Access Management Journal

A Journal of the National Association of Healthcare Access Management
Volume 33, Number 1

Developing a Career Ladder in Patient Access 5
Maternity Access, Then and Now 8
A Standardized Health Identification Card on the Horizon 15

National Association of Healthcare Access Management
NAHAM™

Access Management Journal Author Guidelines

The NAHAM *Access Management Journal* is published by the National Association for Healthcare Access Management (NAHAM). It is designed to share ideas and experiences, and to report the trends and developments in the field of access management. The *Journal* welcomes news, articles and story ideas from members, association bodies 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

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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.

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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).

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All articles and accompanying photos or graphics should be submitted via e-mail to Shaune LaMarca at ***slamarca@smithbucklin.com***. Additional information also can be found on the NAHAM Web site at ***www.naham.org***. Microsoft Word files on CD-Rom, 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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The National Association of Healthcare Access Management (NAHAM) was established in 1974 to promote professional recognition and provide educational resources for the patient access services field.

The *Access Management Journal* subscription is an included NAHAM member benefit. NAHAM 2009 membership dues are $165 for Full Members and $1,500 for Business Partner Members. For more information, visit *www.naham.org*.

Editor's Letter

Greetings NAHAM members,

I don't know about you, but I'm finding that it's only March and my 2009 calendar is already filling up. Between compulsory work meetings here in North Carolina, my commitments to the Board of Directors of both NCAHAM and NAHAM, and my desire for a few days here and there for vacation or family commitments, I pretty much already know how my year is going to play out. As I sit back and look at my rapidly marked-up day planner, I'm a bit overcome by how much work I have to do and how each week seems to go by faster than it did last year.

Of course, that's just what's on my plate, thanks to a job I enjoy and volunteer opportunities that I find rewarding. I'm sure I'm not alone in having a long list of projects that I'd *like* to do that could positively impact my day-to-day work and that of the people who work here with me. I get all sorts of good ideas from webinars and meetings that I attend, and articles that I read in this publication and in other industry magazines. The thing is that along with these subscriptions to publications and listservs, there's no way to sign up for more hours in the day.

In this issue of the NAHAM *Journal*, our contributing authors discuss some ways for you to enhance the inner-workings of your Access departments and improve the relationships among your team members. Articles cover better interviewing of candidates, providing a rewarding career path to the employees you already have, and re-examining the entire Access process for one important subset of patients, among others. I suspect these articles will affect you in the same way they affect me—they give me lots of great ideas but few answers on just how to fit them into that 2009 calendar.

Perhaps managing a high volume of work is a reason why we are here, together, in NAHAM, and why we have a team gathered around us in the workplace. None of us has to do everything by ourselves. We have colleagues with whom we can share the workload, and fellow NAHAM members from whom we can get opinions on our bright ideas. Once I remembered not to think of my calendar as solely *mine*, but rather as *ours*, I began to see the sunshine through the clouds.

In an effort to assist you in bringing your team on to the field, the NAHAM *Journal* is launching a *Discussion Guide*. This supplement publication is meant to be a handy way for you to take what you read in this magazine and talk about it with your team. Get their input on the areas of discussion and, more importantly, get them to see their roles in ownership of the process. For example, you might share the article on career ladders with your team and conclude that your job descriptions or pay grades need updating. It's likely that a few in your group were active participants in that discussion; name them as the project leads to get this started. You might just find that *our* 2009 calendar is not nearly as crammed as *yours* was just a short time ago.

With sincere best wishes,

Jim Hicks, CHAA, CHAM, CAM

P.S. We're proud to offer such a diversity of topics in the NAHAM *Journal*. Please join us at the NAHAM Annual Conference in May, where your exposure to a breadth of topics and ideas will be even wider. While education tops the list of activities in Las Vegas, you can place your bets that you'll find the networking and information from exhibitors at the Access Solutions Marketplace equally worthwhile.

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.

Developing a Career Ladder in Patient Access

By Craig Pergrem

Solidify your employees' job responsibilities for a successful, happy work environment.

Why Use a Career Ladder in Access?

Patient Access has been an overlooked segment of the revenue cycle for many years. As recently as three years ago, many hospitals used Access as a place to get a patient into the system for the clinicians to begin delivering care and revenue cycle employees could gather data for billing. For example, remember those pre-billing positions that reviewed the charts and fixed the data? Orlando Health has always had a progressive Access department, and to remove obsolete positions, we implemented a new career ladder. This new system serves as recognition of each employee's important role in the revenue cycle.

For a long time, Access departments were a stepping stone within an organization. The pay level was less desirable, such as that of an entry-level position. Employees could transfer to other departments after six months (sometimes less), which resulted in a high turnover rate. A change was needed to improve the system, so we analyzed the situation to determine:

- Where we were in Access;
- What aspects of the department needed changing; and
- How to implement the necessary changes.

Where We Were

We were more than just a department that admitted patients. We also collected co-pays, deductibles, we completed patients' financial statements, verified benefits, counseled patients on denial and billing issues, and addressed other patient business issues outside of the current job description. Taking these responsibilities into consideration, management recognized that some employees would be of great value if retained in our department.

Where We Wanted To Take the Department

Our staff included members who were looking for advancement opportunities that we couldn't provide because Lead and Supervisor positions were rarely available. Motivated employees need the opportunity to move to the next level, and we knew we would lose some of those great workers if they weren't moved up.

The management team then spent two days evaluating the department and each job's functions. In the process, we realized there were three separate employee levels, so we revised the job descriptions to develop and formalize an entry-level position, Financial Counselor I; a Financial Counselor II position, for employees who take on additional responsibilities; and a Financial Counselor III role for the star performers, the ones who willing to work at any Orlando Health facility and contribute to process improvements. See Table 1 for a sample listing of employee responsibilities and qualificiations.

Continued on page 6.

Can everyone be a Financial Counselor III? Probably not. Nonetheless, a successful department has strong employees at all levels, and Patient Access is no different.

Getting To the Next Level

Once the job descriptions were written and approved, our executive team met with Human Resources to present our plans. These newly-solidified roles were not only pertinent to Access, but to the organization as a whole. Recognizing each employee's roles, responsibilities, and job description helps each member better service patients at a much higher level. We also knew that the future leaders would rise to the top, and we wanted to provide them the opportunity to do so by enhancing their knowledge and skill level.

While HR developed competitive job codes, we worked out the departmental details that did not directly fall into the jobs on the career ladder. Using the new career ladder, an area can have as many Financial Counselor I, II, and III level employees as needed for the department. Advancing up the ladder is an employee-driven process, and each staff member is responsible for achieving the guidelines and presenting his credentials to management when ready to move to the next level.

