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INSIDE

AHC Media

Pending coverage, no authorization, or high out-of-pocket?

Rescheduling prevented $79K in lost revenue in one month

A patient is scheduled for an MRI in three days, but the payer says it could take five business days to obtain the required authorization.

"Therefore, the patient must be rescheduled," says **Amanda Hayes**, regional director of patient access at Presence Saint Joseph Medical Center in Joliet, IL, and Presence St. Mary's Hospital in Kankakee, IL.

By rescheduling surgical procedures or high-dollar diagnostic tests when necessary, $79,000 in revenue was prevented from being written off at one of Presence Health's sites in a single month.

At Birmingham, AL-based Baptist Health System, patients often are unhappy initially to learn their procedures are being rescheduled. "But it's an even bigger dissatisfier for the patient to have a procedure that's not going to be paid for," says **Janice Ridling**, vice president of revenue management. "For us, it's a matter of doing the right thing for everybody involved."

When procedures need to be postponed at Presence Health, a scheduler tells the patient, "Your insurance company requires this authorization to be in place to ensure they will pay for your services."

"Most patients are ultimately very happy when they hear this," says Hayes. "They do not want to be responsible for full payment of the services."

RESCHEDULING PROCEDURES IF AUTHORIZATIONS ARE MISSING IS "A MATTER OF DOING THE RIGHT THING FOR EVERYBODY INVOLVED." — JANICE RIDLING, BAPTIST HEALTH SYSTEM

No auth in place

A common reason for postponing a procedure is that the ordering physician office was not aware of the need for authorization.

"In some cases, the precert has gone to peer-to-peer review, and the payer is requiring extra time," notes Ridling. Here are some other reasons why patient access might need to reschedule a

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patient's procedure:

• The patient's coverage is out-of-network.

"With some of the new plans, the patients aren't being notified of this in advance," says Ridling. "This is especially upsetting if patients have come to our facility for years."

While verifying benefits, pre-registration staff members now ask specifically whether the hospital is in network. "We advise the patient if they're out-of-network. If the patient has out-of-network benefits, we quote those," says Ridling.

Pre-registration staff members also contact the physicians' offices to inform them of the patients' out-of-network status. "At that point, it becomes the patient's decision whether they want to continue as planned or coordinate with their doctor to have the procedure done elsewhere," says Ridling.

• A patient is expected to qualify for Medicaid, but coverage is pending.

In such cases, rescheduling of elective procedures benefits the patient, the hospital, and the provider's office, says **Linaka Kain**, manager of the Marketplace Exchange and a disability examiner at Unity Point Health System — Rock Island (IL).

"We verify with the doctor if it's something that is medically urgent or if it can wait," says Kain. "We do that a lot more now. It makes it easier for everyone, and the patients appreciate it."

Patients often consider only the cost of surgery, and they often forget about follow-up care and prescriptions. "Patients may think they will have the surgery and be done, but what about after that? Some offices won't see uninsured patients," notes Kain.

Patient access staff members tell patients, "If we can hold it off until you get insurance, you will have a far better outcome," and they are careful to use the word "reschedule" instead of "cancel."

"Everybody is going to have at least one prescription after surgery," says Kain. "What if it's a $300 medication, there is no generic available, and the patient has no money or insurance to pay for it?"

Rescheduling until coverage is obtained means the patient won't receive a bill he or she likely can't afford. "The doctor wants to get paid as well," notes Kain. Patient access recently took on the role of determining the patient's financial status. "It's pretty difficult for the physician to do that on their side. We

EXECUTIVE SUMMARY

Patient access is taking on the role of rescheduling procedures if authorizations are missing, Medicaid coverage is pending, or the hospital is out of network. At Presence Health, $79,000 in revenue was prevented from being written off at one site in a single month, by rescheduling when necessary. To avoid postponing scheduled procedures, do the following:

- Ask whether the hospital is in network when verifying the patient's insurance.
- Inform providers' offices if a required authorization is not in place.
- Educate providers' offices on payer requirements and patient access processes.

decided we'd extend the olive branch and take the extra step of doing it," says Kain. "It's been beneficial to all of us."

• Some patients are unwilling or unable to pay their out-of-pocket responsibility.

The average deductible for employer-sponsored plans increased to $1,217, up from $826 in 2009, according to a September 2014 survey conducted by the Kaiser Family Foundation and the Health Research & Educational Trust.

Registrars increasingly are taking on the role of rescheduling non-urgent services for patients who are unwilling or unable to pay their out-of-pocket responsibility upfront, according to **Paul Shorrosh**, CHAM, founder and CEO of AccuReg Front-End Revenue Cycle Solutions in Mobile, AL.

"As hospitals continue to shift to a 'payment-before-service' culture, reschedule policies will be written or revised," says Shorrosh. "Registrars will be in the position of enforcing that policy."

Presence Health's financial clearance policy requires authorizations to be obtained for all planned procedures and testing.

"This policy provides the organizational support for patient access staff and leaders to discuss rescheduling of procedures with physicians," says Hayes.

Patient access staff aren't expected to determine what services are urgent. Case managers play an important role in making that delineation. "It is helpful to work with clinicians to outline which procedures are always deemed urgent versus those procedures deemed non-urgent, such as screening colonoscopies," says Hayes.

Patient access consults with case managers only if the need arises.

"The process can be performed defect-free by the patient access staff the majority of the time," says Hayes. *(See related story on proactive approaches to avoid rescheduling procedures in this issue.)*

SOURCES

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Avoidable no-authorization denials cut by 60% — Avoid postponing procedure at your hospital

Only 1% of procedures are rescheduled — Strategies are shared

Is there a problem with an authorization that will result in a denied claim? Good communication with providers and office staff about this issue has reduced avoidable authorization denials by 60% at LCMC Health in New Orleans, according to **Stacy Calvaruso**, CHAM, system assistant vice president of patient access services.

"Of those cases that were rescheduled, we have been approximately 80% successful in getting the cases cleared with appropriate payment," Calvaruso reports. Patient access reschedules cases if the payer hasn't responded to the authorization request or if the payer requires a peer-to-peer review.

"We contact the provider first to clarify whether the services are considered 'urgent' or 'necessary,' or not," says Calvaruso. If the providers say the procedures can be postponed, patient access staff members ask them to inform the patients. "In some instances, we will contact the patients on the providers' behalf if they are uncomfortable explaining the situation," says Calvaruso.

If so, patient access employees tell the patient, "Mr./Mrs. Smith, this is Stacy, and I am with the pre-service center at LCMC. Your provider has asked that we assist them with getting you scheduled for XX procedure and to work with your payer to get an authorization from them to process and pay your claim. Unfortunately, we have been unable to obtain this authorization as of right now, and we will need to reschedule your

visit. We will continue to work with your payer and your provider to get this approved and call you back to schedule you for your services."

Alert provider's offices

To avoid rescheduling, patient access clearly communicates payer requirements and the status of cases with providers' offices.

"We also make sure that patients understand that this is a partnership and that they are equally as responsible in their payers' authorization approval process as the clinicians are," says Calvaruso.

At Birmingham, AL-based Baptist Health System, patient access leaders avoid problems that can cause a procedure to be postponed by starting early in the process. "We start when a patient is scheduled, by requesting the precertification information from the physician office," says **Wendy Lepp**, corporate director of patient access.

After the patient has been scheduled, the pre-registration department contacts the patient's insurance carrier to verify benefits and required authorizations. Patient access follows up with the physician's office to obtain any necessary authorizations that are pending.

"We also have a team onsite at our facility who obtains pre-certs on behalf of the physician's office and the hospital," says Lepp. "We have developed a very good process." The preregistration team communicates twice a day via email with patient access management, admitting staff, and financial counselors to let them know about any problems with patients scheduled for services.

"Maybe there is something that is pending. Maybe we were unable to obtain the benefits and can't reach the patient," says Lepp. "If so, we communicate that information in advance."

Give office staff training

Only about 1% of procedures need to be rescheduled at Presence Saint Joseph Medical Center in Joliet, IL, and Presence St. Mary's Hospital in Kankakee, IL. **Amanda Hayes**, regional director of patient access, credits this low percentage to educating providers' offices on payer authorization requirements and the department's financial clearance policy and process.

"We have tools and information about insurance authorization, such as online verification tools and payer contacts, that the physician offices may not," she explains.

Members of the patient access staff ask staff members in the offices what time of day is best for them to come to the hospital campus to have training.

"We have found that a breakfast is great before provider offices open to patients. Or if the seminar is shorter, a lunch class also works," says Hayes. By providing educational seminars to providers' office staff, she says, "in the end, we guarantee an excellent patient experience." ■

Applicant looks great 'on paper'? He or she might be a terrible fit for access

Unspoken responses can speak volumes about a job candidate

During an interview for a patient access position, one applicant confided that she had difficulty working the second shift on her last job. "And she was applying for a second shift position! That was a red flag waving in the wind," says **Lolita M. Tyree**, CHAM, MSW, patient access manager in the ED at Riverside Regional Medical Center in Newport News, VA.

