advancement of biometric technologies has helped simplify the task of identifying patients accurately, improving the patient registration processes. Using biometric technology, healthcare organizations can enhance patient customer service by:

- Accelerating registrations;
- Saving money by stopping medical records duplication;
- Protecting patients by preventing medical identity theft;
- Reducing expensive fraud by preventing insurance card sharing; and
- Saving a life by being able to identify John and Jane Does, or the confused and unconscious patients.

Identity Verification

Patient identity management is hectic and time-consuming in today's busy hospital settings. First of all, it needs to be practiced and implemented into each patient visit. The use of photo ID is not always the best identification process, however, since people's appearances change quite often. In addition, people often come to the ER without any form of ID. Some facilities use the Social Security number as a form of confirming the patient's identity, but that practice is frowned upon by most people in our community, especially Medicare recipients. Even saying a Social Security number out loud, where someone else can overhear it, can possibly subject the facility to a Health Insurance Portability and Accountability Act (HIPAA) complaint.

With medical identity theft and insurance card-sharing rampant, identity management becomes even more important. Your facilities may be subject to great liabilities in these cases. In such cases, medical record overlays are occurring. This means your caregivers are no longer looking at a single

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person's medical history on the medical record. Two, or maybe three or four people's medical histories are aggregated into a single medical record.

The Fair Credit Reporting Act

Effective November 1, 2008, healthcare providers were required to comply with the Fair and Accurate Credit Transactions Act (FACT Act), amendments to the Fair Credit Reporting Act. Enforcement began May 1, 2009. One of the final rules adopted has been referred to as the "Red Flags Rule" and includes the requirements for the development and implementation of an Identity Theft Program. New "Red Flag" issues which have been incorporated into this final issuance by the regulators include the following:

- The Social Security number provided is the same as that submitted by another person on an account of another patient; or
- The address or telephone number provided is the same as or similar to another patient.

These issues, in addition to the possibility of medical mistaken identity when the registrar accidentally selects the wrong medical record, make managing medical record overlays a nightmare for caregivers as well as the patients involved.

In contrast, medical record duplication occurs when a registrar accidentally creates a new medical record for a repeat patient when she cannot find an existing medical record. This happens with the use of nicknames or confusing spellings. In these situations, a caregiver cannot give the best care possible, since she is not looking at the patient's complete medical history. This also creates duplicate medical records, requiring costly duplication clean-up.

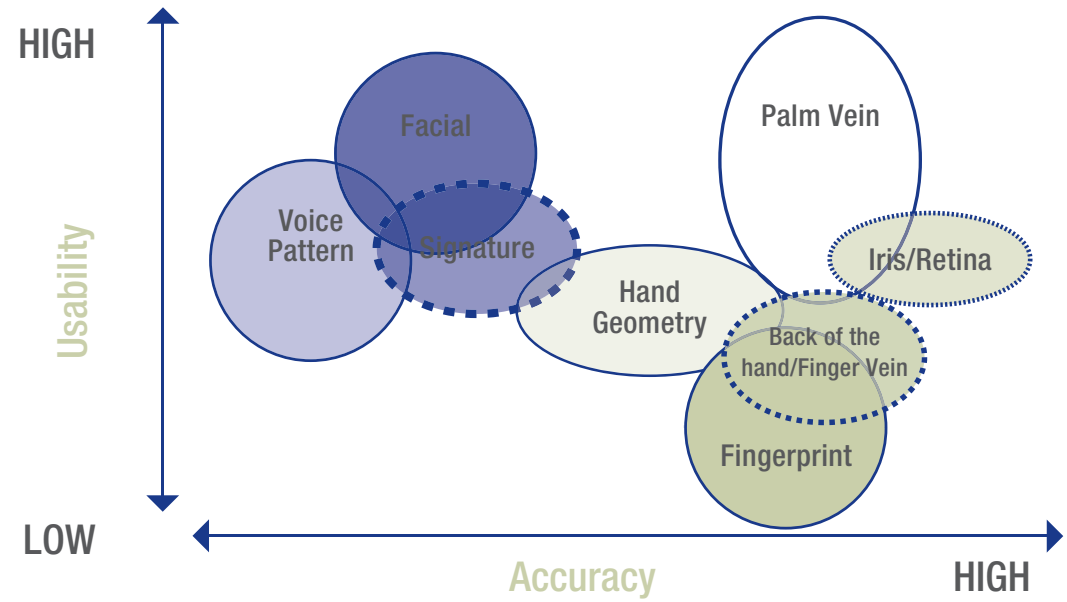
The History of Biometric Technology

Biometric technology has always been the solution for identifying a person. Just the word itself translates to "the measure of life." Biometrics comes in many different forms—these technologies vary from the very simple and fairly accurate, like fingerprints; to the highly accurate, like retinal scanning. Figure 1 shows the different types of biometrics, their accuracy, and their comparison to usability.