Guidelines leading to a promotion include:

- It is the responsibility of the employee to complete requirements under the supervision of management within the department.

Table 1: Access Management Job Qualifications and Prerequisites

Financial Counselor II	Financial Counselor III
Employed within Patient Business (Access) for a minimum of 6 months.	Employed within Patient Business (Access) as a Financial Counselor II for a minimum of 6 months.
Meets or exceeds all Departmental Individual Goals for FC I, as well as all parts of the FC I job description.	Meets or exceeds all Departmental Individual Goals for FC II, as well as all parts of the FC II job description.
No written counselings within the last 6 months. No time and attendance counselings of any kind within the last 6 months.	No written counselings within the last 6 months. No time and attendance counselings of any kind within the last 6 months.
Maintain a RQi (QA) score for 3 consecutive months of: Discharged – 95% Billed – 99%	Maintain a RQi (QA) score for an additional 3 consecutive months: Discharged – 98% Billed- 99%
Needs to have patient business (Access) involvement outside of daily work activities (committees, feedback sessions, train the trainer, etc.)	Achieves and maintains proficiency in all Access areas within facility.
Achieves and maintains proficiency in designated registration areas within the facility as deemed appropriate by the manager.	Work at least 3 8-hour shifts in another patient business (Access) facility within a 12-month period (determination of those areas worked are at the discretion of the Manager).
	Work at least 3 8-hour shifts in Patient Accounting within a 12-month period.

- Departmental needs override training which may result in canceling or rescheduling of any part of the process.

- All requirements must be complete, reviewed, and approved by the Patient Business (Access) Manager before the employee is promoted.

- Promotions may occur any time during the year, not dependant on coaching plans.

- Departments are not restricted in the number of job codes. Employees do not have to wait until a Financial Counselor III leaves to apply for the promotion.

- The requirements for each position need to be maintained after the promotion occurs (QA scores, yearly rotations in PA, etc).

There are many competent, long-term Financial Counselor IIs who are happy at their current level. Throughout the last four years, our Financial Counselor III level has been at or near 10% of all Financial Counselors. Turnover in our department has decreased each year since the implementation of the career ladder, and the staff is proud of its accomplishments, excited to be a part of the Access team.

Why a career ladder in Access? The department revolves around the team and its members, and hard work deserves to be rewarded. If your staff is responsible, reliable, and ready for more responsibility, you will retain them with a career ladder in place. This process has become a vital part of the Orlando Health Access department, and I recommend this system for any office.●

Craig Pergrem, MBA, CHAM, is the Corporate Director of Patient Business with Orlando Health (OH) in Orlando, Florida. He has responsibility for Centralized Scheduling, Pre-registration, In-house Verification, Reference Lab Billing and all Access areas in the seven hospital system. Craig Pergrem has been with OH in the Access area for almost two decades. Craig currently serves as Past-President of FAHAM after having served as President for two terms. He can be reached at ***Craig.pergrem@orlandohealth.com***.

Maternity Access, Then and Now

By Susan Franklin

Access Management is now taking vast measures to improve today's maternity admissions.

Maternity admissions should be an exciting and wonderful time for new mothers, and admittance into Patient Access marks the first step of their parenting experience. The registration and admittance procedure, however, has not always been a smooth or pleasant process for either the patients or the staff. Recently my Patient Access team took steps to improve and quicken these procedures, creating a much more positive transaction for all involved.

A Glimpse of the Old Process

An expecting mother's routine visit to her obstetrician revealed some reasons for concern, sending her to the hospital for observation. She enters the waiting area, her husband pacing nervously around her. Her bags at her feet, she waits expectantly for her name to be called. Twenty minutes pass before reception calls her to register. Arriving at the counter, she frantically digs through her bags for insurance and ID cards while impatiently confirming her address and contact information. After another 10 minutes, she reaches the labor and delivery suite.

Patient Access Today

An expectant mother's routine visit to her obstetrician revealed some reasons for concern, and she is sent to the hospital for observation. The woman and her spouse go directly to the labor and delivery suite of the hospital, and within five minutes of their arrival, the expectant mother is in her bed with a fetal monitor attached. Her once-worried husband is now settled into a recliner at her side, accepting refreshments from the nursing staff. There are no papers to sign, no cards to be provided.

Two years ago, the first scenario was commonplace at our facility. Obstetrical patients would arrive at all hours for observation multiple times during the last days of their pregnancy for "false alarms." During the day, women waited in the Patient Access area to be registered. At night, nursing escorted patients in to the Emergency Department directly to the Labor and Delivery suite without allowing Access staff the time to complete a registration and obtain the required signatures. Staff was limited during non-peak hours, forcing the registrar to leave her area for long periods of time to complete the patients' registration process.

The process for admitting an OB patient was time-consuming and awkward for both the registrar and the patient, resulting in numerous staff complaints. It seemed the financial aspect of the visit was more important than the personal significance of the event.

Today, these issues are no longer a problem at Halifax Regional Hospital. Management has since implemented some very simple process changes, improving the experience for both patients and staff.

Updating the Patient Access procedure involved quite a bit of detective work. The first step to creating a solution was to evaluate the process, identifying any policies, rules, or regulations that would prevent us from making changes. After consulting with Labor and Delivery staff, Health Information staff, Corporate Compliance, and Patient Financial staff, we determined that this

process, like many others, was practiced for no other reason than because that was the way it had always been done.

Not finding any identifiable barriers to change, we began work on a new flow for these patients. Instead of requiring a patient's signature at each visit, management now only requests signatures during the last trimester. Patients are pre-registered in person for their delivery at any time within the last three months of the pregnancy. During pre-registration, staff requests patients to provide their current insurance and ID cards. After the staff verifies all demographic, financial, and contact information, patients sign consent forms and provide a password for HIPAA compliance. Along with the insurance and ID cards, staff scans the signed forms into the system, where patient information is available and used for future visits. As always, the office confirms the patient's insurance benefits and eligibility at each new visit, using the information provided during pre-registration. As long as the patient is admitted for a pregnancy-related condition, she will not need to register in Patient Access again.

Our team then developed a brochure that explained the new process and was distributed to all surrounding OB physicians' offices. The physicians' offices give the brochures to their patients approaching their final months of pregnancy.

With the new process in place, patients can now go directly to the labor and delivery suite. When they arrive, nursing immediately notifies Patient Access staff, at which point the staff verifies that the patient completed the pre-registration process before assigning the patient an account number. A patient can have any number of new accounts during this period as long as the condition is pregnancy-related. As a result, there are no longer any delays in patient care. The new process eliminates the patients' stress of waiting, allowing parents-to-be to focus on their new families.