Red flags often are more subtle, however. "I find that candidates will say nearly anything just to have a chance to get into the role they are interviewing for," says Tyree. "Things that are unsaid speak volumes."

On the other hand, applicants' demeanors can work in their favor. Recently, a candidate admitted to Tyree that a negative write-up caused her to lose a previous job. "During the interview, this individual was extremely open and honest about the prior job and the circumstances surrounding them being let go," she recalls. Tyree decided to hire the individual, who ended up being a large asset to the department.

Recently, **Lilli Mandelik**, director of Patient Access Ambulatory Services at Eisenhower Medical Center in Rancho Mirage, CA, was looking for a new staff member to perform insurance eligibility work in the evenings at an off-campus location. "My first concern was that I need to find people who can work independently without much supervisory support and who are reliable and self-motivated," she recalls.

She interviewed many candidates with the right skill set, but none reassured her that they could be

trusted in the role, until a candidate surfaced who conveyed "a level of self-discipline and pride," she says. "I knew immediately that this was a lady who I could trust to be here without supervision and to support the mission and values of the hospital."

Emotional intelligence

"Is this person someone you'd want helping your grandmother, parent, or cousin?" Mandelik weighs the answer to this question more heavily than anything she sees on their resume. She looks for candidates with "a certain level of sensitivity and emotional intelligence." If a patient is experiencing subtle stroke symptoms, for example, she wants to know that the applicant would pick up on the fact that immediate medical attention is needed.

Mandelik looks for people with the right personality to turn an unhappy patient into a satisfied customer. "Some people tend to argue with patients and pour gasoline on a fire," she says. "Others can make a connection with that person, and the patient walks out happy and an advocate for the hospital."

A scheduler in the hospital's Breast Center has this ability. "I get more compliments about her than any other employee," says Mandelik. "In two minutes, she's their best friend. She has a way of calming down a frightening situation. The patients all want to meet her after their procedure."

Several years ago, Mandelik was looking for a concierge to fill an open position in the hospital's Cancer Center. "Previously, the person at the front desk was perfectly groomed and professional, but rarely spoke to the patients unless they came to the desk to ask a question," she recalls. "That employee was quiet and not very outgoing."

When the employee left the position, Mandelik hired someone with "a big personality." The new concierge anticipates patients' needs for wheelchairs or directions, and in general, makes patients feel very welcome. "It was one of the best hiring decisions I made," she says. "The patients adore the new concierge. They come in looking for him. They feel that he really cares about them and their healthcare experience."

Answers speak volumes

Eisenhower's patient access leaders use an interview checklist with questions under the headings "Culture fit," "Communication," "Teamwork," "Attitude," "Conflict resolution," "Service focus," "Clinical abilities," and "Job knowledge." *[The Interview Evaluation Checklist used by the department is included with the online issue. For assistance, contact customer service at customer.service@AHCMedia.com or (800) 688-2421.]*

However, Mandelik also asks each candidate to share his or her greatest strength and greatest weakness.

Recently, she explained to an applicant for a call center position that the position was very detail-oriented. The applicant nodded her head enthusiastically. But when asked her greatest weakness, she answered, "Well, I'm kind of disorganized."

"I knew immediately that this is not somebody I wanted to hire," says Mandelik. "She couldn't think on her feet, and in patient access, you have to do that."

"Can you share an experience where you took someone's negative experience and turned it into a positive?" If an applicant doesn't have a quick answer for this, it troubles **Michael F. Sythe**, director of revenue cycle operations at Eisenhower Medical Center. "Even if you worked at McDonald's, you can have a person who gets mustard on a hamburger and specifically asked for no mustard," says Sythe. How the applicant handled such a complaint is a strong indicator of how he or she will do in the field of patient access, he says.

"We experience that all the time," says Sythe. "A patient may say, 'I've been waiting for 15 minutes, and my appointment is in five minutes.'" The patient access employee needs to turn things around so the patient leaves on a positive note. "That is the reality of patient access," says Sythe." *(See related story in this issue on determining if applicant is a good fit for the ED.)*

SOURCES

- Lilli Mandelik, Patient Access Ambulatory Services, Eisenhower Medical Center, Rancho Mirage, CA. Email: LMandelik@emc.org.
- Lolita M. Tyree, CHAM, MSW, Patient Access Manager, Emergency

EXECUTIVE SUMMARY

An applicant's personality is often more important than his or her credentials or experience, according to patient access leaders interviewed by *Hospital Access Management*. To identify red flags that someone is a bad fit for your department:

- Ask applicants to recount a time they turned around a bad situation.
- Have applicants shadow staff members.
- Clearly describe what registrars will encounter in the emergency department setting.

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Is registrar able to handle the ED setting?

An employee might be detail-oriented, friendly, with an encyclopedic knowledge of payer requirements. An emergency department (ED) registrar, however, also has to be comfortable working in a setting where they'll encounter tragedies, suicidal patients, and gunshot wounds. Here are two ways patient access leaders can determine if someone is a good fit for the ED:

• Describe the ED environment in detail.

Michael F. Sythe, director of revenue cycle operations at Eisenhower Medical Center, shares these details about the reality of working in the ED setting with applicants:

— The ED is a fast-paced environment.

— The ED is a very close working space, with clinicians working alongside registrars.

— The ED is stressful at times due to an often-full waiting room and lengthy waits to be seen.

— Bad outcomes, including death, occur with family members present.

Sythe also describes the sights, sounds, and smells that occur. "Some people have a very low tolerance for the smell of vomit or neglected hygiene," he notes. "In the case of an auto accident, there may be blood, missing limbs, scrapes, bruises, and such."

Sythe notes that the registrar will be in close proximity to homeless individuals, psychiatric patients who are a threat to themselves or others, crime victims, perpetrators of crime, and drunken drivers, and he carefully observes the applicant's reaction. "If they have a look of shock on their face, they might not be a good fit in the ER," he says.

Some applicants confide that as parents of small children, they don't feel they could handle working in the ED. "I appreciate their honesty," he says. "That doesn't mean they won't be a good fit elsewhere on the patient access team."

Sythe finds that nursing students typically are a great match for the ED. "They might not have the patient access experience, but they really have the drive to be in that specific area," he says.

• Have applicants shadow in the ED.

Lolita M. Tyree, CHAM, MSW, patient access manager in the ED at Riverside Regional Medical Center in Newport News, VA, has candidates "shadow" registrars in the department for several hours after she interviews them.

"The likelihood that the candidate will experience something unusual is pretty good," she says. "The current employees can see how they respond to situations and how well they interact with others." Some candidates admit they cannot handle seeing blood or someone vomiting. One recently withdrew her application for the position after she realized it was not an office environment.

"This environment can be literally life-changing, so it is important to hire individuals that are able to deal well with pressure and can think quickly on their feet," says Tyree. She looks for an ability to work independently and to work well under pressure.

During job interviews, applicants typically put their best foot forward. "They tend to relax when with peers," says Tyree. "Peers notice behaviors that may not be displayed during the formal interviewing process."

Co-workers sometimes tell Tyree that an applicant didn't behave professionally. "They usually pick up if a potential candidate does not show any sense of urgency," she adds. "This is key in an emergency room environment." ■

Don't allow patients' privacy to be violated during registration

Nina Pham, the ICU nurse who contracted Ebola at Texas Health Presbyterian Dallas Hospital while treating the first patient diagnosed with Ebola, sued the hospital's parent company, Texas Health Resources (THR) and said it failed to train and protect nursing staff. The suit also alleges that her record was "grossly and inappropriately accessed by dozens of people throughout the THR system."

"We respected Ms. Pham's privacy and acted only with her consent. We are not doing any interviews on

this topic at the present time," said Texas Health Resources spokesperson **Wendell Watson**.

Regardless of whether the allegations are proven to be true or false, the lawsuit spotlights the potential dangers when accused of failing to protect a patient's privacy in registration areas. Hackensack (NJ) University Medical Center "has several layers that allow us to protect a patient's privacy," says vice president and chief compliance officer **Thomas Flynn**, FACHE. Patients can opt out of being listed in the hospital directory. In this case, registration staff members reply, if asked about the patient over the phone or at the front desk, that there is no information about the patient.

Inpatients also can be registered under an alias. "This protects the integrity of the record by medical record number," explains Flynn. "But if you searched, you couldn't find the record based on the patient name." If a patient asks to be registered under an alias, a hospital staff member pages **William Hunt**, CHAM, CPC, director of the Admission Services Center. "Based on the reason for request, it will be granted or declined," says Hunt. If approved, Hunt instructs an admission associate to change the patient's last name. "All paperwork and the patient ID bracelet is reprinted with the changed information and delivered to the unit, with the patient signing a form which reflects this request," says Hunt.

