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JANUARY 2016

Vol. 35, No. 1; pp. 1-12

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AHC Media

Spotlight on 'the patient experience' in access: Registration sets the tone

When patient access leaders at Charlotte, NC-based Carolinas HealthCare System created a new customer service training class, they decided to call it "First Face, Last Face."

This title reflects the important role patient access is now playing in organizationwide customer service initiatives, says **Chris Kiser**, vice president of patient financial services.

"We chose the title because patient access is most often the first face the patient sees when they arrive and the last face they

see before they leave," Kiser explains. The class is not just for new hires. It's

required for every patient access employee. "All of our teammates have to go through an annual refresher course to ensure they maintain their customer service focus," says Kiser.

The department has an internal training team of two FTEs who provide continuing and new hire education. "The training focuses on using key words at key times, and effective communication skills, to ensure patients all receive a consistent experience," says



"BE SPECIFIC, AND HAVE GOALS THAT ARE MEASURABLE."
— WENDY M. ROACH, RDMS, CHAM, ADVOCATE GOOD SHEPHERD HOSPITAL

Kiser. Patient access employees are taught

HAM spotlights patient satisfaction

This month's *Hospital Access Management* is a special issue on "the patient experience" and the important role of patient access. Our cover story reports on best practices to boost patient satisfaction in registration areas. Inside, we cover how to survey patients about their registration experience, what self-registration kiosks can and can't do for patients, successful ways to manage patient complaints, and how to keep patients happy — even with registration delays. We hope you enjoy this special issue!

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HOSPITAL ACCESS MANAGEMENT™

Hospital Access Management™

ISSN 1079-0365, is published monthly by

AHC Media, LLC

One Atlanta Plaza

950 East Paces Ferry Road NE, Suite 2850

Atlanta, GA 30326.

Periodicals Postage Paid at Atlanta, GA 30304 and at additional mailing offices.

POSTMASTER: Send address changes to:

Hospital Access Management

P.O. Box 550669

Atlanta, GA 30355.

SUBSCRIBER INFORMATION:

Customer Service: (800) 688-2421.

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AHCMedia.com

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SUBSCRIPTION PRICES:

Print: 1 year (12 issues): \$429. Add \$19.99 for shipping & handling.

Online only: 1 year (Single user): \$379

Outside USA, add \$30 per year, total prepaid in U.S. funds

MULTIPLE COPIES: Discounts are available for group subscriptions, multiple copies, site-licenses or electronic distribution. For pricing information, call Tria Kreutzer at (866) 213-0844

Back issues: \$80. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue's date.
GST Registration Number: R128870672.

Opinions expressed are not necessarily those of this publication, the executive editor, or the editorial board. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought in specific situations.

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EDITORIAL QUESTIONS

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to use positive communication, focusing on solutions instead of problems. For example, instead of saying, "I can't tell you how long the wait time will be," registrars say, "I can assure you we're making every effort to minimize your wait."

The patient's registration experience "sets the tone for the visit," according to **Jon Neikirk**, executive director of revenue cycle at Froedtert Health in Milwaukee, WI. If there are problems with one aspect of the patient's experience, such as registration, overall satisfaction scores tend to dip, he says. (*For more information on this topic, see "Want satisfaction scores to soar? Simple solutions give big results, Hospital Access Management, July 2015, p. 73.*) Neikirk credits the department's consistently high satisfaction scores to the AIDET model (Acknowledge, Introduce, Duration, Explain, Thank). (*For more information on this topic, see "Set your criteria for customer service," Hospital Access Management, August 2014.*)

"To roll out and hardwire this throughout the organization required some internal resources," he acknowledges. "But beyond that, it doesn't cost us anything."

Here are some other approaches that patient access departments use to increase patient satisfaction:

- **Encourage registrars to praise**

clinical areas.

"From a registration standpoint, one reason we might have to apologize to patients is delays that aren't the fault of registrars," Neikirk says. Registrars resist the urge to go on the defensive and, instead, compliment providers.

A registrar might say to a patient, for example, "You're in great hands with Dr. Smith," or "I've been a registrar with the organization for the last five years. Just so you know, Dr. Jones is one of our best physicians. I always hear great things about him from our patients. He's running a few minutes behind today, but he's going to take great care of you."

If clinics are backed up, registrars sometimes offer patients a coupon for a free cup of coffee in the hospital's café. Some have even been known to walk out with a plate of cookies to offer patients. "If we keep staff engaged and empowered, they know what the right thing is to do for patients," says Neikirk.

- **Include customer service in patient access job descriptions.**

Neikirk has found that including this wording is an effective way to hold patient access staff accountable for providing excellent service.

"Every line item in the job description ends up being an evaluation item on their performance evaluation, which affects their merit

EXECUTIVE SUMMARY

Patient access leaders are increasing patient satisfaction by setting positive expectations for clinical areas, including customer service in performance evaluations, and identifying the root cause of poor satisfaction scores.

- Closely track metrics that aren't covered by surveys, such as abandoned call rates.
- Observe whether registrars are smiling, making eye contact, and saying "thank you."
- Complete an action plan with measurable goals.

increase,” he explains.