Fingerprint identification has been around since the nineteenth century. The distinctive pattern of a person's finger helps determine identification. However, the stigma associated with fingerprints does not lend itself to voluntary widespread use. In addition, these patterns sometimes cannot be read if the person has surface damage to their fingers.

Figure 1: Identity Verification Methods

A comparison of the various biometrics' accuracy and usability.



Plus, there are segments of certain race groups that fingerprints do not work on at all.

Retinal scanning is a more accurate identity verification technology. This involves scanning the unique vein pattern on the back of a person's retina. This pattern is very pristine since it is inside an enclosed space—the eye. This also makes retinal scanning very secure. The issue, however, comes with the usability of retinal scanning. The scanning equipment is expensive to implement. In addition, as with fingerprints, the usability in a wide voluntary setting is low. It, too, suffers from a stigma, since people do not like anything pointed at their eye. Also, the scans take a long time and contact lenses or glaucoma may interfere with the scans, resulting in re-scans.

One of the most impressive biometric technologies to enter the market is vein scanning—it's like doing a retinal scan in the palm of your hand. This technology shines infrared light at either the individual's palm or finger. The light penetrates the outside skin and reflects off of the deoxygenized blood in the body, illuminating a person's veins. This scan produces a pattern. This pattern is then extracted and is unique to the person. It is extremely accurate: 100 times more so than a fingerprint. Of the two, palm vein is the most applicable to a healthcare setting.

Success in Palm Vein Biometrics

There are a number of success stories of using palm vein biometrics in the healthcare setting. Carolinas Health Care System, in Charlotte, North Carolina; BayCare HealthCare System, in Clearwater, Florida; and ValleyCare Health Care, in Pleasanton, California, are all using a product by HT Systems and Fujitsu called PatientSecure with PalmSecure. The PatientSecure biometric engine and the PalmSecure palm vein device are integrated into the healthcare's patient registration system in any platform. The system allows the registrar to simply and quickly scan the patient's palm vein pattern in the hand. The system then quickly identifies the patient and brings her medical record to the active case profile, right in front of the registrar, via the registration system. It is a one-to-one match between the patient and her corresponding medical record.

The Benefits

This one-to-one match has a number of benefits. Since the system assures that only one biometric pattern exists for one medical record, it stops duplicate medical records. The highly accurate scan identifies the patient and does not allow multiple biometrics for a single medical record, preventing identity theft and insurance card sharing. This also ensures the organization's compliance with the FACT Act for identity theft reporting. This quick scan and identification also accelerates registrations and in emergency situations, the PatientSecure system allows you to identify a confused or unconscious patient.

The system also crosses all platforms, including dissimilar systems. A patient enrolled at a specific hospital can be identified at any affiliated clinics or physician offices. For example, at Carolinas HealthCare, PatientSecure is integrated within their McKesson Star and IDX Flowcast system. Two systems, which do not normally talk to each other, are now linked by a patient's biometric signature. The PatientSecure system acts like a biometric EMPI.

Thinking About the Future

The question is, how well does the system work?

"With more than 350,000 biometric records, we have never had a misidentification in our two years of using the system," says Jim Burke, Information Systems Director. "The system is extremely fast and our patients love it. It truly differentiates us from other healthcare systems in our community. Patients know we've made an investment in them."

This is not a futuristic, high-tech technology. It is a state-of-the-art system that is currently available. More healthcare organizations are embracing the advanced technology to improve patient safety, and in turn, patient care. Patients are more technologically savvy than ever and want to be assured that their healthcare and records are accurate and protected. ●

David Wiener has been in the healthcare technology field for the last 18 years. As president of HT Systems, he continues providing the healthcare field with innovative, cutting-edge applications; he can be contacted at *davidw@patientsecure.com* or (813) 777-9888.

Priority "Number Fun": How Role-Playing and Game-Based Education Can Train Employees, Increase Retention, and Improve Morale

By Michelle Headrick

Using competitive trivia games and role-playing can boost employees' knowledge, contentment, and confidence on the job.

