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## → INSIDE

Must-dos for successful patient access incentive programs ..... 75

Give registrars more one-on-one time with their managers ..... 76

Surprising reasons why registrars rejected job offers ..... 77

Give workers 'face time' with the CEO ..... 79

Go the extra mile to assess engagement of access staff ..... 79

Patient access leaders share their favorite morale boosters ..... 81

Make staff members feel appreciated without spending money ..... 82

In one state, patients can get cost estimates within three days ..... 84

JULY 2016

Vol. 35, No. 7; pp. 73-84

## Don't Lose Your Best Registrars To Competitors: Justify More Pay

Parity with business office should be 'a given'

**I**s another hospital, or another department, offering an experienced registrar more money?

If so, patient access leaders face an uphill battle.

"The money saved by not having to recruit, interview, onboard, and train far exceeds the cost of improving what forces an existing employee to leave," says **Tara Tinsley Smith**, CHAM, MBA, director of patient access systems at Birmingham-based Children's of Alabama.

In the past few months, five experienced registrars left for better

pay, including one who had been in the department for a decade. "In April, our company made some major salary adjustments," reports Tinsley Smith. "These adjustments have helped. But for some employees, it still isn't enough."

Opportunity for advancement and financial incentives are always a top concern identified in employee satisfaction surveys at Hennepin County Medical Center in Minneapolis, MN, says **Karoline Pierson**, director

of patient access. "The literature says pay isn't important, but quite frankly, I don't buy that," says Pierson.



"FOR STAFF TO BE ABLE TO GO HOME AND SAY, 'I GOT A RAISE' IS SO IMPORTANT, EVEN IF IT'S A SMALL RAISE." — KAROLINE PIERSON

## HAM spotlights retention

This month's issue of *Hospital Access Management* is a special issue on retention and morale. Our cover story reports on strategies to obtain pay increases for positions. Inside, we cover how to give employees "face time" with managers and hospital leaders, how to do incentive programs right, how to educate human resources staff on tasks done by access, how to react if registrars receive another job offer, how to assess employee engagement, and how to boost morale on a budget. We hope you enjoy this special issue!

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**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  
Customer.Service@AHCMedia.com  
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

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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.

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"For staff to be able to go home and say, 'I got a raise' is so important, even if it's a small raise."

## Counteroffers backfire?

Obtaining across-the-board pay increases is a daunting challenge for patient access leaders. However, it's a better approach than to offer registrars more money only if they threaten to leave, cautions **Lauren Delpino**, manager of the Patient Service Center at Chester, PA-based Crozer-Keystone Health System.

"We have all heard employees say, 'If they are offering me an increase when I am leaving, why didn't they offer me this before? I would not have looked,'" says Delpino.

At Hennepin County Medical Center, new employees in admitting or registration sometimes leave for easier schedules. Pierson says, "They quickly learn they don't have to work weekends or holidays if they switch to a clinic."

Delpino warns that making counteroffers if registrars say they're leaving for more money is "a slippery slope. It does not take long for staff to realize this is the only way to earn an increase." Some registrars leave regardless of a manager's offer to match the increase. They won't be shy about sharing this information with former coworkers.

"Staff who leave always call their friends and share their increase amount," says Delpino. This

information quickly causes hard feelings. "Staff who cannot make a move will feel they are appreciated less" than the registrar who was offered extra money to stay, she says.

## Put value on access role

Traditionally, patient access was paid less than the "back end" because a lesser skill set was required. "But the days of access merely collecting demographics are long gone," says **Pete Kraus**, CHAM, CPAR, FHAM, business analyst for revenue cycle operations at Atlanta-based Emory Hospitals. "Pay parity between front-end and back-end staff should be a given."

If specific insurance and clinical prerequisites are not met prior to service, the facility and physician won't get paid. Kraus says, "For patient access departments still struggling with an inferiority complex linked to poor pay, the first step is to ensure staff understand their role in the revenue cycle and work to high standards."

Patient access' greatly expanded role is acknowledged by Emory's administrators. "For many years, we have paid revenue management operations staff on the same scale for comparable jobs, wherever they work in the cycle," says Kraus.