To rate staff on customer service, leaders observe staff members. “This could lead to some behavior that they might not otherwise display,” Neikirk acknowledges. “We do try to do it nonchalantly, in the background.” Secret shoppers also are used. Employees from the hospital’s performance excellence department sit near the check-in desk and take notes on how staff interact with patients. They look specifically for smiling, making eye contact, and saying “thank you.”

Neikirk uses role-playing exercises so employees can practice these skills. Patient access managers ask staff to pretend they’re registering a new

patient, or pretend that they’re telling an established patient that the clinic is experiencing delays today.

Corrective action is sometimes necessary. “If we have someone in the wrong role, we deal with that,” says Neikirk. “But more often, staff are rushed and don’t think through what they are saying.”

• **Ask for feedback from peers.**

“Happy staff lead to happy patients, so we work hard on staff engagement,” Neikirk says. “Staff also hold each other accountable.”

Managers encourage employees to let them know if a colleague is not treating patients according to the organization’s high customer service standards.

“We then do some additional observation,” says Neikirk. “If we do move down the corrective action path, leaders need to observe the employee firsthand.”

It’s often difficult for patient access managers to arrive at the root cause if patient satisfaction scores suddenly dip, says **Wendy M. Roach**, RDMS, CHAM, director of patient access at Advocate Good Shepherd Hospital in Barrington, IL.

“Therefore, we complete an action plan that storyboards our focus on patient satisfaction,” Roach says.

The action plan is a one-page document, separated into four sections. “This helps to clearly outline and define what the issue is and how

Hold staff accountable: Post ratings for all to see

Wendy M. Roach, RDMS, CHAM, director of patient access at Advocate Good Shepherd Hospital in Barrington, IL, holds staff members accountable for providing excellent customer service by posting individual registrars’ patient satisfaction ratings.

“This is done with full transparency,” says Roach. “We post the associate’s name and their score next to their name.”

In addition to annual surveys from Boston-based Press Ganey, patient access leaders conduct a “voice-of-the-customer” survey twice a year.

“We hand out comment cards to patients that reflect the same types of questions from the survey that they might receive in the mail,” says Roach. *[The comment card used by the department is included with the online issue. For assistance accessing your online subscription, contact customer service at customer.service@AHCMedia.com or (800) 688-*

2421.]

Patients place the completed cards in a box in the waiting area. “This generates additional information to use with process improvement,” says Roach. Once the comments and scores have been compiled, managers review the results with individual staff members.

Patient access employees sometimes claim a particular patient scored them unfairly because they were having a bad day. “It becomes more difficult to debate that if multiple patients have scored the associate poorly,” says Roach.

Patient managers are able to back up their concerns with data. “It gives us a clearer picture of the patient’s perception of the associate’s customer service skills,” says Roach.

Jon Neikirk, executive director of revenue cycle at Froedtert Health in Milwaukee, WI, tracks satisfaction with the following survey questions:

- “The registration process was completed in a timely manner.”
- “The admission process was efficient and easy.”
- “The person who handled my registration was polite and professional.”

Because these questions are about the check-in process, however, they don’t address pre-registration. “One of the challenges of rating our registration staff is so much of the work is done ahead of time,” says Neikirk. “It’s much harder to rate those interactions using the survey.”

In preregistration and scheduling areas, leaders keep an eye on metrics that affect patient satisfaction, such as the abandoned call rate. “It’s not a direct measure of patient satisfaction, but we know it leads to satisfied patients if you promptly answer the phone,” Neikirk says. ■

we are working on it,” says Roach. Here is what the plan covers:

- **What the reason for action is, and the target goal.**

“Be specific and have goals that are measurable,” advises Roach.

A recent action plan involved satisfaction below the 90th percentile for three consecutive months in outpatient registration. The stated goal was to achieve satisfaction scores above the 90th percentile for three consecutive months in the areas of helpfulness, ease, and wait time. *[The action plan used by the department is included with the online issue.*

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- **Anything that could be causing poor satisfaction.**

Patient access managers

list situations that could result in unhappy patients, such as construction within the main lobby or staffing shortages due to high turnover.

- **Any analysis of any data that has been completed.**

“One of our favorite activities is to read survey comments and create a chart analysis or a diagram based on the comments,” says Roach. *(See related story on how to use satisfaction surveys, in this issue.)* She creates a bar graph using an Excel spreadsheet and categorizes the concerns expressed by patients.

- **What the department is working on.**

This list includes any items that the department has worked on in the last week, what the department will work on in the next seven days, what the department is working on

over the next 30 days, and any items for which the department will need leadership support. “This can be anything from computer hardware, tech support contacts, or even a recommendation for a department redesign,” says Roach.

SOURCES

- **Chris Kiser**, Vice President, Patient Financial Services, Carolinas HealthCare System, Charlotte, NC. Phone: (704) 512-4854.
- **Jon Neikirk**, Executive Director, Revenue Cycle, Froedtert Health, Menomonee Falls, WI. Email: Jon.Neikirk@froedtert.com.
- **Wendy M. Roach**, RDMS, CHAM, Director, Patient Access, Advocate Good Shepherd Hospital, Barrington, IL. Phone: (847) 842-4186. Fax: (847) 842-5325. Email: wendy.roach@advocatehealth.com. ■

Dramatically reduce complaints about access: Revamp your department’s approach

Patients who had prothrombin time/international normalized ratio (PT/INR) labs drawn frequently at Thomas Jefferson University Hospital in Philadelphia often complained about having to wait when they came so often for the same lab services.