Memorable Public Speaking

The truth is, I become bored easily.

I realized this after spending an entire day at a local healthcare conference, out of which I could only recall two speakers I heard. I remember the first speaker was a surgeon who discussed patient safety. He was funny, and he wasn't afraid to acknowledge his own failings. He added a humorous quiz in the middle of his PowerPoint slides, and even used a few mild curse words to shock us into listening to him.

The other presenter I recall spoke about "Generation Y." A generation, he said, that believes everyone is a winner, everyone gets a trophy. Over-saturated with entertainment media and social networking Web sites, this generation marks the newest members of the workforce. Generation Y, I noticed, made up a large portion of my employees, most prevalently at the entry level.

In the Classroom

I'm a trainer and instructor within my own organization. Fast-forward to a few days after the conference, when I was teaching my Admitting and Registration class. In the midst of my lecture on patient registration, I looked out at my audience. At that point, I noticed how many of my students seemed uninterested. Although I had their attention, they weren't as engaged with the material as I would have liked. This troubled me, since I had hoped my lecture would spark their enthusiasm and eagerness to learn the material. At most, I had only received their respectful attention.

The behavior of my class that day made me think back to the conference, and the two sessions I had enjoyed. I began to analyze what made those two speakers particularly memorable. Suddenly, it clicked: it was the speakers' approach, and their awareness of the type of people in their audience. They crafted their message to fit the crowd accordingly. They used humor, games, cartoons, videos, and other engaging material to capture everyone's attention. They allowed their personalities to shine, unconcerned about following a strict code of drab, gray professionalism. These memorable presenters were colorful and enthusiastic, forcing the entire audience out of its silent coma. These speakers had inspired me to use their same colorful, casual approach in my own classes.

Education and Training Can Be Fun!

By Catherine M. Pallozzi

Discover how to enhance your team by providing a fun and collaborative learning environment.

In Patient Access, a core to our excellence as professionals lies within education and training. Current educational opportunities are in both formal and informal settings, offered in the classroom, via online tutorials, and more. Regardless of the format or venue, effective education must involve an element of fun.

Albany Medical Center's Patient Access Department is very fortunate to have a dedicated Quality and Development Team, which encourages professional development and leadership growth among the staff. What our department has found, however, is that even with a dedicated team, we still needed a new avenue through which to offer more training opportunities.

The Quality Improvement Team

To boost my Patient Access team's on-the-job knowledge, management organized the Patient Access Quality Improvement Team (QIT). This group consists of the leadership team, staff leads, the quality and development team, and other staff expressing interest or in a billing specialist role. In total, the team includes 25 members, as well as the associate director and the manager of Bed Access who both manage its operation. However, we learned the team members are the ones who make it all happen.

The Quality Improvement Team was designed to enhance the staff's knowledge and awareness of The Joint Commission and the National Patient Safety Goals. To expand the Patient Access team's awareness of these policies, management held "mock" surveys onto the staff. The QIT members (not including the leadership team) are paired together, assigned to pay a surprise visit to any one of the units. The paired QIT members present a pre-established listing of questions to the units, to evaluate their staff's knowledge and skill sets. The QIT then assesses the quiz results, evaluating areas of strengths and weaknesses.

A New "Flavor" to Teaching

As for me, I don't fit into the "corporate" or "conventional" mold. I decided my presentation and teaching methods needed improvement if I were to become as memorable as the two presenters I have mentioned were. I needed to work on being myself, and trying out a less traditional approach in the classroom. This, in turn, would freshen my voice and enhance the learning experience for my students—and for me, as well.

I interjected my sense of fun and humor into the learning environment through games and other interactive competitive activities. One of my new teaching strategies was using the quiz game, *Jeopardy*, to help familiarize new registrars with a resource guide that we use on the job. To recreate the look and feel of the game, I used the *Jeopardy* theme music, and created signaling devices by connecting a light switch to giant red light bulbs—and found these items were arguably humorous props in themselves. I split the classroom into two opposing teams, sparking a spirit of friendly competition within each student. Each team member wanted to answer each question correctly, and ultimately, win the game. The students' will to win, I realized, had ignited their desire to learn.