The department uses a "break-the-glass" system that restricts direct access of the patient's medical record to only the assigned treatment team. "'Break the glass' draws its name from breaking the glass to pull a fire alarm. "It is meant to convey that we are providing emergency access to critical patient information," explains Flynn. If others try to access the record, they would first receive a warning and then would have to click again to gain access. "This access then goes on a report," says Flynn. "We're still in the process of fully employing this functionality, but it is in place for the Ebola team."

EXECUTIVE SUMMARY

A current lawsuit includes allegations that the hospital failed to protect a nurse's privacy after she contracted Ebola. To protect patients' privacy in registration areas, do the following:

- Emphasize to staff the seriousness of patient privacy regulations.
- Use carpeting and sound-absorbing wall panels.
- Inform staff members that they can't discuss medical information about anyone they know, if they learned the information through their job duties.

Many reasons for privacy

At Mercy Hospital Springfield (MO), the hospital's electronic health record integrates the patient's private status throughout hospital systems so the patient's information won't show up on public directories.

"It marks their records and name in red, so that anyone seeing the record will know that the patient wants to be private," says patient access education specialist **Kim Crouse**, CHAM. "There are many reasons why patients decide to be private." These reasons include abuse, family issues, or a hospital employee who doesn't want their coworkers to know they are undergoing testing.

Crouse says these are her biggest challenges for providing patient privacy in registration areas:

• It is difficult to provide enough privacy so that patient information can be updated in a safe and secure manner.

"Space limitations or how the registration area is designed can have a huge impact on privacy or lack of privacy," says Crouse. Carpeting and sound-absorbing wall panels have been installed in most admission and outpatient registration areas. "This helps keep sounds muffled and from echoing," says Crouse. "Televisions or soft music in the background provide further 'white noise.'"

• There is an ongoing need to train all patient access employees on patient privacy regulations.

In the first class for new hires, Crouse covers the protected health information communication tool, which the patient fills out to indicate who may receive verbal information regarding their care. "New hires are unable to have access to the [electronic health record] until it is completed," says Crouse.

In addition, new hires are required to complete an online training module, developed internally, within 90 days. The online training explains the Health Insurance Portability and Accountability Act (HIPAA), as well as why privacy is important, what constitutes a privacy breach, and what the consequences are.

The biggest challenge is to make sure patient access staff understand how serious HIPAA is. "It's ensuring the patient's information, status, and location is private not just from the public, but co-workers as well," emphasizes Crouse.

• Employees often are tempted to discuss information about friends or family.

"Education must be provided

that if you learn information about their friend or loved one, you can't discuss it with the patient or go and see them, if how you found out the information is through your job duties," says Crouse.

To bring this point home, Crouse shares a personal story with employees. When her mother's best friend was admitted, Crouse spoke with her while she was in the hospital. "She called my mom when she got home, wanting to know why she hadn't called or come to visit," she recalls. "Because I was unable to say anything, I had never told my mother." Crouse explained to them that privacy regulations prevented her from doing so.

"My mother's friend had several more admissions after that, but she always made a point to call me and state, 'I want you to call your mother and let her know I am here,'" says Crouse. "It was her right as a patient to have someone notified."

SOURCES

- **Kim Crouse**, CHAM, Education Specialist, Patient Access Quality, Control, and Education, Mercy Hospital Springfield (MO). Email: Kimberly.Crouse@mercy.net. ■

Do you want to know how an employee is *really* doing? Colleagues can tell you

Hard-to-hear feedback can drive improvements

"Does your work unit work well together?" "Does your work unit have a climate of trust?"

Patient access leaders at OSF Saint Francis Medical Center in Peoria, IL, received disappointing scores for these two questions on the department's annual Employee Opinion Survey.

"I decided to put together an employee peer survey," says patient access services manager **Jacqueline Doerman**. Doerman developed the questions with a colleague and administered the survey via email. *[The Peer Evaluation Tool and sample results are included with the online issue. For assistance, contact customer service at customer.service@AHCMedia.com or (800) 688-2421.]*

"It wasn't mandatory, but we had a high amount of staff fill it out," Doerman reports. "The results were put together in Microsoft Publisher, manually."

Staff members praised their coworkers in many ways. Some items that needed improvement were brought to light, such as staff members not being ready to work at their desks at the start of the shifts. "Those staff would clock in, get a drink, or put food away before actually sitting down and registering patients," Doerman says.

Staff members also received feedback on how they interacted with others and how they could improve their teamwork skills. "Some respondents were very candid about staff spending a lot of time on the phone or Internet, or not being at their desks when they should be," says Doerman.

Action plans requried

Managers presented the survey results to every staff member individually. Regardless of their scores, they all had to write action plans on their goals and how they would achieve them.

"Some of the feedback was hard to hear, but it was very beneficial for all of them," Doerman says.

Tammy Decker, CHAA, a patient access services manager at Texas Health Alliance Hospital, recently took a class in managing different personalities, and she realized that she wasn't receiving feedback from employees who were not outgoing.

"I am very extroverted, and I needed to see that sometimes I was not getting the voice of my introverts," she says.

Decker made these changes to obtain feedback from all patient access employees:

- Decker created a discussion board on the hospital's internal website, so employees can post comments on various topics.
- Decker created a comment box.

EXECUTIVE SUMMARY

Leaders can help employees to improve by asking their colleagues for honest feedback using a survey, a discussion board, or comment box.

- Have a small group of experienced staff meet to convey concerns to managers.
- Give employees the opportunity to tell their side of the story.
- Survey employees on how well they know departmental processes.

"Staff can put feedback, concerns, shout-outs, and ideas in anonymously, by filling out an index card or by typing in on a piece of paper and slipping it in," says Decker. The box is locked, and only a supervisor and Decker have a key to it.

"We get a mixture of comments, and they can do it without me knowing who they are if they chose to do so," she says.

• The department created a small group called the "Think Tank" with top performers from each patient access area.

"They meet once a month to discuss processes, concerns, and innovative ways to enhance the team's progress," says Decker. The employees also act as advocates and informal representatives for their areas. "The other staff sometimes feel more comfortable speaking to a peer than to someone in leadership, so they seek out one of these individuals to assist them in being heard," says Decker.

• She encourages staff members to speak up if they notice a problem.

"If they speak out about a concern, I provide them with a candy treat for speaking up!" says Decker. "I make sure staff understand that accountability is not punitive." She reaches this understanding by taking action when staff report a concern.

"Your staff can tell you things all day long," she says. "But if you are not listening with intent to act or provide feedback, then you are not really listening." Here are some examples:

— After employees reported feeling unsafe because there were no panic buttons in any of the registration areas, Decker met with hospital risk managers and arranged for these buttons to be installed.

— Night shift registrars asked for a small refrigerator for their meals and drinks, as the cafeteria closed at 7 p.m.

"I was able to speak with my director and get this approved to purchase for the staff," says Decker. "They have really been appreciative of that."

— Emergency department registrars were concerned that all of the doors that went to patient rooms were badge access only and that there was no button to press to open them.

> "SOME RESPONDENTS WERE VERY CANDID ABOUT STAFF SPENDING A LOT OF TIME ON THE PHONE OR INTERNET, OR NOT BEING AT THEIR DESKS WHEN THEY SHOULD BE."

"I worked with the hospital leaders and was able to get it approved to have one door have this access," says Decker. "We can now let patients in without having to stop helping the current person in front of us checking in."

• If staff report a concern with a colleague, Decker gives that employee a chance to share his or her side of the story.

"I let them know that I really want to understand the background in them making the decision that they made," says Decker.

Next, she asks the employee how she can support them in making better choices, such as additional education.

"Once they realize that you are not automatically assuming they knowingly did something wrong, they tend to be more understanding and open," Decker says.

• Decker surveyed employees about every single program and process in the department, and she had them mark one of these choices:

— I know this so well I could train it.

— I am pretty good but still have questions here and there.

— I can do this with the support of someone else.

— I can't do this, or I have never been taught this.

Decker learned that some employees wanted hands-on practice instead of just emailed instructions. She also realized that the department wasn't using the different strengths of its employees. "This was a major eye-opener for me," Decker says. "Those that aren't performing aren't necessarily slow or lazy. Some just haven't felt comfortable asking questions."

She based upcoming staff meeting agendas and training topics on the feedback she received. "It also showed me who I could pair up for peer-to-peer training," she says.

SOURCES

- Tammy Decker, CHAA, Manager, Patient Access Services, Texas Health Alliance Hospital. Email: TammyDecker@texashealth.org.
- Jacqueline Doerman, Patient Access Services Manager, OSF Saint Francis Medical Center, Peoria, IL. Email: Jacqueline.D.Doerman@osfhealthcare.org. ■

Here are best role-playing scenarios to increase your department's collections

Every patient access department has its struggling collectors: employees who just can't seem to collect, despite it being part of their job description. For some, the problem could be as simple as a lack of practice.

"Role-playing can guide team members to be prepared for many different situations," says **Roxanne Gagliardo**, senior director of access services at Adreima, a Jacksonville, FL-based firm that provides revenue cycle services to hospitals. "It enables them to respond quickly and appropriately when approaching patients to collect a fee."