The results of this change have been phenomenal. Patients, physicians, and nursing staff adjusted quickly to the process. What was intended solely as a customer service improvement eventually became a significant timesaver for Access and nursing staff alike. A few very simple policy changes refreshed an outdated, inefficient process at absolutely no cost to the organization, becoming a viable marketing point for our maternity services.

There is an opportunity every day to improve service in healthcare and Patient Access. Identifying inefficient, obsolete processes and making the appropriate changes will set your hospital apart as a leader in customer service, employee relations, and productivity. ●

Susan Franklin, CHAM, is Patient Access Coordinator at Halifax Regional Hospital in South Boston, Virginia. She has worked in Healthcare for 20 years, having began her career in patient care as a Cardiac Technician with a local Rescue Squad. Franklin spent many years as an office manager in a large, hospital-based outpatient rehabilitation facility before moving to Patient Access.

Hiring Tips for Building a Successful Team

By Morag Sichak

Learn how to assess a job candidate's skills, personality traits, and work experience.

Hiring the right person for the right job has been a constant challenge in the Patient Access Service business, an industry that has suffered a high turnover rate for years. To solve this problem, the Indiana Regional Medical Center is working to improve the interview process by putting a larger emphasis on customer service skills, and taking greater measures to assess a candidate's personality—practices that can improve the hiring process in any office.

To determine a candidate's behavior patterns, ask questions that engage a candidate to talk about past situations, which will indicate how she will handle stressful situations and whether she gets along with others. So many new interviewees have been coached and trained to feed you the key words such as "dependable," "quick learner," "outgoing," "trustworthy," to the extent that you feel like you're interviewing the same person over and over. To avoid this, get the interviewee to answer specific questions, prompting her to come up with examples that support her statements; push for examples! When a candidate can't provide the answers, perhaps she doesn't have much work experience.

Search the Internet to find questions that can determine a candidate's behavior in less-than-favorable situations. In a search engine of your choice, type in "behavioral or situational interview questions" to find sites that provide interview questions that will obtain the information you need. Such questions include:

- How many work days have you missed in the past 12 months? (I find this particular question discloses a common problem with the PAS departments.)

- Have you ever been fired or dismissed from a job?

- Describe a time you were faced with a serious problem. Describe the problem, the steps you took to overcome it, and how it affected you. (This particular question has been an eye opener for us at IRMC, pinpointing "red flag" personality traits in job candidates. In answering this question, one interviewee described a very trying time in her life that lead her to attend anger management classes. Depending on the reasons and explanation a candidate provides, you may discover she recognizes problems and takes appropriate steps to overcome them.)

- Describe your ideal work environment.

- What projects have you been involved with? (Then dig deeper, determining her specific role in the project, and the project's outcome.)

The key to a great interview is elliciting enough information to feel as if you know the person. The best advice is to let the interviewee disclose the information on her own accord. Mind you, as with all things, this isn't fool-proof, but a candidate with a desirable personality and a solid work ethic

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will have a much higher chance of becoming a customer-focused employee. My gut feeling is that you can teach almost anyone the skills needed for the job, but it's hard to transform a statue into a focused, diligent worker.

Determining a candidate's skill set is essential. Human Resource Departments often give typing tests and a medical vocabulary tests prior to a candidate's interview with the the PAS Management Team. If someone only pecks out the letters on the computer, don't waste your time with an interview. Do, however, consider candidates that have not completed a formal medical terminology class. Some of these people are naturally great spellers and may benefit from an online medical terminology class assigned to new hires. As a condition of hire this online class must be completed prior to an employee's six-month evaluation. This practice allows us to reward the applicants that have done well in the interview process and have passed their typing test, but may not have performed as well on the medical terminology testing.

The Indiana Regional Medical Center allows potential candidates to "shadow" senior employees, another helpful tool in the hiring process. Candidates spend at least two hours with a registrar in the Emergency Department, receiving a shadow badge and signing a confidentiality statement. These prospective employees spend time with the staff to see what the job actually entails. Staff can then give feedback to management, which has become a very successful part of our interview process.

Implementing rigorous pre-employment testing, asking candidates situational/behavioral questions, and offering the opportunity to "shadow" employees gives us a much more accurate perception of the candidate and her potential on the job. ●

Morag J. Sichak is Director of Patient Access Services at the Indiana Regional Medical Center. He can be reached at ***msichak@indianarmc.org***.

Tips to Conducting an Effective Interview:

- Ask situational and behavioral questions.
- Request the candidate to answer in depth with examples and details.
- Let the candidate talk. You'll learn a lot about a person from listening.
- Try having potential candidates "shadow."
- Give a pre-hire a typing and medical terminology test.
- Consider developing an online medical terminology class.

IRS Form 990, Schedule H Provides Unique Opportunities to Non-Profits

By Marty Callahan

New tax requirements will improve hospitals' recordkeeping systems and patient services.

In April 2008, the IRS released the draft instructions for completing IRS Form 990, Schedule H, which has become mandatory for the 2009 tax year. This form requires non-profit organizations such as hospitals to track, audit, and report all charity, community benefit, bad debt, and collection practices as defined under the new IRS guidelines. These new IRS requirements will create a number of positive changes in a hospital's operations.

Hospitals now will have an opportunity to finally define and clarify their practices, policies, and work flow regarding charity care and bad debt, establishing a standard operating procedure for their own use as well as for the IRS. The new tax requirements also provide an avenue for hospitals to clearly articulate and document the value and benefits they bring to the communities they serve on a daily basis. For far too long, the value equation has been difficult to quantify, or it's been ignored all together.

Why did it take IRS involvement for guidelines to be established? Answering this question requires a little history.

Healthcare, Past and Present

To understand the challenges that non-profit hospitals face when complying with IRS Form 990, Schedule H, it is important to evaluate the continually-changing healthcare landscape.

Tax exemption for hospitals was originally defined in the mid-1950s under the rules summarized here:[1]

- It must be organized as a non-profit charitable organization for the purpose of operating a hospital for the care of the sick.
- It must be operated to the extent of its financial ability for those not able to pay for the services rendered and not exclusively for those who are able and expected to pay.
- It must not restrict the use of its facilities to a particular group of physicians and surgeons, such as a medical partnership or association, to the exclusion of all other qualified doctors.
- Its net earnings must not inure directly or indirectly to the benefit of any private shareholder or individual.

These rules created a tax exempt guideline for hospitals that did not charge patients who didn't have the financial ability to pay for services rendered. As a result, the tax system had created a charity care standard.