This *Jeopardy* model was so successful that I wanted to create additional learning games. These games would use popular songs, television shows, movies, or celebrities—anything I could find that seemed culturally relevant and that packed a message. My newer projects included a series of Web-based games for medical terminology, as well as the oldie-but-goodie, BINGO. BINGO became an instant favorite among the students, helping those with no medical background identify the correlation between procedures and the departments that perform them. As time went on, I started to see my students' progress. They were absorbing the information faster, with less effort, and with greater retention.

At that time, however, I also needed a way to teach new students how to register a patient face-to-face, yet in the safety of the classroom. To simulate the registration process, I recruited volunteers for the last two days of the students' initial training period. These recruits pretended to be patients, acting out realistic scenarios in Access environments, which proved very successful. These simulations helped my students

apply the principles they learned in class into a true-to-life situation. I tailored their learning experience by "adjusting" the scenarios to fit a student's particular weaknesses or strengths, driving home information by tying it to particular events or challenges. While the students served their "patients," I stood aside as a resource for feedback.

The Continuing Education Challenge

My most challenging students were the seasoned employees. Some of the more experienced Access representatives and registrars didn't want further education for a job they completed every day. This group viewed continuing education opportunities as a chore and an insult, instead of as a way to learn and grow as a professional. When asked to take quizzes on the jobs they performed for years, they seemed threatened or offended.

At first, I didn't understand the group's resistance. After taking some time to study the audience, I eventually realized that a formalized, traditional learning environment wasn't the best teaching approach for this older group, either. If anything, it was more destructive than helpful. Like their entry-level colleagues, they needed a light and fresh classroom environment, one that encompassed a friendly air of competition. I learned that they preferred a light-hearted curriculum laced with anecdotes, jokes, and interactive quiz games. As time went on, and as classes progressed, I achieved greater buy-in from the long-term staff.

Education on the Rise

My organization began monthly re-education efforts via an inter-departmental competition. In its entirety, the program reached across several hospitals and outpatient facilities, in which each department, at each site, became its own team. To improve the teams' accuracy in identifying Medical Mutual plans, management tracked the participants' involvement and accuracy. My colleagues and I shared the results from each round of competition with all contestants. As a result, the game's popularity grew, as well as the sense of competition and friendly rivalry.

QIT pairings also survey the staff's etiquette and exchange of information on the phone. The QIT calls members of each unit, completing a phone quality check. The QIT reports the results at monthly meetings.

Fun, New Learning Tools

In addition, one of the QIT members develops a quiz tool—anything ranging from a jumble, to a crossword, to a match, or whichever type of puzzle the members prefer. Management created a puzzle theme using Joint Commission-themed questions and educational-specific questions; questions regarding department goals and objectives such as the hospital's mission, vision, value, or code of conduct. The QIT then distributes the puzzles each month for the staff to complete. Each team member is encouraged to participate in monthly puzzles. The more puzzles a staff member completes, the greater her odds are of winning a prize at the year-end "thank you" gathering for the staff.

My organization's Leadership Team has been extremely generous in its prizes. In 2007, each leadership member donated a themed basket. The collection of baskets included an Italian theme, Mexican theme, cookie theme, aromatherapy, and a champagne theme, to name a few. In 2008, the leadership team donated gift cards from Target, Walmart, and area supermarkets, in addition to more gift baskets. It was felt that in these economic times, the gift cards would be appropriate and well-used. Management held a special prize drawing during the 2008 Patient Access Week, which was a huge hit among our staff.

Successful Results

Peer-to-peer education in my organization has been a great success, and staff has found it very effective. Patient Access members enjoyed the informal learning setting, requesting that it continue. The training topics have expanded into the completion of the insurance screen for a specific insurance, registering homeless patients, the implementation of a self quality check process, and re-enforcement of registration notes and details. Most recently, QIT has requested staff to provide feedback on "What's In and What's Out," as it pertains to behaviors and collegial rapport.

All things considered, the Quality Improvement Team has been a win-win for the department and staff participation. ●

Catherine Pallozzi is the director of Patient Access at Albany Medical Center Hospital in Albany, New York. She is a certified Healthcare Access manager as well as a certified coding specialist through AHIMA.

In the Patient Access environment, many positive results of our efforts have been both seen and heard. Departments became much more involved and enthusiastic to participate. In one case, intensive trainings on identifying and avoiding duplicate medical records helped five departments reduce their human errors to zero. And every so often, new and seasoned Access representatives would approach me to say they'd logged onto their work e-mails from home in order to compete. Participants were delighted that I knew them by name and that I had taken time to thank them for their effort. Winning departments also appreciated their prizes, which included a catered lunch, balloons, and flowers—yet additional highlights of the competition.