Gagliardo recommends covering various scenarios repeatedly before a patient access employee collects from an actual patient. *(See list of scenarios the department uses during role playing in this issue.)* "Oftentimes, there are situations that may catch a team member off-guard with a patient," Gagliardo explains. "If the employee has practiced a response to a similar situation during role-playing many times, he or she is much more likely to respond the same way with an actual patient. Some team members are nervous role-playing in front of others, so positive reinforcement and encouragement is used immediately. In order to break the ice, leadership will always start first."

Gagliardo has seen employees become much more confident asking for money after role-playing. "The more a team member exudes self-assurance and experience, the more likely the patient feels a sense of responsibility to make a payment up front," she says.

Patient access leaders should use these three scenarios for role-playing, recommends **Doug Fielding**, vice president of product strategy for ZirMed, a Louisville, KY-based provider of web-based revenue cycle management solutions for healthcare:

- those that are similar to the real-world scenarios your staff will face most frequently;

"OFTENTIMES, THERE ARE SITUATIONS THAT MAY CATCH A TEAM MEMBER OFF-GUARD WITH A PATIENT."

- those that are the most challenging;
- those that have the greatest financial impact on your organization.

"Those might all be one and the same, but they might not be," says Fielding. "It all depends on your patient populations and the states in which you operate."

For example, the most frequent situation might simply be patients covered under a high-deductible health plan who need help understanding how their costs count toward that deductible. Many patients might want to know what payment plan options are the best fit with a health savings account.

"The most challenging situation might be collecting from patients who are genuinely surprised to learn their insurance doesn't cover the care they received," says Fielding. In this case, the first step might be walking the patient through their coverage details and explaining the steps that the provider has taken to attempt to bill the payer for the service provided. "This clarifies that the provider is on the patient's side," says Fielding. "It assures the patient that everything that could be done, has been done."

To make role-playing more effective, Fielding suggests patient access managers take these steps:

- **Conduct an audit of collections best practices.**

Fielding says to answer these questions: What should staff be saying? Are they saying it? Is it working?

"This exercise helps management identify key role-playing scenarios," says Fielding. "It clarifies whether staff would benefit from refresher training, or whether current 'best practices'

EXECUTIVE SUMMARY

Role-playing exercises can help patient access employees to be comfortable collecting from patients, because they're able to repeatedly practice what to say to patients.

- Give positive reinforcement if employees appear nervous.
- Have leaders start the role-playing first.
- Use scenarios that come up often, are challenging, and that have the biggest financial impact.

simply aren't working and need to be updated."

He suggests using metrics such as the results of collections activity. "Then, identify communications commonalities within these segments," says Fielding. "Compare these against the current best practices that collections staff are coached to adopt."

Beware of observation

Direct observation of staff also can be helpful. "But this can skew the data," warns Fielding. "The presence of an observer can sometimes change or influence staff behavior."

• Do role playing one-on-one, or one-on-one with a small group of peers who observe but don't participate until they're asked for suggestions or ideas.

If various individuals need to improve different specific skills, "one-on-one role-playing will be more effective," says Fielding. "The person you're coaching won't feel singled out." Also, employees won't be forced to sit through training that doesn't apply to them.

"If there's a small group present, it's natural for everyone to provide constructive, more informal feedback at some point during the process," says Fielding. If it's one-on-one, the person playing the patient should provide the feedback directly. "The only thing I don't recommend is for the feedback to be interpreted and delivered by a manager who wasn't present," he says.

• Have someone play the patient who regularly, and currently, hears what patients are saying.

"This should be based on recent real-world interactions, not best guesses at what patients might say," says Fielding. "The realities for patients are subject to change, and so are the realities of collections."

A patient whose employer recently began offering only a high-deductible plan might have been insured for 20 years under a traditional PPO. "So while they're very well-versed in the healthcare world, in some ways they have more in common with new entrants: those who need help understanding and navigating their financial obligation," says Fielding. ■

Use these responses when collecting

Below are some patient comments and suggested responses, for role-playing exercises by patient access leaders at Adreima in Jacksonville, FL:

• "I don't have a deductible."

Answer: "Based on your insurance card and coverage, we've confirmed that you do have a deductible based on your plan."

• "My insurance company is wrong."

Answer: "I've confirmed that the insurance company was contacted, and the amount due is valid based on your current health plan.

• "I'm unemployed."

Answer: "I'm sorry to hear that. Hopefully, your situation will change soon. Are you able to make a small payment and set up an arrangement?"

• "I will pay when the insurance company pays."

Answer: "The insurance has been submitted, and the insurance company responded with your responsibility. Since your insurance is valid, they will pay upon receipt of the claim. But we would appreciate it if you could go ahead and make your payment for the service rendered."

• "I always come to this facility, and you never ask for payment."

Answer: "With the benefit of having insurance, you have a shared responsibility that includes your co-payment or deductible. This is a part of the process that's currently in effect at _____. As always, we appreciate you choosing _____. This is our current policy on payment collections. Since your service has been rendered, payment for the service is expected."

• "I'm on a fixed income/I can't afford it right now."

Answer: "I can understand your financial situation. We can come up with a plan to assist you with getting this paid. What can you deposit today?"

• "My purse/wallet is in the car."

Answer: "While you're waiting, can your spouse/family/friend retrieve it for you? I can come back to your room to retrieve the payment and provide you with proof of payment to take with you."

• "I only have $___ today."

Answer: "Wonderful. We can accept what you have today, and bill you for the rest. This will help pay toward your balance." ■

COMING IN FUTURE MONTHS

- Stop making time-consuming phone calls to payers
- Avoid costly disasters when upgrading patient access systems
- Dramatically improve satisfaction with same-day access
- How new "navigator" role is meeting patients' needs

AMA adopts policies to improve data and price transparency

At its recent annual meeting, the American Medical Association (AMA) passed two new policies that address the growing interest in healthcare data and price transparency.

Over the past few years, large amounts of healthcare information have increasingly become publicly accessible through the Centers for Medicare and Medicaid Services and other sources, such as all-payer claims databases, registries, and qualified entities. While more health information is available to the public, much of the released data is not timely or actionable and lacks context, according to the AMA. The two new AMA policies aim to address these limitations, according to the Association. In addition, they support efforts to improve the health literacy of patients so they can understand the healthcare pricing information that they might access.

"Transparency of both cost and quality is needed for patients, physicians, public and private insurers, and other stakeholders throughout the healthcare system to make more informed healthcare decisions," said AMA President **Robert M. Wah**, MD, in a statement accompanying information about the vote. "The policies adopted today will help facilitate price and quality transparency for patients and physicians and put into place much needed safeguards that ensure the accuracy and relevance of information provided."

The new policies also encourage physicians to communicate information about the cost of their professional services to individual patients, while taking into account insurance status and other information where possible. Additionally, they call for working with health plans, public and private entities, and other stakeholders to bring about price and quality transparency for patients and physicians. For more information about AMA efforts around transparency, go to http://bit.ly/1PcygPz. ■

8.8 million fewer U.S. residents uninsured in 2014

An estimated 36 million U.S. residents lacked health insurance at some time during 2014, 8.8 million fewer than in 2013, according to a report released by the Centers for Disease Control and Prevention.

The proportion of residents who were uninsured when interviewed for the National Health Interview Survey fell 2.9 percentage points in 2014, to 11.5% from 14.4% in 2013. The uninsured rate for adults younger than age 65 fell 4 percentage points in Medicaid expansion states, compared with 2.4 percentage points in non-expansion states. The report also includes estimates by Health Insurance Marketplace type and for various demographic groups.

Among persons younger than age 65, 63.6% were covered by private health insurance plans, according to the report. *(To access the report, go to http://1.usa.gov/1BJoofA.)* ■

HOSPITAL ACCESS MANAGEMENT™

HIPAA REGULATORY ALERT

CUTTING-EDGE INFORMATION ON PRIVACY REGULATIONS

Vendors can be the weak point in your HIPAA compliance efforts

You can't control business associates, but risk for your hospital remains

Business associates can frustrate compliance officers because they cannot be completely controlled, yet their performance can lead to a HIPAA breach for which the hospital or healthcare system is liable. Some providers are trying to use indemnification to escape that trap, but there are limitations to that strategy, too.

The best example of the threat is the 2011 breach at Stanford (CA) Hospital & Clinics, which was traced to a business associate's subcontractor, says **Marc Voses**, JD, a partner with the law firm Kaufman Dolowich & Voluck in New York City. A class action lawsuit against Stanford Hospital & Clinics and two business associates related to the breach affecting 20,000 patients was settled in 2014 for $4 million.

Court documents indicate that the breach occurred when a business associate's subcontractor posted information about 20,000 patients treated in the hospital's emergency department on a web site. The information was on the web site for more than a year before the breach was discovered.

The information about patients treated between March 1 and Aug. 31, 2009, included patient names, medical record numbers, hospital account numbers, emergency department admission/discharge dates, medical codes for the reasons for the visit, and billing charges, Stanford Hospital & Clinics confirmed at the time.