“These tests are of a ‘stat’ nature

and must be processed immediately,” adds **June Parks**, patient access supervisor for outpatient registration.

In response to the patient complaints, patient access leaders changed the registration process. Registrars now immediately register the patients for their blood draws. “This fast-track process worked well

for this population of patients, their physicians, and the registration department,” says Parks.

Access leaders at The MetroHealth System in Cleveland saw a 65% decrease in patient concerns as a result of a revamped approach. “In May 2015, the revenue cycle transformed our traditional Customer Service Department to our holistic Customer Service Advocacy Department, combining front-end access activity with back-end statement activity,” says **Donna Graham**, senior director of revenue cycle.

Of the few concerns that are received, only .01% require customer recovery. “We are connecting with our patients proactively,” says Graham. “We provide effective financial education to remove barriers

EXECUTIVE SUMMARY

With successful complaint management approaches, patient access leaders can turn unhappy patients into satisfied customers. Complaints decreased by 65% at The MetroHealth System by addressing front-end and back-end customer service issues with a Customer Service Advocacy Department.

- Patient access leaders use software to analyze patients’ and employees’ tone of voice.
- Registrars use scripting to calm upset patients.
- The department standardized expectations for verbal and body language.

to access and mitigate any concerns regarding billing.”

All patient access employees are encouraged to take the attitude, “I am the solution,” which is posted at their work stations as a constant reminder. “Each employee has this mantra on a mirror, as a reminder that they are accountable for providing the patient with a positive experience,” Graham says.

The department made these changes:

- **A new department addresses both front-end and back-end complaints.**

Previously, The MetroHealth System had two Revenue Cycle Call Centers. One handled front-end calls about financial counseling and Medicaid enrollment. The second call center was for back-end calls about billing statements.

“When assessing these calls, we identified that the gap of ‘front end versus back end’ needed to be closed,” Graham says.

With increased patient out-of-pocket costs due to high-deductible plans, Graham says, “the face of our self-pay population changed.” She adds that patients’ increased responsibilities for payment were a catalyst to address patients “holistically, rather than by insurance coverage versus self-pay.”

This one-stop approach meets patients’ specific needs, regardless of whether they have health insurance coverage or not. “In addition, we were able to maintain staff-neutral and meet operational goals for phone management,” Graham says.

These goals include expanded hours of operation for patients’ convenience and prompting patients to enter their phone numbers so the registrars can bring up the patients’ information. “An immediate personal connection is made with the patient,” says Graham.

Both call centers were combined into the Customer Service Advocacy Department. “All patient concerns regarding access, coverage, registration, and billing go to this department, if in writing or via phone call,” says Graham.

Calls are managed more efficiently, with fewer handoffs. “We have increased from approximately one million encounters in 2014 to 1.2 million in 2015, without adding staff to the revenue cycle department overall,” reports Graham.

- **Trainers provide education with a focus on the patient’s point of view.**

“Concerns are addressed timely and consistently,” Graham says. “Most are resolved same day or next day.”

The department uses speech analytics software. “We are able to assess the tone of voice of both patients and employees, and use ‘de-escalation verbiage’” says Graham. *(See related story in this issue on how staff calm upset patients.)*

- **The department standardized verbal and body language used for “face-to-face etiquette.”**

Staff are asked to sit straight, have an open and welcoming body posture, keep hands quietly folded, and uncross arms. They immediately introduce themselves by name and role, and they ask how they might be of assistance; during the discussion, they refer to the patient by name.

“This provides for a consistent and effective approach for managing our professionals and for patients to receive consistent advocacy,” Graham says.

SOURCES

- **June Parks**, Patient Access Supervisor, Outpatient Registration, Thomas Jefferson University Hospital, Philadelphia. Phone: (215) 503-0050. Fax: (215) 923-9458. Email: june.parks@jefferson.edu.
- **Donna Graham**, Senior Director, Revenue Cycle, The MetroHealth System, Cleveland. Phone: (216) 957-2519. Email: dgraham@metrohealth.org. ■

De-escalate upset patient who can’t pay balance

Patient access staff at The MetroHealth System, Cleveland, use the CARE approach (Connect, Apologize, Resolve the issue, Express gratitude) to address patient concerns. The goal is to make an emotional connection with patients, says **Donna Graham**, senior director of revenue cycle.

“We not only capture the facts provided, but also use emotional

intelligence to comprehend the feelings, emotions, and patients’ perception,” she says.

Here are examples of how patient access staff use the CARE model:

- **A patient with secondary insurance says he is not feeling well and is concerned about what he owes, and he angrily states that it needs correction now.**

Connect: Mr. XXXX, my name

is xxxxxx. I understand that it might be difficult to discuss the bill at this time, when you are not feeling well.

Apologize: In reviewing your account, I want to apologize that only your primary insurance was captured.