Upon the creation of Medicaid and Medicare in 1965, the U.S. government provided new coverage for many of the medically indigent, reducing the amount of charity care services provided to the patients who lacked financial resources. In 1969, the IRS issued Revenue Ruling 69 545, which abandoned charity care as the key inquiry for exemption. The new ruling promoted that health for the general benefit of the community was in itself a charitable purpose.[2] This standard would become the basis for the community benefit exemption "test" for nonprofit hospitals.[3]

Today, the rules for tax exemption are in the spotlight yet again with the introduction of IRS Form 990, Schedule H. Although the impact of the tax exemption for hospitals is not fully understood, it is estimated that roughly $20 billion annually bypasses the federal government coffers under the tax exempt label.[4]

Accounting Advice For Charity Versus Bad Debt

The challenge for hospitals to properly distinguish bad debt from charity stems from their inability to consistently and accurately separate the two revenue types. These difficulties have been compounded by the fact that Generally Accepted Accounting Principles (GAAP) do not provide clear guidance surrounding charity care eligibility and bad debt that is specific to the healthcare industry.

Despite guidance from various healthcare groups, hospitals struggle with the ability to objectively apply their policy, e.g. the entity's decision to forego revenue, or charity largely based on the individual's financial ability to pay for services rendered, versus bad debt as a result of nonpayment. Historically, reporting has often led to revenue recognition of amounts never expected to be collected. The related reporting of bad debt often trends significantly above both revenue or expense growth.[5]

Adding to the lack of clarity around the subject is human intervention. Manual processes are pervasive within hospital revenue cycle operations, leading to the misappropriation of bad debt and charity. One case in point is a hospital policy that requires patients to complete a charity application and provide documentation of their financial qualifications to meet the hospital's charity policy. Patient compliance in completing the necessary documentation may be so low that a majority of bad debt should have been categorized as charity.

Table 1: Patient Elligibility for Financial Assistance: Sample Case Study

Category	% of Sample	Category Description
Meets Charity Guidelines	86%	The patient has lower estimated income in combination with estimated family size to fall under hospital's charity guidelines.
Question Household Income	13%	The patient has ability to pay charges in full, however, still falling under hospital's charity guidelines.
Collectable	1%	The patient likely exceeds hospital's charity guidelines.

Other organizations such as the Healthcare Financial Management Association's (HFMA) Principles and Practices Board, the Financial Accounting Standards Board (FASB), and the Governmental Accounting Standards Board (GASB) have issued guidance and their own definitions on classifying charity care and bad debt. Each one, however, has its own strengths and areas of self-interpretation.

Continued on page 14.

There are many causes of patient non-compliance. If the patient is indigent, they may not provide documentation such as the W-2, pay stubs, copies of bills, etc. Other non-compliance issues include a patient's discharge flow, or the patient's pride, i.e. their not wanting to ask for charity. Such issues have created an operational concern in accounting for charity and bad debt accurately.

Solutions

A hospital's compliance with IRS 990, Schedule H involves employing objective systems, methods, and policies regarding charity and financial aid. Inherent in these systems should be the ability to automate policy and processes, accurately segmenting patient financial class, reducing patient noncompliance, and providing auditable data and reporting. Systems that provide this kind of benefit to hospitals are able to process hospital data in a batch and/or a real-time environment.

Table 1 on page 13 provides an example of one such solution that determined in real time patient eligibility for financial assistance at the time of registration, is TransUnion's Revenue Manager. A Midwest hospital system recently reviewed more than 60,000 bad debt accounts, including balances after insurance from 2008. The objective of the review was to identify which accounts should have been classified as bad debt and which should have been classified as charity. The results of the analysis were striking—86 percent of the accounts qualified for charity.

While reclassification of bad debt accounts to charity for IRS reporting purposes is contingent upon on hospital policy and auditor review, results like these are not uncommon. In at least three other studies completed in 2008, more than 75 percent of bad debt accounts were determined to meet the hospitals' charity policy. By using systems like Revenue Manager, hospitals are able to achieve greater efficiencies, gain assistance in complying with regulatory demands, and to achieve greater patient satisfaction by offering them the appropriate financial assistance at the time of service. Other advantages include more accurate community benefit reporting that may lead to alternative hospital reimbursement such as Disproportionate Share Hospital funding.

The glass is either half-empty or half-full when it comes to complying with IRS Form 990, Schedule H. Although the new document reporting requirements provide some challenges this year, it also creates opportunities for hospitals to review and further define their practices and policies, and to possibly implement automated procedures that can save time and money. By using these requirements as a means to improve their operations, hospitals may find more benefits than problems going forward. ●

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Marty Callahan is a vice president of Healthcare Information Solutions for TransUnion. Callahan can be reached at ***mcallah@transunion.com***.

A Standardized Health Identification Card on the Horizon

By Jim Hicks

The Workgroup for Electronic Data Interchange is creating a new standard for access services, which poses advantages for patients and employees alike.

In November 2007, the Workgroup for Electronic Data Interchange (WEDI) introduced an implementation guide for a standard Health Identification Card. This new technology promises many benefits to providers, but may pose several hurdles before providers will receive its benefit. There are many advantages to the new ID cards, however, including machine readability, increased security, and improved efficiency, which make it worthwhile to Access Management.

The Challenges

One of several challenges still to be overcome is that the Health ID card relies on ANSI Standard INCITS 284 (also referred to as ANSI 284) as an underlying standard. A revision of ANSI 284 is expected, as early as February 2009 but there are no confirmed release dates.

Another major hurdle will be vendor/software compatibility. For the machines to read the cards and retrieve the data within, vendors may have to upgrade software. The machines access the data via the card's 3 Track Magnetic Stripe and PDF 417 bar codes.

- 3 Track Magnetic stripe is similar to your credit card, which includes 3 tracks of information: Tracks 1 and 2 are generally used for bank card information, while track 3 is used for the Health ID Card.

- The card will be required to include a card Issuer Identifier (discussed in more detail later), a Cardholder ID (policy or claim number), and a cardholder name. Additional information such as a date of birth may be included as an option but it won't be required.

- The PDF 417 bar code is subject to the same requirements as the magnetic stripe. The images below are an example of a Provider issued card with a PDF 417 bar code.

Continued on page 16.

The ID card's third obstacle, as I see it, is creating a Card Issuer Identifier. This number is unique to each card, similar to an NPI number for insurance plans. The Card Issuer Identifier is not currently required by any legislation, but an upcoming Web site (*www.enumeron.com*) will eventually issue the standard health plan identifiers. These identifiers will issue specific plans, not just the overall carrier.

The final challenge is that adoption is voluntary. Card issuers may choose not to adopt the standard format. Providers may adopt them through contracts and grass roots campaigning with large employers.