There's been dramatic improvement for patient safety. Beyond those easily measured outcomes, the *esprit de corps* has risen tremendously in my office. Staff is now excited about the education opportunities ahead, and many ask for training pieces on topics of their interest. Those who participate in the friendly challenges look forward to a rematch, while the winners proudly cling to their titles.

The fact is, I've never before met an employee who wakes up in the morning and chooses to do an unsatisfactory job at work. Rather, some team members are merely less experienced, or less informed, than others. To learn and progress as professionals, all staff members, both seasoned and new, need encouragement and opportunities to grow. As their educators, that job is in our hands. We need to get the message across, make it stick, and make it useful. For all parties involved, it helps to make learning fun. Education laced with game play, light competition, humor, and creativity has proven to be a necessary evil—that is, it's necessary, but far from evil. ●

Michelle Headrick is an education instructor in Admitting & Registration for TriHealth hospitals in Cincinnati. Ms. Headrick holds Bachelor of Arts degrees in history and education and is currently pursuing a Masters of Healthcare Administration.

NAHAM Introduces the Healthcare Access Management Coalition

By Christine Perez

NAHAM's Healthcare Access Management Coalition unites the medical community, educating policymakers on Access Management issues in need of reform.

It is an exciting time in Washington with healthcare reform at the forefront of legislative debate. Although policymakers are constantly emphasizing the need for the delivery of higher quality, more cost-efficient care, it is clear that they do not recognize the role that Patient Access Services plays in the healthcare system. For example, the American Recovery and Reinvestment Act provides $20 billion for the development and implementation of electronic health records, yet an investment in improving Patient Access Services is notably absent.

It is true that the issues with the loudest voice are the ones heard by policymakers. To ensure that Access issues are no longer silent in the healthcare reform debate, NAHAM is pleased to announce the formation of the Healthcare Access Management Coalition.

The coalition unites diverse members of the healthcare community, including Patient Access services professionals, healthcare information technology companies, hospitals, providers, and patients. Together, the members of the coalition will educate policymakers on the importance of efficient, quality management processes ranging from a patient's point of entry to the continuum of care.

The Healthcare Access Management Coalition held its first meeting at the NAHAM Annual National Conference on May 28 in Las Vegas to discuss strategic goals for the remainder of the year. If you are interested in joining the coalition, it is not too late. Remember, there is power in numbers, and your participation will help bring more attention to Healthcare Access Management issues.

Contact John Richardson, NAHAM director of government relations, at (202) 367-1175 if you are interested in becoming a member of the Healthcare Access Management Coalition or would like to learn more about the coalition's activities. ●

Christine Perez is NAHAM's government relations senior associate, based in Washington, DC.

NAHAM Member Spotlight: Kathleen Hartman

By Brian Shannon

"NAHAM Member Spotlight" shares professional insights from and facts about NAHAM member Kathleen Hartman.

About You

Name: Kathleen Hartman, RN, MSN, CNS
Title: Administrator Patient Access Services
Hospital: MetroHealth Medical Center
Location: Cleveland, OH
Web site: *www.metrohealth.org*
Degree and College Attended: Ursuline College, BSN & MSN
Current Member of NAHAM? Yes

About Your Hospital

1. **What is new and exciting at your hospital?**
   At MetroHealth Medical Center, we're engaged in a transformational process. This transformation process involves several key strategic initiatives we call campaigns. We are actively involved in three major campaigns: Revenue Cycle, Operational Excellence, and Market Development.

2. **What is it like to work for your hospital?**
   Working at MetroHealth is very exciting and rewarding. At MetroHealth, staff believe in and live the mission statement. Our mission statement is: "MetroHealth is an Academic Health Care System committed to our communities by saving lives, restoring health, promoting wellness, and providing outstanding, life-long care accessible to all. We are a safety net hospital which makes us unique and our staff special."

3. **What are some of your department and organizational goals this year?**
   Patient Access is an integral component of all three campaigns:

   Revenue Cycle: To accelerate cash collections, including improving the financial clearance process and point of service collections. Additional goals include improving insurance eligibility and qualification process.