The case is indicative of the many ways that protected health information (PHI) is at risk once it leaves the healthcare company's data system, Voses says. He cites these most common security threats with vendors:

- lack of encryption of PHI at rest and in transit;
- use of portable storage media;
- sharing of information by vendor with non-business associates;
- improper disposal of written or electronic PHI;
- failure to maintain adequate security protocols and revise them periodically;
- use of cloud servers that are publically accessible.

Push for protection

The healthcare provider does have some leverage for requiring business associates to take proper HIPAA precautions, of course. Though these strategies have limitations, they should be pursued vigorously to obtain the most protection possible, Voses says. Those strategies include having a written agreement that outlines the terms of the relationship, requiring the vendor to retain a third party to verify the security protocols in place at the vendor and compliance with the said protocols, and requiring periodic audits of the vendor's systems that contain the provider's PHI.

Those strategies are increasingly difficult to implement when managing vendors and third-party risk across many industries, and with complex multi-vendor arrangements, notes **Bill Huber**, a managing director at Alsbridge, a global sourcing advisory and consulting firm based in Dallas. "This requires maintaining effective governance mechanisms to oversee the myriad touchpoints and linkages in the service delivery chain," Huber says. "The requirements of the healthcare industry, and of HIPAA specifically, mean that governance is especially critical."

Huber recommends these specific best practices for risk mitigation:

- appropriate due diligence on supplier information security controls and processes prior to selection and contracting of suppliers;

• specific contractual carve outs for HIPAA-related data breaches, with a separate, usually higher limitation of liability related to gross negligence or willful misconduct;

• specific notification requirements and audit rights in the contract related to information security controls and processes;

• mature vendor management processes and organization, including vendor risk management;

• transition readiness assessment (buyer and supplier) and testing prior to go-live/transfer of data;

• ongoing, periodic audits and tests of supplier controls;

• ongoing monitoring of supplier financial, regulatory, and legal alerts.

Pursue indemnification?

Because even the most diligent vendor compliance program cannot eliminate all potential liability from a HIPAA breach, some hospitals and health systems are pursuing indemnification, Voses notes. That strategy can reduce the risk and potential liability, but getting the vendor to agree to a meaningful indemnification agreement often is difficult, he says.

"It depends on the resources available to the vendor to indemnify you for a breach. When Target's breach was traced to an HVAC vendor, I doubt it could have paid for Target's losses," Voses says. The retailer estimates that about 42 million people had their credit or debit information stolen in 2013. Target settled a class action lawsuit for $10 million, according to court documents. "If the vendor has the resources, demand contractually provided liquidated damages for failure to protect PHI," Voses says. "Have the healthcare provider added to the business associate's cyber/data breach policy as an additional insured."

Unless you know the business associate would be unable to compensate you for the costs of a breach, start out by asking for every possible type of indemnification, advises **Jennifer Breuer**, JD, a partner with the law firm of Drinker Biddle in Chicago. That request should include any violation arising from the underlying business associate agreement or related to confidentiality and HIPAA compliance. But don't expect the vendor to sign off on that agreement.

"What business associates don't like about indemnification is that it completely changes the way they look at the underlying contracts and business associate agreement," Breuer says. "If the vendor is selling an item to the hospital for $12, they may look at the indemnification and realize they can't sell it to you for $12 if they might have to pay all the costs of a HIPAA breach."

When the vendor balks at a broad indemnification that leaves them on the hook for any breach in which the vendor is involved, the counter offer can restrict the indemnification so that the business associate is liable only when the breach is tied to specific actions for which it is directly responsible, she says.

"Reasonable people will agree that they have an obligation to have controls in place to protect PHI, and vendors are more likely to agree to indemnification when they see that it is tied to the actions that everyone in their industry is expected to do," Breuer says. "It is not unreasonable to ask for this type of indemnification, and it is not unreasonable to expect the vendor to agree to it."

The next issue

The next negotiating point involves whether the indemnification agreement will include a cap on the losses for which the vendor will reimburse the hospital or health system. A vendor with limited resources or doing a modest amount of business with the healthcare provider might want a cap so that a breach would not break the company or vastly outweigh the value of the hospital's business, Breuer explains.

"The cap could be the actual losses incurred by the hospital, or it could be related to the fees paid to the vendor," she says. "You might have an agreement that says the vendor's liability is limited to five times the fees paid to the vendor, for instance, so that the company can see the relative value of the indemnification. That emphasizes the point that you're not just trying to push off your legal problems on them, but rather that the hospital's business with that vendor comes with an obligation." ■

EXECUTIVE SUMMARY

Business associates must be monitored carefully to avoid HIPAA breaches that can pass on liability to the healthcare provider. Indemnity agreements can help mitigate the risk from breaches traced to vendors.

- Cloud servers and improper disposal of printed materials can cause breaches.
- Portable storage media are a common cause of breaches.
- Indemnification is a worthwhile option, even if only partial indemnification is possible.

CareFirst breach tied to Chinese attacks, limited by segmentation

Soon after CareFirst BlueCross BlueShield, based in Baltimore, MD, announced that the company had been the target of a sophisticated cyberattack, clues started arising to suggest that the same attack methods might have been used in this intrusion as with breaches at Anthem and Premera. Those incidents collectively involved data on more than 90 million Americans.

In those cyberattacks, security experts suspected the culprits were supported by China.

CareFirst announced that that the attackers gained limited, unauthorized access to a single CareFirst database. Approximately 1.1 million current and former CareFirst members and individuals who do business with CareFirst online who registered to use CareFirst's websites prior to June 20, 2014, were affected by the breach.

The breach was discovered as a part of the company's ongoing information technology (IT) security efforts in the wake of recent cyberattacks on health insurers. CareFirst engaged Alexandria, VA-based Mandiant, one of the world's leading cybersecurity firms, to conduct an end-to-end examination of its IT environment. This review included multiple, comprehensive scans of the CareFirst's IT systems for any evidence of a cyberattack.

The review determined that in June 2014, cyberattackers gained access to a single database in which CareFirst stores data that members and other individuals enter to access CareFirst's websites and online services. Mandiant completed its review and found no indication of any other prior or subsequent attack or evidence that other personal information was accessed, CareFirst reported.

The CareFirst attack suggests that hospitals and health systems are threatened by a much more challenging foe than the casual hacker. Security researchers at cybersecurity firm ThreatConnect in Arlington, VA, reported recently that the CareFirst attack has the hallmarks of the same scheme from China that was successful with other healthcare companies.

ThreatConnect explains the Chinese attacks in this way: Anthem was breached soon after a malware campaign that mimicked Anthem's domain names. Anthem was known as Wellpoint through 2014, and the ThreatConnect researchers found a series of subdomains for we11point.com (the "L's" in the domain were replaced by the numeral "1") — including myhr.we11point.com and hrsolutions.we11point.com.

ThreatConnect also found that the domains were registered in April 2014, when the Anthem database was breached. The domains were used with malware that masqueraded as a type of software commonly used to allow employees remote access to internal networks.

ThreatConnect reports that the same bulk registrant in China that registered phony Premera and Anthem domains in April 2014 also registered two CareFirst look-alike domains — careflrst.com (the "i" replaced with an "L") and caref1rst.com (the "i" replaced with the number "1"). ThreatConnect says the same tactics were used on EmpireB1ue.com (the "L" replaced with a number "1"). That domain was registered April 11, 2014, the same day as the phony CareFirst domains.

"It is believed that the prennera.com domain may have been impersonating the Healthcare provider Premera Blue Cross, where the attackers used the same character replacement technique by replacing the 'm' with two 'n' characters within the faux domain, the same technique that would be seen five months later with the we11point.com command and control infrastructure," ThreatConnect reported in a February 2015 blog post.

Re-evaluate data security

CareFirst reported that evidence suggests the attackers potentially could have acquired user names created by members to access CareFirst's website, as well as members' names, birthdates, email addresses, and subscriber identification numbers.

However, CareFirst user names must be used with a member-created password to gain access to underlying member data through CareFirst's website. The database in question did not include these passwords because they are fully encrypted and stored in a separate system as a safeguard against such attacks. The database accessed by attackers contained no members' Social Security numbers, medical claims, employment, credit card, or financial information.

"We deeply regret the concern this attack may cause," said CareFirst President and CEO **Chet Burrell**. "We are making sure those affected understand the extent of the attack — and what information was and was not affected. Even though the information in question would be of

limited use to an attacker, we want to protect our members from any potential use of their information and will be offering free credit monitoring and identity theft protection for those affected for two years."

The breach confirms a pattern of sophisticated attacks and should prompt compliance officers to re-evaluate their data security, says **Ken Westin**, senior security analyst with Tripwire, a software security firm in Portland, OR.