The Benefits

Machine readability on its own provides a substantial benefit in recordkeeping, as it reduces typos and transposed numbers that may occur as a result of human error. Surprisingly enough, this technology is decades old and already used in just about every other business environment imaginable. The system is used to facilitate business transactions, anything ranging from discounted grocery purchases to account identification at the video store. Combining this feature with a plan ID opens a new world of opportunities—imagine never having to worry about patient insurance information again. An instant fail-safe, the ID card pulls the correct plan from your insurance database in your ADT system. If there is no match in your ADT system, an automated transaction will download and build the plan into the system to include electronic payor codes, billing addresses, and phone numbers, before sending a report to your billing manager / plan administrator to fill in any facility specific optional fields. At the same time your eligibility system will pull down benefits information. This process will kick off as soon as you acknowledge the single patient returned by the host ADT system is in fact the correct patient. Having matched the card holder name, card holder ID, and possible other patient identifiers embedded in the machine as readable data, the ID card leaves very little room for error.

The optional photo, personal PIN number, and possible record of a palm vein scan or other biometric verification method will increase the security of the card and the patient's information. Combining this technology with other automated transactions such as address and credit checks can also expose attempts at ID theft. OWL verification questioning (Out of Wallet Logistics verification) is another possible security measure in which confidential information that cannot be retrieved from a stolen wallet is provided to a registrar, and the card holder must confirm to prove his identity. Some vendors are working to offer this service to providers, although this feature is not widely practiced in Access services.

The Provider's Responsibility

Providers have an important role to play in adopting this technology. Although there is no confirmed release date of the ANSI 284 standard and the issuance of the Health Plan Identifiers, these services should be in place by the end of 2009 or early 2010.

Even in advance of these conditions being met, providers must verify with their vendors how they intend to adopt applications to take advantage of machine readability. Although vendors are probably waiting on the ANSI 284 standard revision before beginning their programming initiatives, much of the groundwork can be covered prior to the release date.

HR directors and benefits managers need to know about the new standard. They can then share the information with associates at non-health care organizations. Once all the other criteria are completed, providers will no longer need to issue new cards to their personnel if it does not comply with the standard. Also, the largest employers in your region need to become aware of the standard, the technology, and its benefit to employees. Making these services better known will help speed its adoption. The more people know about it, the further it will progress through various professional channels. ●

Jim Hicks, CHAA, CHAM, CAM, is the Patient Access Manager at 425-bed Southeastern Regional Medical Center in Lumberton, NC, serving as a Board Member for both the National Association of Healthcare Access Management and the North Carolina Association of Healthcare Access Management.

Going "Green" in the Access Department

By Kathleen Trotter

Bar coded wristbands are making their mark as an environmentally friendly technology for patient identification.

Most hospital administrators are probably aware that bar code-based patient identification wristbands have made great strides in promoting patient safety. By ensuring accurate identification of patients throughout the care process, bar coded wristbands provide the foundation for preventing errors during such routine tasks as medication administration and specimen labeling. According to the 19th Annual HIMSS Leadership Survey, bar code technology continues to be at the forefront of many hospital IT initiatives. In fact, 35 percent of respondents planned to adopt bar code technology at their hospitals within the next two years.

At the same time, the healthcare industry has recognized that more energy-efficient technologies can reduce waste and lower operating costs, often enhancing staff productivity in the process. According to the 2008 Healthcare Energy Efficiency Indicator study, published by The American Society for Healthcare Engineering and Johnson Controls, two-thirds of healthcare organizations planned to spend capital on energy efficiency in 2008.

What many hospital administrators may not realize is that using thermal printing technology to produce bar coded wristbands combines the best of both worlds. It has the potential to not only enhance patient safety, but also to be a major contributor to a hospital's "green" strategy.

Reducing Materials Consumption and Waste

Laser printers are typically used in most admissions departments, and a common approach to printing bar coded patient wristbands is to add an additional tray to the existing laser printer. However, this is not always the most cost- or energy-efficient option.

In comparison to laser printing methods, thermal printing technology can provide substantial savings in print media and materials. Most laser printers, for example, must print on full or half-sheets of labels rather than on single labels or wristbands. So each time a patient is admitted, the machines produce unusable labels or wristbands that staff must track and destroy in compliance with HIPAA guidelines. In contrast, thermal printers are designed for "on-demand" printing, generating only the labels or wristbands needed at that moment—significantly reducing materials waste and saving staff time because there are no labels or ribbons to destroy.

In addition, unlike laser printers, thermal printers do not require ink or toner. This is a key consideration given the difference between printing text and bar code symbols. While text printing requires only about five percent black toner, bar codes can require more than 30 percent to ensure proper contrast between dark and light elements. When using a laser printer to produce bar codes, toner costs alone could be as much as six times higher than when printing regular text documents. Toner cartridges are recyclable, but can incur many associated environmental and business costs such as manufacturing, transportation, on-site storage and staff time spent replacing toner.

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In terms of maintenance and materials cost, laser printers are bigger consumers than thermal printers once again. A laser printer's fuser mechanism, among the most costly items that need periodic replacement, generally needs to be replaced more frequently than the print head of a thermal printer. In addition, because stored media can get moist, the adhesive may stick to the fuser, which is very time-consuming and expensive to clean.

A full calculation of materials waste must also include redundant printing. In a hospital setting, this usually occurs when a label or wristband is damaged, requiring it to be printed a second time. Many laser-generated bar coded wristbands require tape, adhesive, or application of a laminate overlay to protect them from elements commonly encountered in the hospital setting—e.g., water, soaps, disinfectants, or heat. These improvised solutions, however, tend to wrinkle, crease, or fall apart easily, making them unreadable by bar code scanners. Thermal printers, on the other hand, are designed to print on specialized types of labels or wristbands that are more durable when exposed to environmental elements, designed to remain readable for longer than the average patient's stay.

Optimizing Energy Efficiency

When calculating the carbon footprint of a printer, it's important to focus on materials consumption. Also, there is another component to going green that must be considered: energy consumption.

One simple way to increase energy efficiency is to choose a printer that is best-suited to the specific function within the hospital. As noted previously, some admissions departments use laser printers to generate bar coded wristbands for patient identification. However, in addition to requiring fewer materials and producing less waste, dedicated thermal printers are typically a more energy-efficient option when compared to laser printers.

When in operation, popular desktop laser printers consume anywhere from 300 to 600 watts. The power consumption of thermal printers is much lower, but more varied. Their reported specifications range from 30 to 120 watts, depending on the size of the printer. Because laser printers remain "warmed up" for a period of time after each print, their energy drain is compounded. When the printer is not in continuous use, that energy is lost. Thermal printers, however, require fewer moving parts than laser printers, they don't require warm up time, and generally consume less energy than laser printing—making them an environmentally friendly option for settings where they are used on an as-needed basis.