Kraus says it would be logical to speculate that all the emphasis on the front end has left back-end collections less critical. "The goal is to

## EXECUTIVE SUMMARY

Registrars might leave the department, or even the field of patient access, for even small pay increases, but across-the-board salary increases can be challenging to obtain. To justify higher compensation, ask human resources staff to do the following:

- Consider all tasks done by patient access.
- Survey salaries at hospitals in the surrounding area.
- Determine if money was the reason registrars left.

get it right up front, bill it correctly, and the money will flow more or less on its own,” he says. “Unfortunately, that isn’t quite the case.”

Payers still find reasons to delay or deny payment on clean claims. “Even the best access departments produce accounts that require back-end cleanup,” says Kraus. “Some collectors have migrated into revenue management.” These employees analyze and appeal denials and underpaid claims.

“But they haven’t a prayer without a clean claim,” says Kraus. “Clean claims are a direct result of getting it right in access.” To obtain parity with the business office, Kraus says patient access leaders should take these steps:

- **Make data on clean claims and denials based on front-end lapses readily available.**

This step helps put a monetary value on the work patient access staff accomplish. “If the data is not available, access should be pushing hard with administration and IS [Information Services] to make it available,” says Kraus.

- **Spotlight customer service-related expectations in job descriptions.**

“In terms of persuasion, this helps sweeten the pot,” says Kraus.

- **Ask human resources (HR) staff members to survey salaries at comparable hospitals in the area.**

This step helps you make a business case to match salaries offered by competitors. “I don’t think anyone will challenge the cost of high turnover,” says Kraus.

- **Do a thorough review of job**

### **descriptions.**

“These may be hopelessly out of date,” says Kraus. Updated expectations, standards, qualifications, and job functions are needed. “This should be conducted in collaboration with HR, whose job it is to recruit qualified applicants,” says Kraus.

### **Justify pay increases**

Delpino was successful in getting a market adjustment approved for patient access salaries. She says patient access leaders can justify pay increases with these approaches:

- **Check job descriptions to ensure these include all of the responsibilities that have moved to the front end.**

- **Include specific metrics in job descriptions, so it’s clear what you expect from employees.**

“This is helpful when discussing rate changes with HR,” says Delpino. “It demonstrates that staff are being held accountable for their work product.”

- **Create a career ladder based on performance metrics.**

“Include other accountabilities that demonstrate different levels of staff engagement,” says Delpino. Staff members might be required to cross-train in multiple areas of patient access or be willing to work at multiple locations, for example.

“Being able to pull staff who can work in multiple departments and locations saves the organization money in overtime and results in fewer errors,” says Delpino. This can justify paying a Level 2 access

representative a higher rate than a Level 1 access representative.

- **List the systems that staff members use on a daily basis.**

“Most patient access staff use 4-9 systems,” says Delpino. Include payer websites and systems for scheduling, eligibility, document imaging, medical necessity, ICD-10 codes, bed tracking, order entry, and point-of-service collection.

“This demonstrates the knowledge and organization that is needed to work an account or register a patient with accuracy and efficiency,” says Delpino. (*See related stories in this issue on pay increases and incentives and a story on giving employees more time with managers.*) ■

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## **Obtain Pay Increases, or Offer Incentives**

Are you meeting with human resources staff to justify pay increases for patient access? Lauren Delpino, manager of the Patient Service Center at Chester, PA-based

Crozer-Keystone Health System, offers these two “talking points”:

- **Patient access sets the tone for a positive patient experience.**

“Use patient satisfaction

comments and scores as supporting documentation,” suggests Delpino. She reminds human resources staff that for every patient treated, “there was a patient access team member

working to ensure that the patient had a positive experience."

- **Competitive salary and wages are needed to recruit top candidates.**

This statement is especially true in a competitive market, says Delpino.

"Do your own market research. Talk to staff that have left for other institutions," she recommends. "Track how many left for more money."

To get these eye-catching data, patient access leaders can ask this question when employees give notice: "If you were making more money, would you have looked outside of the organization for another position?"

## Identify all tasks done

Delpino created a flow chart of every task that patient access is involved in, "from the pre-encounter to resolution of the patient's responsibility," including the following:

- scheduling;
- collecting patient demographics;
- verifying insurance eligibility;
- discussing the patient responsibility and what to do if the patient needs assistance;
- entering the correct ICD-10 code;
- checking medical necessity;
- checking CPT codes;
- checking to see if the patient has

the insurance coverage for the service that is being performed;

- determining if the patient needs an authorization/referral, calling the ordering provider to obtain authorization/referral, and explaining to patients why you have to call their doctors;
- verifying that what is on the script is what is ordered;
- obtaining signatures and explaining consent forms;
- handling follow-up calls regarding statements from various medical professionals that patients receive;
- identifying barriers to a positive patient experience, such as the need for an interpreter or wheelchair.