   Operational Excellence: The overall goal is to improve quality, safety, and efficiency. Driving forces include implementing lean processes that are patient-centric. Patient Access goals include a model redesign from decentralized patient placement to a centralized bed management center. The outcomes will be tracked using standard reporting metrics. These include bed requests to beds assigned, beds assigned to beds occupied. A ready-to-move metric will be measured and correlated with above and other patient flow metrics. Utilization Management functions will be enhanced to communicate working DRG and LOS; these functions will be driven by evidenced-based medical necessity guidelines and correlated with internally-developed care paths.

   Market Development: One of the goals is to develop an uninsured strategy in such a way that we deliver high quality, cost-effective care to the under- and un-insured populations. The care delivery is patient-centric. Patient Access will

Continued on page 23.

assist in the development and implementation of active case management specific to this care delivery model.

About Your Career

4. What are some of your priorities for the hospital this year?
Support the mission statement and the strategic campaigns. Some specific examples include: increase POS collections, continue to improve patient flow outcomes, decrease denials, and ensure RAC compliance and readiness.

5. What is your business philosophy?
Deliver patient-centered services throughout the care continuum. Recognizing though, that the revenue cycle is a component of the patient care experience and delivery of care. The Patient Access services scope goes beyond traditional business expectations because it includes patient-/family-centric customer service.

6. What is the best way to keep a competitive edge?
By implementing process improvements using outcome measurements.

7. How do you measure success?
All process improvement initiatives are monitored and tracked with pre- and post-baseline data.

8. What are your biggest accomplishments in the last 24 months?
The implementation of Tele Tracking to improve patient flow. Also, my organization implemented a POS collections program (we used information and a toolkit from NAHAM to assist in the development of this). Lastly, I assisted in improving Level of Care Management and ED case management.

9. What goals have you set, but not yet achieved?
To obtain my CHAM and also an MBA.

10. What has been your toughest business decision?
My toughest business decision was to migrate away from clinical nursing to focus more on the revenue cycle side of the business. I'm passionate about the revenue cycle, but I also experienced a sense of satisfaction from patients on the clinical side. In a nutshell, I'd say it's been hard moving away from more direct patient care.

11. Any career advice?
A career in healthcare is very rewarding and I'd recommend it to anyone interested in options ranging from Information Technology to direct patient care.

12. What do you like least about your job?
Turf issues.

13. What do you like most about your job?
The teamwork, which results in positive outcomes for patients and for the hospital system as a whole.

14. When you were a kid, you thought you would grow up to be:
A nurse.

More About You

15. What is your pet peeve?
Inefficiency.

16. What are your greatest passions in life?
Spending time with my husband, my kids, and our extended family. I enjoy being involved in school activities as well as charitable organizations.

17. What is your favorite quote?
"Life is good."

18. What is your favorite movie?
Romancing the Stone.

19. What is your favorite way to spend your free time?
With family, enjoying the sunshine, outdoors, on the beach, reading, and walking.

20. If you could meet anyone, who would it be?
Jackie Kennedy.

21. If you could change one thing about yourself, what would it be?
I would have gone to medical school.

About NAHAM

22. What do you like most about NAHAM?
There are many things that I like about NAHAM. I enjoy the Annual Conference, the educational programming, certification opportunities, the newsletter, and the *Access Management Journal*. Overall, it provides a forum for the interaction and career development of Patient Access professionals.

23. What is your favorite NAHAM event or memory?
My favorite event is the conference. I, along with my admitting manager, Cheryl Chuha, attended the conference at Pointe Hilton Tapatio Cliffs in Arizona, which provided us with best practice strategies to improve our Patient Access department. We also enjoyed networking with many of our peers, and have even followed up with NAHAM members to discuss what we learned. The environment was stimulating, giving Cheryl and me an opportunity to brainstorm about current versus future states of Patient Access. ●

Brian Shannon is the president of a division of EJB World Trade, a professional sales organization specializing in healthcare. He is a member of the North Carolina chapter of NAHAM and lives in Charlotte, NC.

Time Management Tips for Busy People

By Brian Shannon

Learn how you can work most efficiently on the job, avoiding distractions to make better use of your time.

Any hard-working employee will tell you that her average work day can be described as somewhere between busy and "crazy busy!" In the age of cell phones and Blackberry's, our lives are filled with devices that are meant to make communication easier. However, many of us have let these devices—combined with poor time management skills—ruin what would otherwise be a productive day. Here are some tips that you can use immediately to help you become more organized and less stressed.