Saving Valuable Space

In addition to materials and energy savings, thermal printers save space in the office. Thermal printers for admissions are significantly smaller and lighter than their laser counterparts, enabling healthcare organizations to easily move and house them. In fact, many thermal printers are small enough to place on an admission clerk's desk, so each clerk could have her own wristband printer without having to walk to a centrally-located laser printer for the wristband. Not only does this approach enhance workflow, but it also increases overall efficiency.

A Green Light for Change

As awareness of the importance of minimizing waste and conserving energy increases, hospitals are looking for new ways to go green while also reducing costs, enhancing productivity, and ensuring patient safety. In today's hospital admissions offices, utilizing thermal printers for bar coded patient wristband generation is just one of the many ways to become more ecologically responsible–while also preventing errors by ensuring that accurate patient information is available at the point of care. ●

Kathleen Trotter is business development manager at Zebra Technologies, a leading provider of thermal bar code and RFID printers, and specialty labels and wristbands, based in Vernon Hills, IL.

NAHAM Focus on Healthcare Reform in the New Administration

By Chris Krueger

NAHAM is taking action on new policies in 2009.

Many NAHAM members participated in the Issue Prioritization Survey for 2009. Our government relations staff will use this data to establish issue focus and ensure NAHAM advocacy presence in Washington best meets members' needs and concerns.

Exciting, New Legislation

The upcoming legislative environment will bring much attention, action, and movement related to NAHAM's core issues. As the new Congress and administration set course for this year, a critical area of focus will be a major healthcare reform package including health information technology (HIT) issues and possible Medicare reforms. NAHAM has the opportunity to engage in this debate, discussing the issues of privacy, proper identification of patients and providers, and maintaining secure, accurate, dependable health records.

Plans for the Near Future

The NAHAM Government Relations Committee and leadership have the ability to bring increased focus to these key issues. NAHAM will leverage the changing political landscape to become involved in policy activities by influencing legislation and regulation. NAHAM will be the vehicle through which access managers affect policies and improve overall healthcare in America, primarily concentrating on patient access to care.

Stay tuned to ***www.naham.org***, for detailed Issue Prioritization Survey results soon, and a NAHAM Advocacy action plan that establishes NAHAM's core issues at the forefront of policy development. NAHAM will continue to keep the membership updated on these issues and all other health care-focused legislation relevant to your day-to-day work. As always, please feel free to contact our government relations staff at (202) 367-1175 with questions or comments. ●

Chris Krueger is NAHAM's Government Relations Manager, based in Washington, DC.

NAHAM Member Spotlight: Charlene Cathcart

By Brian Shannon

"NAHAM Member Spotlight" shares professional insights and fun facts from NAHAM member Charlene Cathcart.

About You

Name: Charlene Cathcart, CHAM
Title: Director of Admissions and Registration
Hospital: Palmetto Health Richland
Location: Columbia, SC
Web Site: ***www.palmettohealth.org***
Degree and College Attended: Bachelor of Science and Business Administration from Presbyterian College in Clinton, SC
Current member of NAHAM? Yes, and President of SCAHAM (SC Chapter)

About Your Hospital

1. **What is new and exciting at your hospital or health system?**
   We have three hospitals in our health system here in SC – Richland, Baptist - Columbia and Baptist - Easley. We are very focused on our vision statement and our employees live and breathe it. Also, in June 2008, we opened a separate building for our Children's Hospital here at Richland. This was a significant improvement because we previously operated our children's area from two floors of our main hospital building.

2. **What is it like to work for your hospital or health system?**
   I love what I do. I was hired by Palmetto in August of 1987 and have been with them ever since. I've worked in many different departments in the healthcare system, which has given me a great perspective of what it is like to walk in other people's shoes. This is a very dynamic organization and every day is a new adventure. I do enjoy it.

About Your Career

3. **What is your business philosophy?**
   Always try to do the right thing.

4. **What is the best way to keep a competitive edge?**
   Stay on top of what's going on in your profession, and try to learn about departments of your own. I have the unique opportunity to be a part of our quarterly leadership institute meetings, and I really find value in learning about what other areas of the hospital are doing. It helps mold our approach to meeting the changing needs of the hospital in general.

5. **How do you measure success?**
   From a career perspective, I measure success based on employee and patient satisfaction, point of service cash collections, and days in accounts receivables. On a personal note, success is more about meeting my goals and doing what I love. I am fortunate to have both of these.

6. **What are your biggest accomplishments in the last 24 months?**
   In addition to the Children's Hospital, we also opened a new Heart Hospital. We are very proud to be recognized as one of the top 100 best places to work according to *Modern Healthcare*. Finally, we have been able to reduce mortality rates by 34%, and on average we collect 1.15% of net patient service revenue. There's a lot to be excited about.

7. **What has been your biggest business lesson learned?**
   Make sure that you can measure any goals you have for yourself or your team members. If you cannot measure the goal, then there is no point in having the target to begin with.

8. **What is your career advice?**
   Do what you love and be passionate about your work. If you're only in it for the money, then you'll be disappointed down the road.

9. **What do you like least about your job?**
   Sitting in meetings and dealing with people who don't want to make a decision.

10. **What do you like most about your job?**
    Touching people's lives. For example, if I can help a patient or a family qualify for a government program to pay for service, that's a win. I always focus on ways to help patients and employees have great outcomes. Fortunately, I am in a job that allows me to do this regularly. In fact, Palmetto embraces the "Connect a Purpose Stories" concept, and we share wonderful anecdotes with one another often.

11. **When you were young, what did you want to be when you grew up?**
    The center of attention.

More About You:

12. **What is your pet peeve?**
    People who cannot get to work on time.

13. **What are your greatest passions in life?**
    God, my husband, and my team of employees.

14. **What is your favorite quote?**
    "In reality, perception is all that matters."
    –Attributed to Tom Peters

15. **What is your favorite book?**
    As a kid, I loved the *Trixie Belden* series by Julie Campbell and Kathryn Kenny. Now, I really enjoy any books by Jonathan Kellerman's *Alex Delaware* series, or Catherine Coulter's *Sherlock FBI* series.

16. **What is your favorite movie?**
    Rebecca by Alfred Hitchcock. It's a really old movie and I love the black and white version. There is something about mysteries and the need to figure something out that I like about movies in general.

17. **What is your favorite way to spend your free time?**
    I love to read. I almost always have a book with me because I can read just about anywhere. Also, I enjoy going to the movies with my husband.

18. **If you could meet anyone, who would it be?**
    Hard question—but I think Margaret Thatcher. I read an article about her that said she was unbelievably lucky and that is one of the reasons that she moved into power. Although we know the truth – she was smart, determined, and had the amazing ability to talk people into doing what she wanted.