## Incentives are an option

If across-the-board pay increases aren't possible, incentives are another option. Delpino suggests giving incentives to registrars who do any of the following:

- become certified;
- are top collectors;
- are mentioned repeatedly in patient surveys;
- are complimented for excellent service;
- have the lowest percentage of errors per registrations completed.

If an incentive program is not implemented correctly, however,

"while the program was set up with good intentions, it will not produce the desired results," says Delpino. She says patient access leaders should consider these five points:

1. There must be clearly defined parameters and time periods.

"Incorporate the type and frequency of the metrics that are being measured," says Delpino.

2. Managers should provide frequent and defined feedback to the staff in a standard report card format.

"This allows staff to track their progress toward the goal," says Delpino.

3. The organization must commit to making the program sustainable.

"If it is only offered for one quarter and cannot be continued, morale and trust in the organization will decline," says Delpino.

4. Incentives must be attainable for all staff members.

"The metric cannot be such that no one would meet the benchmark to qualify for the incentive," says Delpino.

5. Patient access managers must allocate time to measure and track the metrics and to coach the staff to be successful.

"If the access team is not coaching to success, staff become disillusioned," warns Delpino. "They will not feel supported." ■

## Staff Members Asked For, and Received, More 'Face Time' With Managers

The most recent employee satisfaction survey at Hennepin County Medical Center in Minneapolis, MN, revealed that patient access staff wanted more communication from management.

"Our management team is all new in the last two years," says **Karoline Pierson**, director of patient access.

The new management team made communication a top priority in these ways:

- **The managers buy coffee for patient access supervisors and sit down for a brief conversation.**

"I ask them what's going well and what's driving them crazy," Pierson says. "It gives me a chance to

recognize the work they're doing, and take down barriers if there are any."

- **Hospital higher-ups come to speak with staff personally.**

Recently, a supervisor told Pierson about an urgent situation causing a department to be short-staffed. "It was a perfect storm with staffing. Anything that could happen, did,"

says Pierson. In the six-person department, one registrar was retiring, another had medical issues, and another was off work under the Family Medical Leave Act.

"The supervisor and manager reached out to all of the other teams, my VP treated everyone to lunch, and we said, 'We can train your staff in one hour. We are willing to offer overtime,'" she says.

It made a big impression on staff that the vice president came in and spoke with them directly. "Tremendous mileage came out of that," says Pierson. "We got takers from every single area." Staff members were given the opportunity to cover the department for a period of time ranging from two to eight hours. "We were able to get back on track, just in time for when a new person started," Pierson says.

**• All requests made by employees in daily huddles are addressed in some way.**

Daily "tiered" huddles are used, with managers and supervisors meeting first thing in the morning to discuss metrics and any issues on that specific day, such as a big spike in a work queue or an issue with a specific insurance plan. Then supervisors have huddles with their individual teams.

**Debbie Dehnhoff Krofa**, MAL, CHAM, manager of admissions and registration, says, "Having the managers and supervisors huddle first has really helped us to set

priorities, and then cascade that work appropriately to the team."

Huddles keep team members informed of changes on a daily basis. **Tony Yanni**, manager of financial counseling at Hennepin County Medical Center, says, "This creates a quick and easy feedback loop between leaders and our front-line team members. We can be proactive and resolve issues that could impact the day."

Pierson says, "If staff make a request, we either do it, or give them the rationale for why it's not a good business decision."

Staff members protested when managers announced they'd be expected to achieve 98% registration quality. Managers listened to their concerns, but kept to the original target.

"We had a lot of naysayers saying 'We can't do that. It's too high!' But guess what? We are achieving it," says Pierson.

Departments outside patient access, such as human resources (HR), occasionally are included in the huddles. "Our business partnership with HR is very strong," says Pierson. "We have pretty high turnover in admitting, so our recruiter has been coming to our huddles."

Huddles are morale-boosters because managers use them to congratulate staff on successes. Krofa adds, "It helps us get to know each other better as colleagues and

teammates."

**• The department is using staff feedback as part of an initiative to improve the registration process.**

Pierson says, "We want to make it better for patients and families. But the underlying goal is to make it easier for the front-end staff." Managers are eliminating key strokes and providing registrars with shortcuts. Registrars recently were told they no longer need to obtain the guarantor's work address, including the street address and zip code. "We figured out that no one is using this, so let's stop collecting it," Pierson says.