Effective Time Management

Schedule your work day the night before. This suggestion may be the easiest to implement into your routine, and will provide the quickest return on your investment. Take ten minutes at night to review your following day's schedule. This review typically sets your mind at ease about what is coming up and often reminds you of a task that you wanted to do in order to prepare. Also, write down your most important objectives for the following day. A "to-do" list only helps if you prioritize your time and activities. However, people rarely rank what is most important on the list. When you arrive into work the next day, you will be ready to begin working on what is most relevant, instead of thinking about what you need to work on.

Just say no! Be selfish with your time. This is the hardest one for people to get comfortable with. When you're busy, it is okay to tell a colleague you can't do something right then. When someone requests information right now, politely explain to her you're in the middle of something else. Then, ask what times, before or after business hours, you can meet to address her needs. This rule applies to both personal and professional relationships, as they both can be a drain on your productivity.

Use business hours wisely. Most business partners you work with are likely open between the hours of 9 a.m. and 5 p.m. Given that, try not to fill up that time with non-essential activities. Plan your weekly internal meetings at 7:00 a.m. or 7:30 a.m. If you are not the boss, ask your boss to make the change based on your having as many hours as possible available to you. I bet you will find her pleasantly surprised by your request.

Another tip: If you frequently travel in the car, plan phone appointments at that time instead of while in the office. If you move one 15-minute phone call from your office line to your cell phone daily, you just opened up more than one hour of extra business time per work week.

Business-Appropriate Communication

Make clear distinctions between work and personal discussions. My family and friends often make light of the fact that they never can reach me during the work day. That is no accident. I love them all, but 99 percent of their communication is not urgent. Accordingly, I don't answer personal phone calls during the day. Also, *all* personal e-mails come to a separate personal account, never my work account. In fact, I never give out my business e-mail account to friends or family.

Additionally, I turn off the text function and AOL Instant Messenger on the cell phone. I know some of you will think this is crazy, but have you ever added up how many minutes (hours?) you waste answering people's meaningless messages to you? Business and personal communication need to be separated. Trust me, your friends and family will quickly get the message and stop contacting you during the work day.

Managing E-mails and Phone Calls

Change your e-mail patterns. I have changed my e-mail setting so that new e-mails arrive in my inbox every fifteen minutes. This way, there is less chance that I will be interrupted while I am finishing another e-mail, on the phone, or completing another item on my "to-do" list. It is not necessary to drop everything to immediately read and respond to every message that comes to your inbox. E-mail is not intended for instant communication. However, the more you respond instantly, the more often people expect you to do so.

When I have several important projects on my desk, I will simply close my e-mail account altogether. Granted, it is okay to respond when it's a more convenient time. In fact, I would argue that it makes more sense to respond later in the day, when you're not preoccupied by other things on your mind. The same is true for answering the phone. Feel free to let a few messages accumulate. You can easily call them back later that day or the next morning. As long as business calls are returned with 24 hours, you are fine. Again, do all of this on your schedule, not someone else's.

These tips will help you organize your schedule and prioritize your "to-do" items. They may even help you earn more money, and reduce your stress level. By controlling your activities and planning your schedule in advance, you will no doubt experience a much greater sense of fulfillment. ●

Brian Shannon is the president of a division of EJB World Trade, a professional sales organization specializing in healthcare. He is a member of the North Carolina chapter of NAHAM and lives in Charlotte, NC.

"Made to Stick: Why Some Ideas Survive and Others Die"

By Tony Lovett

Chip and Dan Heath present the six key principles to articulating and implementing effective ideas your team will easily embrace.

Have you ever brainstormed with a group of people to find a solution to a problem that troubled an organization? Did you notice that during those sessions, team members presented ideas that went absolutely nowhere? These ideas were either impractical, cost-prohibitive, or the person with the idea couldn't present or explain it in such a way that would "stick." On the opposite side, some ideas seem so perfect that you just knew, "*This is it*!" The idea easily "clicked," and all the problems around you just went away. Well, maybe your idea wasn't that impactful, but everyone knows some ideas have it, while some ideas simply don't.

In their book, *Made to Stick: Why Some Ideas Survive and Others Die*, two brothers, Chip and Dan Heath, offer a practical guide to suggesting and implementing ideas that work, are impactful, and are easily embraced by others. The authors outline six key principles: simplicity, unexpectedness, concreteness, credibility, emotions, and stories. These are the main factors that make ideas unforgettable, allowing easy communication and a simplicity that takes ideas from bland to grand.