Resolve the issue: I understand that your services were allowed by your primary insurance, with a portion going to your deductible. I identified, from prior services,

your secondary insurance is XXX. I would like to take few moments to validate the Aetna information so we may ensure we bill correctly so your insurance pays appropriately. (Verify data.) The claim will go out today. It will take approximately 30 days for payment. We will flag your account to ensure payment or follow up. We will also pend the statement for this balance for service date xx/xx/xx. If you should receive one, it might be a timing issue. Please do not send payment. Our representative will contact you by (date) with an update to your account. In the meantime, you may call xxx/xxx-xxxx or email xxxxxx if you have any questions.

Express gratitude: Are there any other concerns that I may help you with? Thank you for your time and

for allowing me to assist you.

• **A woman with no insurance is waiting to be seen in Express Care with a cold, and she was sent to financial counseling without an escort as the department's protocol requires.**

Connect: Ms. XXXX, my name is xxxxxx. I want to reassure you that you will not be delayed in seeing the physician. I will receive a call as soon as your provider is available to see you and escort you back to Dr. XX's office.

Apology: I am sorry that you needed to come to my office without an escort. I am here as your advocate to discuss with you how we may determine financial plans that would meet your personal needs to remove financial barriers for care — not only

today, but also for future visits. It will take about 15 minutes of your time.

Resolve the issue: Here is a brochure of our patient financial communication information, which also reflects all of our sites that you may schedule appointments for. Based on your address, these are in your location for convenience. You may choose any locations, however. When scheduling future appointments, please let the scheduler know if there are any changes regarding your demographics or registration. Is there anything else that I may help you with?

Express gratitude: I appreciate your time, Ms. XXXX. I will now take you back to your physician's office and let them know at the front desk you are here. ■

Satisfaction-boosting self-registration has limits, but patients want more

Patient access departments routinely use electronic tools to verify insurance, identify patients, and check eligibility, but what about keeping patients happy?

The revenue cycle could be “at the forefront of a wave of change that will significantly impact the way we interact with customers,” predicts **David Betts**, a principal at Deloitte Consulting's Life Science and Health Care practice in Pittsburgh, PA.

Patients clearly want to interact

with the healthcare system in the same way they do with retailers, airlines, and hotels: through mobile phones, texting, and online, according to the Deloitte Center for Health Solutions' 2015 survey of U.S. healthcare consumers. “But the study also showed there is a gap between that desire and actual utilization,” says Betts.

One reason is that tools used by even the most progressive patient access departments don't fully meet

the needs of today's patients. “They may not be robust enough to actually be meaningful,” Betts explains. For example, patients might be able to request an appointment with a provider via an online portal, but the tools often stop short of actually scheduling the requested appointment.

“We have made tools available to patients that help the health system solve some problems, but they're not solving the patients' problems,” says Betts. Patients simply want to get in to see a provider or obtain a diagnostic test, for example, and they resent providing the same demographic information every time they present for services.

“Every time patients show up at the doctor's office, they are handed a bunch of forms that are basically reiterating the information that we

EXECUTIVE SUMMARY

Patient access departments are increasingly offering self-service options to increase patient satisfaction, but the technology has important limitations.

- Patients can only request, not schedule, appointments with online portals.
- Patients dislike giving demographic information repeatedly.
- Giving up control to patients requires cultural changes.

think they should already have,” says Betts. “It just doesn’t make sense to a patient.” Registration kiosks often go unused, he says, because they don’t necessarily change this problem for patients; rather, they just digitize an existing process.

Betts says patient access is “taking a step back and really looking at the customer experience differently.” This change means that online scheduling and registration processes need to be changed internally, which is no easy task.

“It means we may have to give up some level of control to the customer. This will require cultural changes in many institutions,” says Betts. “Well, the customers are going to demand it.”

Future of kiosks?

Poor patient satisfaction has caused some hospitals to remove their registration kiosks, reports **Bob Stearnes**, CHFP, CHAM, a Frisco, TX-based patient access leader.

“The premise sounded good,” says Stearnes. “But it resulted in a self-checkout feeling, leaving the patients on their own in an unfamiliar

environment.”

Many times, patients had questions a kiosk was not intended to manage. “Kiosks seem to be an impersonal approach that sends a mixed message,” says Stearnes. “We offer technology, but you still have to stop in the lobby to complete the process.”

Also, kiosks are sometimes placed where others can overhear or view information on screens. If kiosks are placed in more private areas, however, patient access employees won’t be able to see that a patient is having difficulty, says Stearnes.

Registrars frequently hear patients complaining during the registration process about giving the same demographic information they already provided at pre-registration. “Patient access employees may be tempted to bypass questions for the sake of patient satisfaction,” explains Stearnes.

Kiosks do little to solve this frustrating problem; at least how they’re used currently doesn’t fully address it. “If we could develop secure systems similar to that of airlines and credit card companies, that allow

patients to verify information online with each scheduled event, and close those tasks to prevent repetition, we might increase usage,” says Stearnes.

Patient access needs to make sure that patients aren’t left to struggle with kiosks. “If a patient remains dormant on a screen for more than 30 seconds, a window can appear to offer live chat assistance,” suggests Stearnes.