"Unfortunately, our predictions regarding the healthcare industry becoming a major target are being played out. Both insurance and provider organizations are becoming targets by criminal groups because the data stored on these systems has become more significantly valuable over time as criminal syndicates have found ways to monetize it," Westin says. "In general, healthcare organizations are not prepared for the level of sophistication associated with the attacks that will be coming at them. It's no surprise that several organizations have been targeted and compromised."

Try segmentation

One defense against the type of attacks attributed to China is segmentation of information, suggests **Marcin Kleczynski**, CEO of Malwarebytes, an anti-malware software provider in San Jose, CA. The strategy is that if you don't keep all your data in one place, you aren't likely to lose as much if one part of your system is breached.

"Segmentation of information is the name of the game in our modern threat landscape," he says. "Attackers are constantly increasing their ability to compromise secure networks, be it through new technologies or old-fashioned social engineering. If you treat a breach less like an 'it-won't-happen-to-me' scenario in favor of a stance that expects the breach to happen, you can help those who are charged with securing the information make a more effective battle plan."

CareFirst appears to have used segmentation successfully, Kleczynski says. One database was compromised, but it didn't include all information needed to access secure information, which limited its value.

"Think of the segmentation of secure information, such as login credentials, as the kind of safeguards a gun owner might employ," he says. "The gun is kept in one place and the bullets in another, both secured. In this case, the attackers were able to access the gun but were unable to find the bullets."

Kleczynski sees similarities with the computer breach at JPMorgan Chase in 2014, the largest intrusion of an American bank to date. Cyber attackers compromised information for 76 million households and seven million small businesses in the bank's databases. It took the bank's security team more than two months to detect and stop the intrusion. The Chase breach was similar in that, while the thieves managed to steal a large amount of data, the most valuable information was held in a deeper and more secure part of the network, Kleczynski says. This situation is similar to how a bank or museum would provide increased protection according to the relative value of different items, he notes.

"The CareFirst attack is proof that there are holes in the network that need to be fixed and also a sign that as a society we still have a lot to do in terms of making sure our personal information is kept secure," Kleczynski says. "At least we can find some solace in the fact that the bad guys were unable to get the juicy information."

Westin concurs and says that the cyberattackers are aware of the strengths and weaknesses of healthcare companies in the United States. Even if they are unlikely to get all the information they seek, they know that they still can access a substantial amount that has value. Also, they know that they can damage the company even without obtaining the most valuable information, he notes.

"As we saw with the recent tidal wave of retail breaches, attackers often take advantage of vulnerabilities that are endemic within an industry through common tools, frameworks, data storage/sharing methods or business processes," Westin says. ■

HIPAA breach attributed to stolen laptops

The latest HIPAA breaches across the country continue to reinforce the importance of basic security measures, with stolen laptops causing trouble for one hospital.

North Shore-Long Island Jewish (LIJ) Health System in Great Neck, NY, recently notified patients that their health information might have been compromised after laptops were stolen from a contractor's office. The health system determined that in September 2014, five laptops were stolen from the offices of Global Care Delivery, a firm based in Dallas that processes and collects payments from payers to hospitals. Data on about 18,000 North Shore-LIJ patients was on the four laptops. LIJ reported that the laptops were password-protected but not encrypted. ■

March 2014

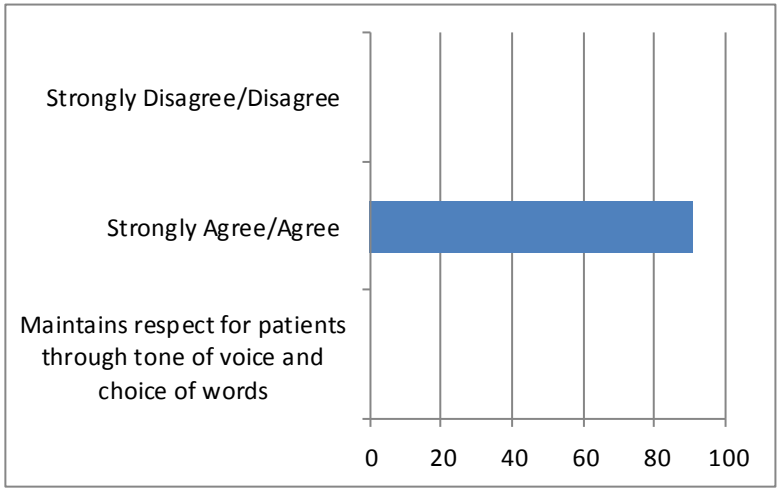
OSF Healthcare System

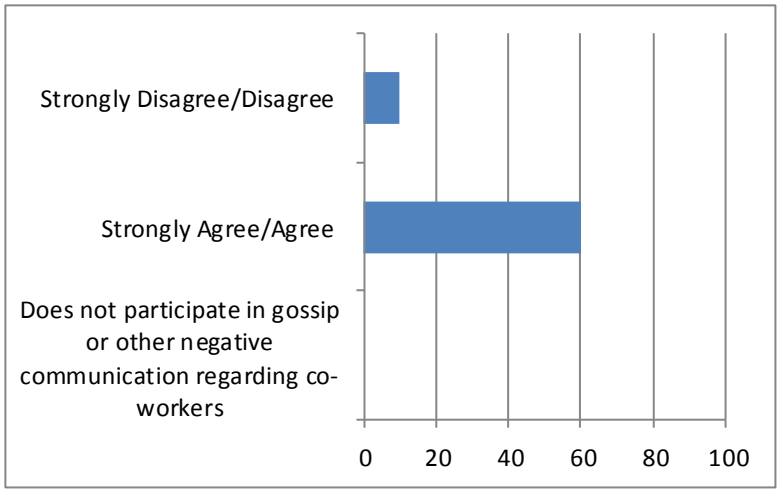
Thank you for taking the 2014 Employee Peer Survey. This survey was designed to allow our department to give each other focused feedback through an anonymous online tool.

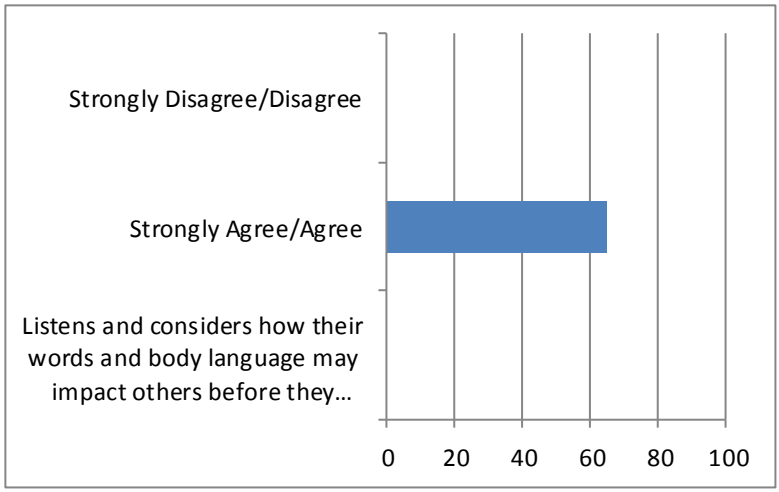
This directly ties into our Employee Opinion Survey regarding the score our staff provided on "members of my work unit accept responsibility for their performance." In recognizing that this is an area of opportunity for us, the results from this survey are being shared with you to ensure we continue to make positive improvements in our department by celebrating each other's strengths and working to improve any area of opportunity.

Inside this survey:

Your Results



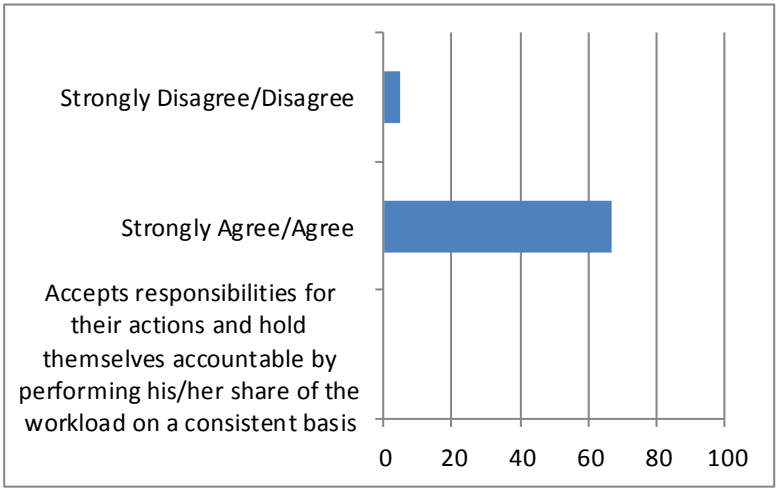


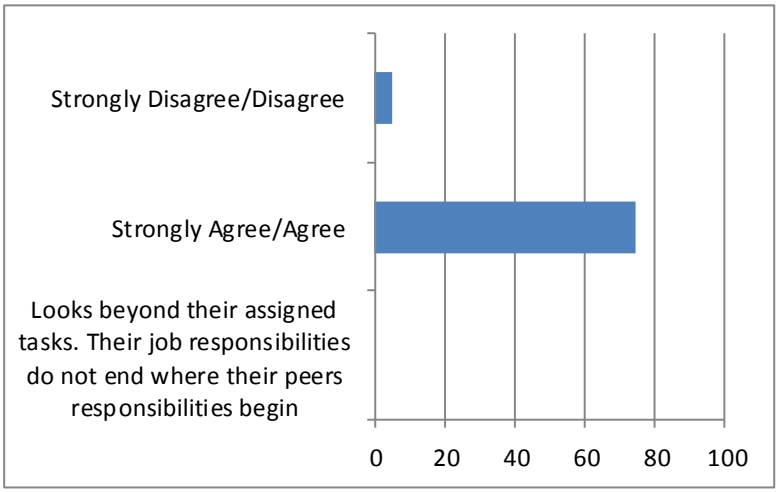


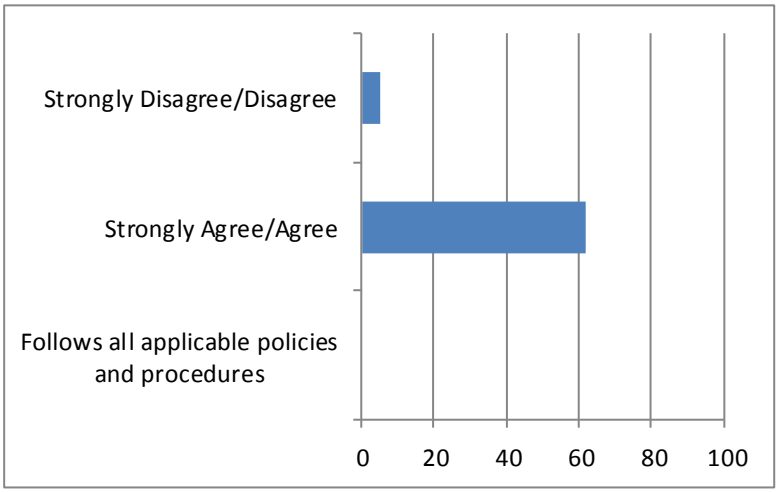
The word "communication" comes from the same Latin root as the word "communion." It literally means "to come together." If what we say isn't helping us come together –with our friends,

our family, our colleagues, our community—then chances are it's not communication, it's something else. ~ Dan Zadra

Your Results

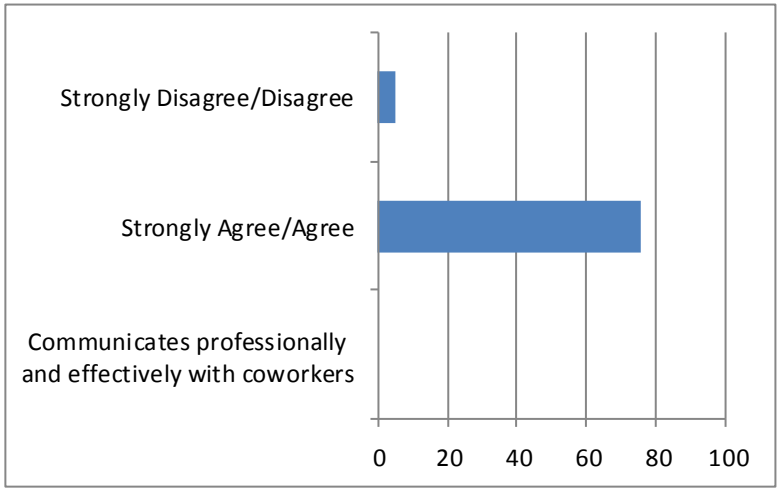


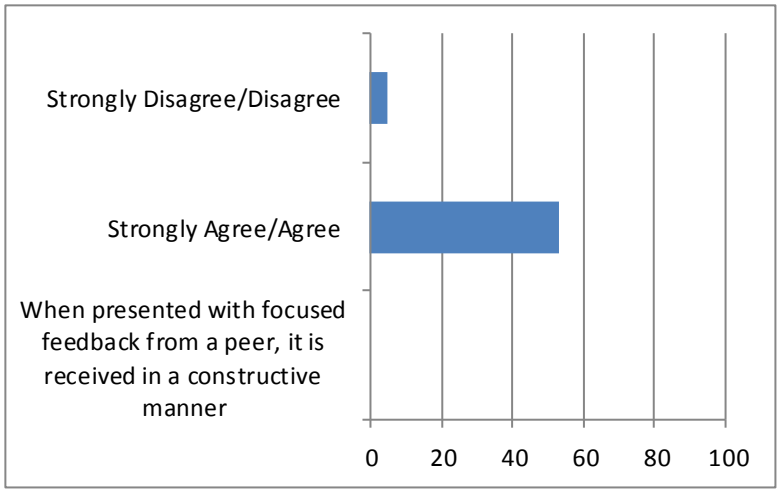


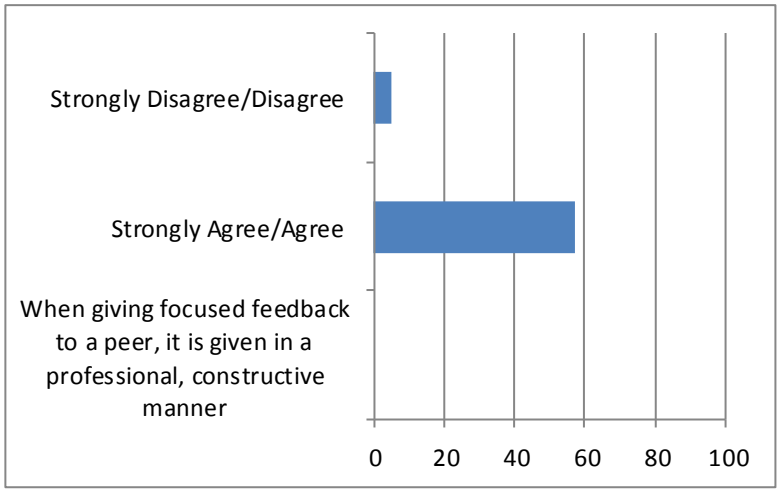


As the blossom can't tell what becomes of it's fragrance, we can't tell what becomes of our influence.
~ Audrey Wines Mullen

Your Results

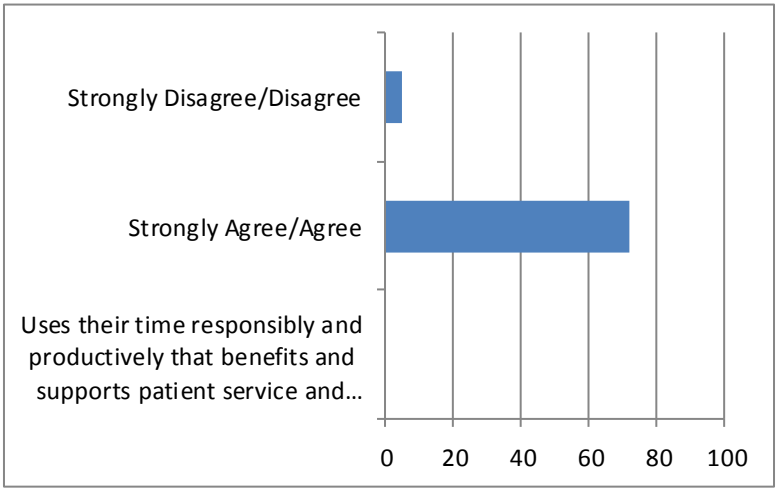


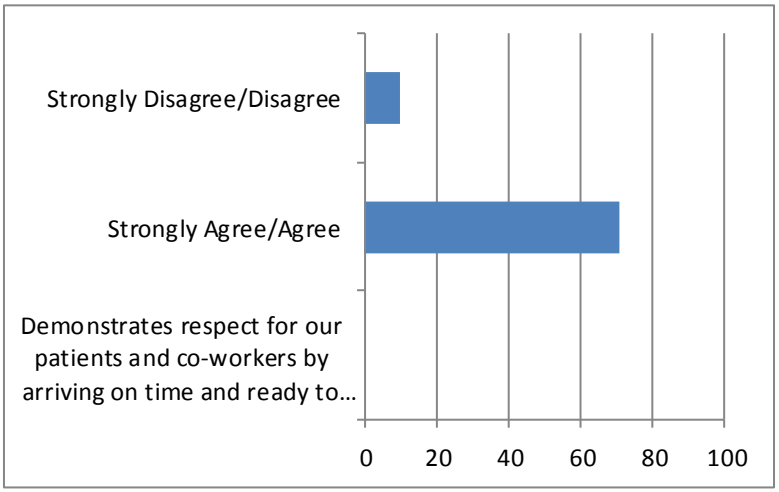


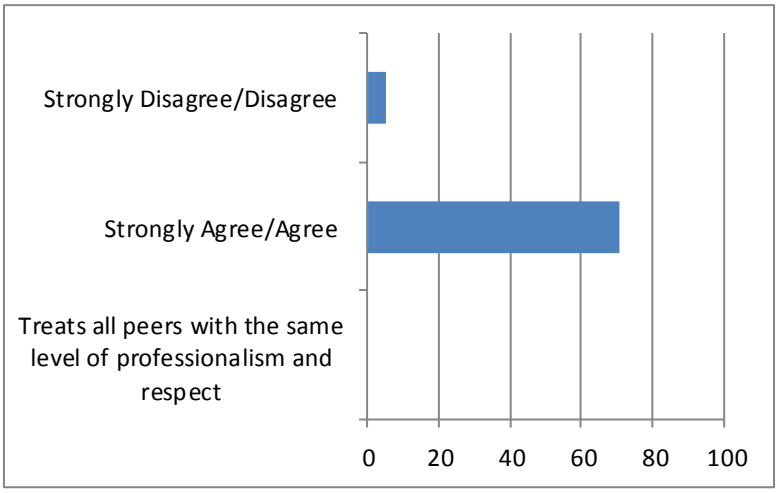


Tell me and I forget. Teach me and I remember. Involve me and I learn. Benjamin Franklin