19. **If you could change one thing about yourself, what would it be?**
    I don't have a good poker face. You can almost always tell how I feel about something just by looking at me. Also, I tend to say whatever is on my mind and perhaps I should think more before I speak.

Continued on page 22.

About NAHAM

20. What do you like most about NAHAM?

The ability to gain access to people who have a similar job as I do, but are based in a different part of the country. While their title may be the same, their set of experiences may be very different. I love that variety and the opportunity to learn from others in that way.

21. What is your favorite NAHAM event or memory?

It was the NAHAM annual event in Florida back in 2005. I remember Walt Edge from Standard Register doing karaoke in front of all of us. He was really good and we got a kick out of listening to him.

22. What can NAHAM do to make itself better?

Overall, NAHAM does a wonderful job. If I could change anything, it would only be to reduce the pricing for membership and/or for events. I know there are folks out there who would like to participate more, but don't have the funds to do so.

23. Are there any other comments that you would like to share?

You are only as good as the people on your team and I am blessed to have such wonderful colleagues. They truly make my job easier and they're a big reason why I love what I do. ●

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.

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Creating a Trusting Environment in Your Workplace

By Jody Urquhart

Encourage your employees to share information, accept mistakes, and exchange ideas to learn and grow as a supportive, trusting team.

A Symphony of Trust

How much do you trust your staff and why does it matter? Trust affects your entire business, as the way you treat your employees is the way they will treat clients. If it's acceptable that an organization or manager doesn't have to keep promises, then you can guarantee employees won't keep promises to clients, either.

People do business with those they trust. A client's trust in an organization reflects an organization's trust in its employees. Lance Secretan states in *Reclaiming Higher Ground*, "Our society is suffering from truth decay." He holds that, especially in teams, telling the truth is essential to good business. "If the members of a symphony lie to each other, they will play awful music," he maintains. So it goes in any team environment.

Telling the truth is efficient. More than a third of an organization's budget may be devoted to administrative functions such as controls, reports, and procedures. Many controls exist because management doesn't trust employees. What if we could nix some of these controls and trust each other to do our best? It would be much less expensive and much more efficient.

Exploding the Trust Myth: "We Trust Each Other"

Many organizations think that trust isn't a concern. On the surface everything is fine, but on closer inspection you might discover that employees seek to satisfy only their basic, immediate needs. Their passion is lost in the details of the job, and over time, working in such an atmosphere precipitates lethargy for some, and for others, illness.

Defining a Trusting Workplace

When I speak to organizations about creating trust in the workplace, these are the most common observations participants shared about trustworthy companies and individuals:

- "She has never let me down."
- "They do what they say they will do."
- "I know the organization has my best interests in mind."
- "He knows what he's talking about and admits it when he doesn't."

How to Build Trust Through Information

Imagine your first day on the job in a new organization. As you walk in the door, you notice rooms that are off-limits to everyone but the manager. Day after day, you see that information is carefully guarded and watched. Meetings occur behind closed doors. Managers walk around, and you sense they know something you don't. Does this sound like a fun and productive work environment?

In these settings, employees guard information carefully. Information is often seen as intellectual property for both the organization and for those who develop it. People put effort into creating information and ideas and start to take ownership of them. In doing so, it becomes territorial and guarded. Pretty soon, a wedge develops between those who have access to information and

Continued on page 24.

those who don't. Individuals who are excluded feel disconnected from the whole vision of the organization, which diminishes trust and encourages people to further guard their ideas and limit their input.

Information bonds people to one another, an important part of positive growth and a sense of community within an organization. Cutting people off from access to information is unhealthy for progress, as information should be accessible to everyone.

Promote department-wide meetings, encouraging employees to share their information and ideas with the team. Create an after meeting follow-up bulletin that discusses what was said. Much of the important information, however, will not be written. Instead, it comes in chance conversations, briefly mentioned in meetings, in the elevator, or in the lunchroom. Verify the important information and make a point of distributing it to employees.

Keep employees well informed of what is going on, why it is happening, and how it affects their job and the organization as a whole. Explain the reason for any change, and how it will better serve management, employees, customers, suppliers, etc. Ask for suggestions and involve everyone as much as possible. Remember that employees are the resource that makes things happen, and therefore it is essential to get their buy-in.

A Communication System to Make Information Accessible and Build Trust

Managing information may be tricky. While you want to keep people informed, you don't want to overwhelm them with information they don't need to know. Presentation is the key. Here is a method to handle and communicate information:

Decide on the type of information and how you should disseminate it:

1. Organizational philosophy is anything related to the long-term mission, vision, or the direction of the organization. This information is very relevant to all employees because it is the "glue" that holds diverse departments of an organization together for a shared purpose. However, it does not need to be presented at the year-end when everyone is swamped with work. Save this information and present the bigger picture on a monthly basis to help staff maintain focus. You may also have a newsletter devoted to initiatives that support the organization's purpose and vision.

2. Implement operations and procedures. If information relates directly to an employee's day-to-day job, the sooner she knows about it, the better. If information is important, you need a consistent system to disseminate it efficiently and effectively, possibly through staff meetings, individual coaching, bulletins, or announcements. If the information is critical to the job, then use a feedback or follow-up procedure to ensure it is being incorporated. Develop a channel strictly for sharing critical information so that employees pay attention.

3. Avoid broadcasting incomplete information. Very often managers will hear word of potentially nasty things like mergers or layoffs that would affect staff adversely, information that may be sensitive and still tentative. If you don't have the full information, you run the risk of putting people on the defensive. Since they don't have all the pieces of the complete puzzle, they also may rush to false conclusions, which puts you in an awkward situation. Communicate information in a uniform, consistent way to prevent a "leak" of partial facts, rumors, and false conclusions. Refrain from selectively putting some people in the know and not others.

If you consistently organize and disseminate information through established means, then it is more readily understood. Employees will get used to getting updates about directives and will develop ways to utilize the information.

Everyone Makes Mistakes

Be open when errors occur, avoiding punishing employees for making mistakes. When people make mistakes they usually feel guilty and try to cover up—an unfortunate reaction that inhibits the learning process. Mistakes are a part of growth. Permit them to be shared so that others may also learn from the example. This will foster an environment of openness that encourages creativity and autonomy. Celebrate solving mistakes as a victory.

Communicate: Why and How

When change occurs in an organization, employees should be included and involved. Change supports the organization's mission, vision, and values, but by the time change affects your clients and staff, it's usually presented as tactics. In other words, management explains how change will occur and how it will affect the job, but they fail to explain the purpose. The "why" embodies the objective and meaning of any new activity. Once employees understand "why," the "how" often falls more readily into place. Open the lines of communication. Employees should feel comfortable talking openly and informally in a setting where everyone's opinion is given equal consideration.