If kiosks can verify insurance, obtain authorizations, determine the patient’s financial responsibility, and handle financial counseling and scheduling, says Stearnes, “we may be able to use technology as a game-changer for patients.” (*See related story in this issue on how patient access can use data to improve financial counseling.*)

SOURCES

- **David Betts**, Principal, Strategy & Operations, Life Sciences & Health Care, Deloitte Consulting, Pittsburgh, PA. Phone: (412) 402-5967. Email: dabetts@deloitte.com.
- **Bob Stearnes**, CHFP, CHAM, Frisco, TX. Phone: (469) 803-3755. Fax: (972) 624-7327. Email stearnesb@aol.com. ■

More data on patient equal a better experience

Real-time information is ‘pushed’ to patients via web portals and mobile devices

The patient access experience can be enhanced dramatically by “retail-type technology,” according to **Katherine H. Murphy**, FHAM, CHAM, vice president of sales consulting in the Oakbrook Terrace, IL, office of Experian Health, a provider of technology for hospitals and healthcare providers.

Patients want the “retail experience of self-service management” from patient access areas, says Murphy. This experience means scheduling

appointments, initiating pre-registration, obtaining liability estimation, completing financial assistance applications, and paying balances, all via web portals and mobile devices.

“Patients expect to pay their bills online, view existing accounts, and opt for paperless billing, just as they do with other industries,” Murphy says.

Patients want information pushed to them in real time to alert them of

issues with their healthcare and their financial accounts, says Murphy. “This lets patients know you are working with them and doing whatever is possible to help,” she explains. Patient access could inform patients if their insurance coverage is inactive or if there is inaccurate insurance or demographic information, to prevent a denied claim.

Patient access can improve customer service, says Murphy, by “leveraging technology that allows

you to tailor patient interactions based on data.” The data come from previous encounters and from third-party resources, such as payers and consumer information databases.

This process gives registrars a fairly good understanding of a patient’s financial situation at the point of registration. “This improves managing the healthcare financial liability experience, which is often a large component of patient stress,” says Murphy.

If registrars can view patients’ outstanding balances, existing payment plans, and learn their ability to pay for services, patients can have a clear understanding of their financial obligation prior to service. “This provides the opportunity for the optimum financial experience and greatly increases patient satisfaction,”

says Murphy.

Must-have technology

Healthcare is typically a slow adopter of technology, according to **Danyell Jones**, senior vice president of marketing at BHM Healthcare, a St. Petersburg, FL-based consulting firm.

“But new applications are allowing providers to do more with less and still ensure a fantastic patient experience,” she says. Here are two areas Jones sees as particularly important for patient access areas:

- **Technology to make check-in as easy as possible for patients.**

“Programs can pre-fill standard information across many forms and eliminate this cumbersome part of the check-in process,” says Jones.

- **Technology to obtain prior**

authorization and segment patients according to payer type.

This system allows registrars to customize financial counseling to patients for a “high-touch” feeling, says Jones.

“It makes one of the more dubious processes — bill payment — flow more smoothly.”

SOURCES

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- **Katherine H. Murphy**, FHAM, CHAM, Vice President, Sales Consulting, Experian Health, Oakbrook Terrace, IL. Phone: (630) 812-2559. Fax: (630) 620-9328. Email: Katherine.Murphy@passporthealth.com. ■

Some patients find self-reg kiosks to be impersonal — Combat dissatisfaction

Patient access staff members are nearby and poised to help if needed

Customer service was “front and center” when registration kiosks were rolled out in July 2015 at the South Lobby and Heart Hospital registration departments at Edward Hospital & Health Services and Elmhurst Memorial Healthcare in Naperville, IL, says **Miguel Vigo IV**, revenue cycle system director of the Patient Access and Pre-Service Center.

“We are seeing high patient

satisfaction with those patients that are using the kiosks,” reports Vigo. A patient access support person is stationed within 10 feet of the kiosk. He or she can view the screen the patient is using, to see what the problem is without being told.

“They can either get up and assist the patient, or say to the patient, ‘Just cancel out of it, come over here, and I’ll take care of it for you,’” says

Vigo. (See related story on scenarios that flag patient access employees to offer assistance, in this issue.)

Helpful registrars nearby

When two self-service kiosks were implemented at Arnold Palmer Medical Center in Orlando, FL, patient access leaders had many concerns. They worried, “What happens if the kiosk breaks down?” “How will patients know where to go after they self-register?” and “What if they are eligible for the kiosk but don’t want to use it?”

Patient access manager **Mary Ellen Daley**, MHA, CHAM, CRCR, says, “There was also a concern about lines at the kiosks, but it is so quick, we rarely have more than one person

EXECUTIVE SUMMARY

Registration kiosks can result in high customer satisfaction, if registrars are on hand to help if needed. Some approaches:

- Place a help desk next to kiosks.
- Step in to complete the registration as soon as patients have difficulty.
- Happily agree to register patients who don’t wish to use the kiosk.

waiting.”

Kiosks near front desk

The concerns were addressed by positioning kiosks near the registration office front desk, with a team member “help desk” in close proximity.