Throughout the book you'll find sidebars that demonstrate how plain, uninspiring ideas can become dynamic and powerful. The main takeaway is that ideas are not just about using empirical data to support or refute your position. Well-received ideas are communicated effectively. An idea becomes an action item when it inspires team members. These ideas create a connection between the goal in mind and the people who will be impacted by it.

In the field of Patient Access, we're often called upon to present new and innovative ideas to fix the same problems we've faced before (point of service collections, denials, throughput, etc.). Many times the proposed solutions are simple, but effective. These solutions often are discounted or outright abandoned just because of the way they are framed and presented. To avoid such cases, this book will help you frame an idea and solution that will be embraced and championed by the stakeholders you'll ultimately need on your side. If you enjoyed *The Tipping Point* by Malcolm Gladwell, you'll enjoy this book as well, as it serves as another helpful tool for your chest. ●

Tony Lovett, MBA, CHAM, has worked in the healthcare industry for 14 years. Currently, he serves as Patient Access director at Cypress Fairbanks Medical Center, a part of the Tenet Healthcare family of hospitals in the Houston area. Tenet Healthcare operates 15,894 beds within 63 acute care hospitals in 12 states.

National Association of
Healthcare Access Management
NAHAM

Access Management Journal

A Journal of the National Association of Healthcare Access Management Volume 30, Number 2

Access Management Journal Discussion Guide

For members of the National Association of Healthcare Access Management and their staff

The *Access Management Journal* helps to enhance the overall performance of NAHAM members and their staff teams. Its articles reach professionals engaged in Patient Access Services in healthcare delivery. Each issue of the *Journal* has a supplemental Discussion Guide to raise awareness and provoke conversation around the issues, concepts, and critical objectives of Patient Access Services departments. Each Discussion Guide includes thought-provoking questions to help members better explore the *Journal*'s content with their staff teams and discuss the articles' pertinence to their organization and profession as a whole.

Patient Access and Emergency Management: Collaboration and Education

When emergencies and disasters arise, it is critical for a Patient Access department to mitigate and recover from the situation as quickly as possible. Leon Roth discusses how training and disaster preparation can help your team stay calm and respond to the emergency collaboratively and proactively.

By Leon Roth

Questions for Conversation:

- Emergency management encompasses an all-hazard approach. Discuss the four phases of the Emergency Management Cycle and the roles involved.
- Reach out to the subject experts of your organization to discuss what collaborative measures will be needed when an actual emergency, disaster, or catastrophe strikes. Which team members and decision-makers will need to provide feedback?
- Education is crucial in emergency preparedness. Research possible training and continuing education opportunities available at your organization. What additional training would you recommend that your hospital offer?

Customer Service: An Institution-wide Priority

Building a culture of outstanding customer service requires commitment from senior management, physicians, and staff. Any customer service initiative should align with the institution's core values, incorporated through process enhancements, behavioral expectations, performance evaluation, and ongoing staff training.

By Millie Hast

Questions for Conversation:

- What is your organization's commitment to customer service? Does senior management actively support it with institutional resources?
- Take some time to view your organization from a patient's point of view. Do processes serve patients, or do they serve the convenience of departments and/or staff?
- Does your organization have behavioral expectations for physicians and staff that reflect the mission/vision/core values? How are these expectations communicated? If they do not exist, what would it take to create them?

Delegating Projects to Strengthen, Challenge, and Motivate Your Staff

Delegating tasks is an effective way to manage your workload and train your staff. YaVonda Haynes discusses how delegating suitable projects to your team can sharpen employees' skills, improve morale, and increase the productivity of the department.

By YaVonda Haynes

Questions for Conversation:

- Initially, delegation may seem time-consuming. Why is delegating projects often a better choice than doing the work yourself?
- Delegation involves more then merely assigning a task. What steps should you follow to ensure that delegating is effective?
- What kinds of projects are appropriate to delegate to your team, and why?

Securing Your Patient's Identity

Patient security and identification verification have never been more important than they are today. Read how three health systems have integrated biometric palm vein scanners into the Patient Access environment to successfully comply with new Red Flag requirements, stopping medical identity theft and insurance card fraud at the front door.

By David Wiener

Questions for Conversation:

- How do/would patients rate your registration and admitting process? Are you being inundated with patient requests to have their social security number removed from your records?
- Has your department introduced new procedures to meet the new Red Flag compliance requirements? How do these requirements impact the registration process?
- How does your department document the financial loss resulting from medical identity theft and/or insurance fraud? How does Patient Access track a patient's identity at the location/department level?