How to Encourage Criticism Without Losing Control

In an open, trusting work environment that involves and includes employee input, all feelings need to be heard—including criticism. Management must be prepared to welcome and handle both positive and negative feedback.

Create an open workspace where it is safe to support one another. How can you accomplish this if employees are afraid to tell managers how they feel? Supervisors can encourage open discussion during individual coaching sessions. Ask employees, "Is there anything that has been bothering you that you would like to talk about?" Employees can anonymously offer feedback to a manager's weekly review box. To prepare an office for using a "feedback box," stress the need for a positive tone and helpful remedies. Anonymous criticism can be acknowledged in a quarterly "Critique" newsletter, included as a "Talk to Management" column. The employee anonymously addresses an issue, the newsletter publishes it and a manager's response. You may also encourage input in a regular "Let's Talk" focus group, where employees are invited to vent about anything they want with their co-workers.

A key challenge for management is responding to criticism of policies or procedures that affect employees but cannot be changed. It is important to handle these critiques in a straightforward and direct manner.

The Final Say

Who gets the final say? Your employees do. Build trust in your office by involving employees and including their input, engaging them as part of the solution to problems. The foundation of trust in any organization is built on a concrete base of openness and input from others. ●

.Jody Urquhart is a professional speaker and author who compels stressed out and fed up professionals to rediscover their passion, purpose, and sense of play. This article reprinted with permission and is copyrighted by Jody Urquhart. To learn more, visit ***www.idoinspire.com***.

“Now, Discover Your Strengths”

By Tony Lovett

Learn how to evaluate your own strengths and weaknesses, and those of your team, to achieve excellence as a business.

If you’re anything like me, you’re constantly faced with the task of finding, training, and developing your team. We all search for strong, smart, motivated people to help us run our departments, seeking employees who work hard while providing excellent customer service. This process starts during the interview and continues throughout the employer-employee relationship. Continually we ask questions during interviews or performance appraisals that evaluate an individual’s strengths and weaknesses. A manager focuses on developing strengths while expending a lot of energy to mitigate the weaknesses of herself, her team, and of the departmental performance.

According to Marcus Buckingham and Donald Clifton, Ph.D., authors of *Now, Discover Your Strengths*, we are wasting our time in trying overcome weaknesses. The authors are part of the Gallup organization, renowned for their polling operations, a wide array of management and human resources consulting services, and employee assessment tools. The authors discovered that most organizations don’t work up to their potential because they are too focused on their employees’ weaknesses, failing to use or further develop the staff’s strengths and talents.

The book doesn’t stop at pointing out how businesses fail to assess, use, and sharpen employees’ strengths. The authors also developed a questionnaire that determines what strengths we actually possess. I found this tool, as well as the content of the book, to be extremely insightful and interesting. However, beware—*Now, Discover Your Strengths* is a one-shot deal. If family, friends or co-workers wish to take the questionnaire, the only way possible is through purchasing another book, the pinnacle of marketing at its finest.

Nevertheless, I highly encourage all Patient Access Managers to take in Clifton and Buckingham’s insights. The fact is, we all understand our weaknesses, but we may not know strengths and potential as professionals. This could be as big an eye opener for you and your staff as it was for me. ●

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, Texas area. Tenet Healthcare operates 15,894 beds within 63 acute care hospitals in 12 states.

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Access Management Journal

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Access Management Journal Discussion Guide

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

The *Access Management Journal* is created to enhance the overall performance of NAHAM members and their staff teams, reaching professionals engaged in patient access services in healthcare delivery. NAHAM has developed a discussion guide as a supplement to the *Journal*, designed to raise awareness and provoke conversation around the issues, concepts and critical objectives of patient access services departments. This 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.

Let us know how the Discussion Guide helps to encourage your staff and colleagues in conversation. Send your feedback to *info@naham.org.*

Developing a Career Ladder in Patient Access

Working in the Access department should be a career choice, not a stepping stone, to another position in the hospital. In order to retain valuable employees, Access must offer more opportunities for advancement. Employees need a chance to learn and grow while remaining a part of the Access team.

By Craig Pergrem

Questions for Conversation

- If your Access team experiences frequent turnover, especially if employees leave your department to join another at the same hospital, examine their reasons why. Was that choice the only one that offered them advancement?
- Contact your Human Resources department and request a report that compares the pay scale, job codes and job descriptions in the Access department to those in the hospital as a whole. Where do you rank?
- Review your department's job descriptions with an eye to what people in that position really do each day. Decide if these jobs and the tasks and responsibilities attached to each of them should be refreshed.

Maternity Access, Then and Now

Maternity Admissions don't always use organized, effective recordkeeping processes, making the admittance procedure a challenge for expectant mothers and Access staff. Learn how at one hospital, new procedures, policies and management strategies have improved Maternity Access for patients and employees alike.

By Susan Franklin

Questions for Conversation

- Evaluate the Maternity Access process at your hospital. How might it be improved to become more effective?
- Describe how the use of insurance and ID cards make the admittance procedure a better experience for mothers and their families.
- Connect with your management team to research any possible barriers to updating your Maternity Access system. Are there any laws and regulations preventing your office from changing the policy?

Hiring Tips for Building a Successful Team

Hiring the best staff team involves asking the right questions in the interview process. Morag J. Sichak discusses how to evaluate a job candidate's personality traits, strengths, weaknesses and past work experience to determine whether she is suited for the position.

By Morag J. Sichak

Questions for Conversation

- Ask a job candidate detailed questions to determine her past work experience. Is she providing specific facts regarding her past projects, achievements, and challenges?
- Using "shadowing" in the interview process gives job candidates a better idea of the work, the team, and the patients' needs. How can your staff and management best present a "shadow" with the day-to-day work experience? Devise a realistic schedule of the prospective job's activities.
- Does your office provide pre-interview testing (typing tests, medical terminology tests, etc.) to evaluate a candidate's skills? How does pre-testing aid the interview process?

Creating a Trusting Environment in Your Workplace

Do you trust your staff and others in your workplace? Jody Urquhart discusses how open communication, sharing information and honest client relations create a happier, healthier and more successful business.

By Jody Urquhart

Questions for Conversation

- How do trusting relationships (or lack thereof) among employees, supervisors, teams and clients impact a work environment?
- Evaluate the lines of communication in your own work environment. What measures can you take to improve the morale and trust?
- A trusting workplace encourages open communication. How can you engage your staff and clients to elicit their feedback?

To view issues of the *Journal* online, visit ***www.naham.org***.

Discussion Guide

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