“Our team member at the help desk is available to guide new users and can complete the check-in process if the user is unable to complete it,” says Daley. The same employee also clears kiosk-eligible patients for the next day.

Patient access creates a list of “kiosk-eligible” patients, which includes most scheduled ancillary services, such as radiology, endoscopy, and cardiology. An employee at the Guest Services front desk directs these patients to the kiosk. “Patients really like the kiosks,” Daley says. “Repeat users walk up and do the whole

process on their own.”

Patients give feedback

Daley spends time at the kiosks and asks patients for feedback.

“It has been positive, with few exceptions,” she says.

Some recent positive comments include:

- “I like it because I don’t have to sit in the lobby and wait.”
- “We are here a lot, and this is so much easier.”
- “I use a kiosk at my doctor’s office. I’m glad you have them, because it saves time.”

“We honestly do not get many negative comments, unless it is to complain that the kiosk is down and they can’t use it,” says Daley. However, some people just don’t like the idea of kiosks and ask, “Shouldn’t you be doing this for me?”

“We reply, ‘Of course! We are

happy to sit down with you to complete this information,’ and escort the patient to the registration lobby,” says Daley.

In the future, the department might expand the self-service approach with tablets or phone apps. “Patients will continue to embrace technology that streamlines the process for them,” says Daley.

SOURCES

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Patients having trouble with registration? They’re ‘kicked out’ of kiosk for these reasons

If patients are having any type of trouble with kiosk registration at Naperville, IL-based Edward–Elmhurst Health, the kiosk instructs them to go to a registration person instead, without the patient having to ask for help.

“We have a bunch of ‘kick out’ reasons,” says **Miguel Vigo IV**, revenue cycle system director of the Patient Access and Pre-Service Center. The kiosk will stop the registration if any of these things occur:

- **If the patient is using the kiosk for an appointment type that requires a registration staff member.**

In this case, the kiosk saves the data that previously was entered, and displays a screen that says, “Please go to the registration desk located

to your right, and a registration staff member will help you with your check-in.”

- **If a new patient is trying to use the kiosk.**

These patients will be directed to the check-in desk. “We don’t want to use the kiosk for brand-new patients,” says Vigo. “It would take them 20 to 30 minutes to type in all the information, and we can do that in less than five minutes.”

- **If the patient is in the wrong place.**

“They may be trying to check in, but are actually supposed to be across the hospital campus,” says Vigo. In this case, a screen alerts the patients that they’re at the wrong location and displays a map showing them where

to check in for their appointments.

Vigo previously worked for a consulting group that helped hospitals to roll out registration kiosks. “A lot of hospitals didn’t take advantage of the full scope of the functionality,” he says. “Now that I have the opportunity, I am putting that in place.”

Many hospitals used the kiosks for check-in but not for collecting payments, or they collected payments but didn’t allow patients to sign documents. Vigo expects patients to be far more satisfied if they can do all those things at one time at the kiosk.

Otherwise, “[t]he patient may wonder why they even went to the kiosk, if they end up having to go to a person anyway,” says Vigo. ■

Keep your patients satisfied, despite unexpected delays in registration

Patient volume increases suddenly, clinical areas are running behind, or the registration area is unexpectedly understaffed.

Any of these common scenarios can result in a longer-than-expected delay for patients waiting to register. “Clearly, long waiting time will cause patient dissatisfaction and tarnish the image of the facility,” says **Selena R. Wynn**, CHAA, a patient access supervisor at Emory Healthcare in Atlanta.

At Albany (NY) Medical Center, delays occur if the department is unexpectedly short-staffed or volume suddenly surges, says **Brenda Pascarella**, CHAM, associate director of patient access. “Monitoring patient volumes can help us better plan our staffing for each registration area,” Pascarella says. In addition, managers cross-train staff, which allows registrars to cover multiple areas if needed.

“Our primary goal is to contribute to a positive patient experience,” Pascarella says. “If we can keep patient throughput smooth, we will see fewer patient complaints.” If a patient does complain about a delay, he or she receives a phone call from a manager or supervisor. “This is a great way to complete service recovery,” says Pascarella.

Often, patients have no idea why

they’re waiting so long, which adds to their frustration. “If kept informed about delays, patients can definitely walk away with a high level of satisfaction,” says Wynn. Here is how Emory Healthcare’s patient access department informs patients:

- **Standard procedures are used to communicate with patients.**

Patient access employees keep patients well-informed of any delays, the reason for delays, and update them at least every 15 minutes. “Slightly exaggerate the expected wait time,” advises Wynn. “If it’s going to be 10 minutes, estimate 20.”

- **A greeter makes patients and family comfortable while they wait.**

“The greeter offers beverages and magazines, to give patients something to do while they wait,” says Wynn.

- **Employees offer to reschedule the patient for later that day or another day if a delay exceeds 15 minutes.**

“Some patients may choose to wait, but it returns control to the patient,” explains Wynn.

- **If a delay is expected to be long, they encourage the patient to run an errand and provide them a time to return.**

“Ask for their cell phone number so if a change in the schedule occurs, you can notify them,” says Wynn.