Your Results

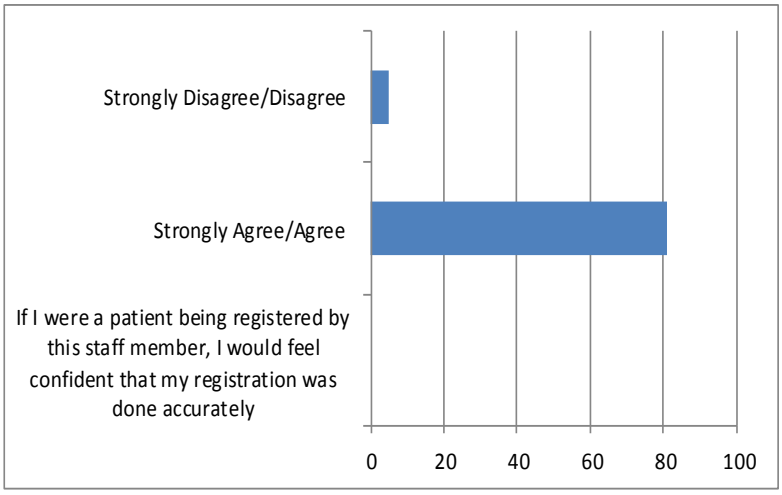






Raise your words, not your voice. It is rain that grows flowers not thunder.

Your Results



The good you do today may be forgotten tomorrow. Do good anyway. Give the world the best you have and it may never be enough. Give your best anyway. For you see, in the end, it is between you and God. It was never between you and them anyway. Mother Theresa

Feedback from Peers

The future lies before you, like a field of fallen snow; Be careful how you tread it, for every step shall show.

Top 3 Strengths

1. Maintains respect for patients through tone of voice and choice of words
2. If I were a patient being registered by this staff member, I would feel confident that my registration was done accurately
3. Communicates professionally and effectively with coworkers

An arrow can only be shot by pulling it backward. So when life is dragging you back with difficulties, it means that it's going to launch you into something great. So just keep focus, and keep aiming.

Tope 3 areas for opportunity

1. Does not participate in gossip or any other negative communication regarding co-workers
2. Demonstrates respect for our patients and co-workers by arriving on time and ready to serve our patients
3. When giving focused feedback to a peer, it is given in a professional, constructive manner

Source: OSF Saint Francis Medical Center, Peoria, IL.

Let your light so shine before men, that they may see your good works, and glorify your Father which is in Heaven. Mathew 5:16

INTERVIEW EVALUATION CHECKLIST

Applicant's Name: _____

Position(s) applying for: _____

Hiring Authority: _____

Interviewer: _____

Date of interview: _____

CULTURE FIT: Candidate is a fit for department culture and possesses values of honesty, respect, integrity, professionalism and team player. Sample questions:

- Give an example of a time when you contributed to a teamwork environment.
- Describe the type of "organizational culture" that is important to you when considering a job opportunity.
- Our organization values honest, respect, integrity, and professionalism. Tell me about a time when you exhibited one of these characteristics.

□ Unsatisfactory

□ Satisfactory

□ Very Good

□ Excellent

COMMUNICATION: Candidate demonstrated strong verbal and if necessary, written skills; demonstrated or described the ability to function effectively in a fast-paced, demanding, and multi-task environment. Sample questions:

- Describe a time when you were faced with a difficult situation that demonstrated your multi-tasking skills.

- What is your typical way of dealing with conflict? Give me an example.
- Working in healthcare can be demanding and stressful. What do you enjoy most about working in that environment?
- Describe a time when you demonstrated excellent written and/or verbal communication skills.

□ Unsatisfactory

□ Satisfactory

□ Very Good

□ Excellent

TEAMWORK: Candidate described or demonstrated strong interaction and relationship skills/has the ability to get along well with supervisor, coworkers, patients and physicians. Sample questions:

- Describe a situation in which you were able to successfully deal with another person even when that individual may not have personally liked you (or vice versa).
- Give me an example of a recent situation in which you had to deal with a very upset patient, physician, or co-worker. How did you handle it?

□ Unsatisfactory

□ Satisfactory

□ Very Good

□ Excellent

ATTITUDE: Candidate described, demonstrated and/or exhibited flexibility, adaptability, a positive demeanor, an optimistic outlook and an upbeat disposition. Sample questions:

- Give me an example of a time when you motivated others.

- Tell me about a time when you were having a bad day and how you handled that.
- Describe a time when you were faced with a new challenge at work. How did you feel about this challenge and how did you respond?

□ Unsatisfactory

□ Satisfactory

□ Very Good

□ Excellent

CONFLICT RESOLUTION: Candidate described or demonstrated the ability to professionally and productively resolve issues of conflict with resourcefulness and good judgment. Sample questions:

- Describe a time when you anticipated potential problems and developed preventive measures.
- Give me an example of a time when you used good judgment and logic in solving a problem.
- When you are responsible for multiple tasks, how do you prioritize your workload?

□ Unsatisfactory

□ Satisfactory

□ Very Good

□ Excellent

SERVICE FOCUS: Candidate described or demonstrated a focus on providing exceptional customer service. Sample questions:

- Describe a situation where you provided excellent customer service.
- Tell me about a time when you were not able to deliver great service. What did you do for service recovery?

- Describe a time when you had to influence someone from another department to ensure great service was delivered.

□ Unsatisfactory

□ Satisfactory

□ Very Good

□ Excellent

EXPERIENCE: Candidate possessed all qualifications contained in the job description. Sample questions:

- In reviewing the Job Objective section of the job description, tell me why you feel you are qualified for this position.
- Tell me briefly about how your background matches the skills, knowledge and abilities required for this position.
- In reviewing the Essential Responsibilities of the job description, give me examples of how and when you accomplished these.

□ Unsatisfactory

□ Satisfactory

□ Very Good

□ Excellent

CLINICAL ABILITIES (JOB KNOWLEDGE): Candidate described and demonstrated the clinical abilities and experiences necessary for success in the position, including Essential Responsibilities contained in the job description. (Hiring authority needs to fully interview candidate for required clinical skills, abilities and experiences.)

□ Unsatisfactory

□ Satisfactory

□ Very Good

□ Excellent

Comments/Notes:

Recommend for immediate hire? Yes/No

Should this applicant be considered for future openings or another department? Yes/No

Signature of Hiring Authority: _____

Date: _____

Source: Eisenhower Medical Center, Rancho Mirage, CA.

Peer Evaluation Tool

For each of the following questions, please check which answer applies for the below staff member.
Staff member: _____

1. Maintains respect for patients through tone of voice and choice of words.

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

2. Does not participate in gossip or other negative communication regarding co-workers.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

3. Listens and considers how their words and body language may impact others before they respond.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

4. Accepts responsibilities for their actions and holds themselves accountable by performing his/her share of the workload on a consistent basis.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

5. Looks beyond their assigned tasks. Their job responsibilities do not end where their peers' responsibilities begin.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

6. Follows all applicable policies and procedures.
Strongly Disagree
Disagree
Neutral

Agree
Strongly Agree
Not Applicable

7. Communicates professionally and effectively with coworkers.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

8. When presented with focused feedback from a peer, it is received in a constructive manner.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

9. When giving focused feedback to a peer, it is given in a professional, constructive manner.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

10. Uses their time responsibly and productively that benefits and supports patient service and co-workers.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

11. Demonstrates respect for our patients and co-workers by arriving on time and ready to serve our patients.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

12. Treats all peers with the same level of professionalism and respect.
Strongly Disagree
Disagree
Neutral
Agree

Strongly Agree
Not Applicable

13. If I were a patient being registered by this staff member, I would feel confident that my registration was done accurately.
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Not Applicable

14. What suggestions can you offer to this person for being a more effective teammate in the future?

Source: OSF Healthcare in Peoria, IL.