- **The established a service**

- **recovery program.**

“Empower all staff to meet patients’ needs when things go wrong and waits become excessive,” says Wynn. “Keep a service recovery toolkit, stocked with gifts, readily available for use when an unexpected problem causes patients to wait longer than they should,” she says.

Staff members offer patients meal tickets or parking vouchers, and they use this scripting: “We take pride in ensuring our patients come first and are committed to providing the highest level of care. Please accept our sincere apologies for the inconvenience you may have experienced. We are going to (provide you with a meal ticket to use in our cafeteria/take care of your parking expense today). It’s just a small token of consideration that you have been inconvenienced at your visit today.”

- **They identify someone who is specifically responsible for communicating delays to patients.**

This job could belong to registrars, nurses, or medical assistants, for example. “Without clear expectations, updating patients on delays will get lost among other work responsibilities,” says Wynn.

- **They ensure that the back of the office regularly communicates physician delays to the front desk staff.**

“Oftentimes, delays aren’t communicated to patients in the waiting area because that information isn’t communicated to the front of the practice,” says Wynn.

SOURCE

- Selena R. Wynn, CHAA, Patient Access Supervisor, Emory Healthcare, Atlanta. Email: selena.dove@emoryhealthcare.org. ■

EXECUTIVE SUMMARY

Delays are a major source of patient complaints in registration areas, but they often are out of the control of patient access employees. To increase satisfaction:

- Tell patients the reason for the delay.
- Update patients at least every 15 minutes.
- Suggest patients run an errand, or offer to reschedule.

Update on regs on phone calls to patients

Patient access managers who question whether a separate consent is needed to contact patients regarding appointments or pre-registration can be reassured by a new ruling, according to **Michael Sciarabba**, MPH, CHAM, chair of the National Association of Healthcare Access Management's (NAHAM's) Public Policy and Government Relations Committee. Sciarabba is also director of patient access at UCSF Medical Center in San Francisco.

The Federal Communications Commission (FCC) issued a Declaratory Ruling and Order this year that clarified the Health Insurance Portability and Accountability Act exemptions under the Telephone Consumer Protection Act of 1991. "In patient access, there was a lot of confusion about what was exempt, because the way we communicate today is very different," says Sciarabba.

The FCC found that an individual's voluntary provision of

his or her cell telephone number to a healthcare provider constitutes prior express consent to be called on that number. Acceptable calls that fall under the exemption include appointment reminders, hospital pre-registration instructions, and preoperative instructions.

"When we are provided contact information from the patient and obtain the general consent, we are getting an implied consent for those activities," Sciarabba explains.

Sciarabba says the ruling has sparked a lot of discussion among patient access leaders about how they do reminders, and it has caused them to examine their processes closely. "Do we need a specific consent? No, we don't, but we still need to follow best practices," he says. "We still need to be concerned about patient privacy." Sciarabba says patient access should be "very thoughtful about how we are doing reminders." He recommends:

- giving patients options on how to receive this information;

- informing patients they can opt out if they choose;

- documenting reminders in the admission/discharge/transfer system.

"The ruling does give guidance that reminders should be short and concise, and we shouldn't be reminding patients numerous times," says Sciarabba.

NAHAM members are reporting that patients increasingly prefer text messaging reminders and give patient access a cellphone number as a primary contact, he notes.

"It's critical that we in patient access allow patients to decide what kind of reminder they want, if any at all," Sciarabba says. "This is about the patient experience." (*The FCC's Declaratory Ruling and Order can be accessed at <http://fcc.us/1fD48Ta>*).

SOURCE

- **Michael F. Sciarabba**, MPH, CHAM, Director, Patient Access, UCSF Medical Center, San Francisco. Phone: (415) 514-5724. Email: Michael.Sciarabba@ucsf.edu. ■

The Joint Commission cautions about temporary newborn names

If the parents have not yet decided on a baby's name, it is common at many hospitals to give the newborn a temporary name such as Babyboy Smith for use in the hospital. The Joint Commission (TJC) is warning that the practice can lead to patient identification errors and should be reconsidered.

Though well-intended, the use of temporary names creates a situation in which multiple babies will have similar identifiers, and they also might have the same or similar dates of birth and gender.

"Newborns also are a unique patient population as they are unable to participate in the identification process. This unique need requires a reliable system that is hardwired among all providers to prevent error,"

TJC writes in a recent warning to hospitals. "An example of a typical temporary name is Babyboy Smith, using the baby's gender and the parent's last name. This naming convention is not distinct enough to

COMING IN FUTURE MONTHS

- Meet new payer time requirements for authorizations
- How ED registrars can dramatically improve patient flow
- Leaders share training secrets to boost upfront collections
- Risky registration practices that can lead to HIPAA violations

prevent patient identification errors that could result in harm.”

Ten sentinel events related to temporary names have been reported to the TJC since 2010. All were wrong-person surgery and resulted in circumcision being performed on the wrong patient. TJC also cites these additional errors that could occur when temporary baby names are mixed up:

- feeding a mother’s expressed breast milk to the wrong infant;
- reading imaging tests or pathology specimens for the wrong patient;
- incorrect documenting of medications, vascular lines, and patient weight;
- administering blood products to the wrong patient;
- collecting lab specimens from the wrong patient.

The post in TJC’s *Quick Safety* describes how one hospital experienced a 36.3% reduction in wrong-patient electronic orders by instituting a new way to temporarily name babies. The hospital uses the mother’s first name, followed by the

letter “s” and the baby’s gender, then the parent’s last name. An example would be “Judysgirl Smith” or “Amandasboy Adams.”

For multiple births, the hospital adds a number in front of the name so that the babies are named “1Judysgirl Smith” and “2Judysgirl Smith,” for example.

TJC also cites research from one hospital that determined the causes of wrong-patient errors in its neonatal intensive care unit. The hospital traced the errors to similar-appearing medical record numbers, identical surnames, and similar-sounding names.

To lower the risk of misidentification, TJC recommends that hospitals stop using “Babyboy” or “Babygirl” as any part of the temporary name. Hospitals should adopt a method of assigning temporary names that results in more distinct names and change the baby’s medical record as soon as the parents provide the actual name.

The *Quick Safety* article is available online at <http://tinyurl.com/o72xw8>. ■

Some Healthcare.gov enrollees could lower silver plan premiums

A new analysis from the Kaiser Family Foundation finds that in 73% of counties served by Healthcare.gov, people enrolled in the lowest-cost silver plan in 2015 could save money on premiums by switching to a different silver plan. In these counties, the silver plan with the lowest premiums in 2015 is no longer the lowest-cost plan in 2016, according to the analysis.

If they stay in their current plan, Healthcare.gov enrollees who purchased the lowest-cost silver plan in 2015 would have an average

premium increase of 15%. The lowest-cost silver plan is the most popular selection in the Affordable Care Act marketplaces.

Over the course of a year, a 40-year-old switching to the lowest-cost silver plan in 2016 could save an average of \$322 in premiums, the analysis finds. The average premium savings could be more than \$500 per year in 16% of counties.

Potential savings from actively shopping for marketplace coverage in 2016 is available at <http://kaiserfam/1PC1yMf>. ■

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Thank you for your time and patience; your registration is complete. If you have any questions or need anything while you wait, please let us know.

**Sincerely,
(registrar signs here)**

.....

▶ How did we do?

Our goal is to exceed your expectations and provide excellent service. Please rate your registration process on the following areas with 5 being excellent and 1 being poor.

Helpfulness of your Registrar	1	2	3	4	5
Registration process efficiency	1	2	3	4	5
Wait time in registration	1	2	3	4	5

Thank you for choosing us as your healthcare provider and taking the time to complete this survey. Your opinion is important to us.

Source: Advocate Good Shepherd Hospital, Barrington, IL.

Offsite Registration

Start Date: 1/15/2015 Last Updated: 6/30/2015 Estimated Completion: on going Process Owners: WR

Alignment to Organization (KRA)

Patient Satisfaction

Reason for Action

Patient Satisfaction scores below 90% as measured by Press Ganey

Target State/Goal

Press Ganey score of 90% or higher in the areas of helpfulness, ease and wait time for registration for 3 months or more

Scope

Offsite registration for Imaging modalities

Defect:

Scores below 90% for helpfulness, ease and wait time

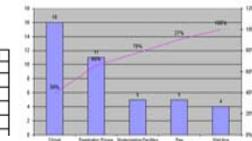
Risks/Issues/Concerns

- Limited coverage for all locations
- Lack of privacy in registration area
- Scheduled vs. walk-in - increased volume contributes to add'l wait times
- Adjustment of hours for modalities and schedules
- Inconsistent patient volumes
- Onstage/offstage actions and conversations

Analysis

Pt perception that they have already completed reg over phone
 Pt perception that staff should know if insurance is in/out of network
 Registration is not private
 Lean staffing - One person working desk

Category	Total
Modernization/Scalable	5
Reg Friendly/Knowledge	5
Clinical	16
Registration/Privacy	11
Wait time	4



What was completed in the last week?

Discussion with staff about shifts being changed to 8 hrs and wknd rotation to increase staffing at all locations
 Review of PG scores and the why behind - consumer pt. w/best practice
 Transparency of Press Ganey numbers with comments

What is happening in the next 7 days.

Posting scores
 Rounding with staff for outcomes
 Fast-track vs. streamline registrations review

What is happening in the next 30 days.

Coaching of onstage/offstage conversations
 Staff to coach each other on AIDET
 Increase privacy at offsite locations
 Round on 20 patients per week
 Round on 20 patients per week

Scores	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
helpfulness	80	75	77	85	83	90						
ease	80	74	75	75	76	85						
wait	65	67	70	75	77	77						

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Staff 1	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
helpfulness		28	56	63	11	85						
ease		10	40	34	66	99						
wait		36	67	49	80	96						
# surveys		62	49	59	59	36						
Staff 2												
helpfulness		2	46	77	26	51						
ease		1	33	91	22	56						
wait		10	96	95	74	91						
# surveys		40	25	38	29	27						
Staff 3												
helpfulness		99	99	99	99	1						
ease		99	99	99	99	1						
wait		99	99	99	99	1						
# surveys		3	2	1	1	1						

Average:

SOURCE: Advocate Good Shepherd Hospital, Barrington, IL.