Each time managers make a change, however minor, employees are notified by email. All the email messages contain one important piece of information: what's in it for them. "We always tell them what the benefit is for the registration staff," says Pierson. ■

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# Will Your Best Registrar Jump at a Job Offer, Or Will the Registrar Think Twice Before Leaving?

Make employees miss your department enough to return

**W**hen an experienced registrar gave notice to her supervisor, **Mike Potter**, he learned it was only because of money.

"The registrar went to a competitor for a \$2-an-hour raise. I went to the HR department, but we couldn't compete with that," says

Potter, patient access service director at CHI St. Luke's Health – Lakeside and Springwoods Village Hospitals, both in Houston. The registrar took

## EXECUTIVE SUMMARY

Workplace environments in patient access can convince some employees to stay or even to return to the department after leaving.

- Offer to fix scheduling problems.
- Work with human resources staff to match competitors' offers.
- Facilitate face-to-face meetings with hospital leaders.

the job offer, after being told she was being compensated fairly in comparison to colleagues.

A few months later, however, Potter got a phone call from the employee. "She said, 'Can I come back? The extra money isn't worth it,'" he says.

The employee missed the department's supportive culture, which was something she had not found in her new job. "There, the emphasis was on productivity. She felt she was looked at as just an employee and not a part of something bigger," says Potter.

Potter says being a "family first" leader helps him to retain his best registrars. "Patient access employees can go to any hospital in any city and get the same thing," he says. "We can't always be competitive with other markets."

What makes the difference, he says, is whether employees look forward to coming to work every day. "I like to tell them, 'You don't work for me. You work with me,'" says Potter. (*See related story in this issue on meetings between patient access employees and the hospital's CEO.*)

"I'm leaving, unless I get a raise" is something all patient access managers have heard at one time or another. Potter says he has had some low performers and mid-performers try that approach on him.

He tells those employees that during their next performance review, he'll evaluate whether they qualify for a merit-based increase. If it's a high

performer who is asking for a raise, the compensation department reviews the request. "I don't want to lose them to the employer up the street," says Potter. "But if they're asking for the stars, I can't compete with that."

**Nancy Diamantopoulos**, director of patient access at Holy Family Hospital – Methuen (MA) and Holy Family Hospital – Haverhill (MA), always lets employees know that she doesn't want to lose them. "I always ask why they're leaving," she says. "Just having that conversation can sometimes turn things around."

Recently, a registrar at CHI St. Luke's Health began looking for another job only because her work schedule made it impossible to be at the school bus stop each afternoon to meet her children. When Potter learned about this problem, he asked the registrar to give him the opportunity to fix the problem. He then found another employee who agreed to switch shifts. "That registrar probably would have left because of a 30-minute difference in their shift," he says.

An open, friendly demeanor makes it far more likely that patient access leaders will be privy to such information. "If they feel they have to whisper when they see you coming, you won't learn the feedback they have to give you, good or bad," says Potter.

Recently, Potter needed registrars to work an extra shift. A registrar came forward with an unexpected request: "If we have to work on a

Saturday, can we wear jeans?"

Potter agreed, and the registrars worked the shift. This one-time change doesn't mean the department's dress code can be disregarded routinely. "But if you're doing something extra for me, I can do something extra for you," he says.

Potter prides himself on "growing" his employees. "As a manager, you have to be personally invested in employees. That means you've sometimes got to let them go," he says.

When the hospital was part of a five-hospital system in the Houston area, Potter often put in a good word for bright employees if a supervisor position opened up at another location. The hospital's recent merger with Catholic Health Initiatives opened up many more potential positions.

"I now have the potential to grow employees across the nation," Potter says. "It's not just registration. There are so many different areas of the revenue cycle that these employees can be opened up to."

If employees are leaving to advance their careers, Diamantopoulos doesn't try to convince them to stay. Instead, she takes it as a compliment.

"It's a testament to the confidence they have attained through my leadership," she says. "It's hard to let excellent employees go. But I am always happy for them." ■

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# Give Employees 'Face Time' With Your CEO

**M**ost registrars have never met hospital higher-ups personally. This meeting might be just the thing they need to feel more connected to the organization.

"Just giving them that face time can really nail it home: 'Here's why you are even more valuable than you think you are,'" says **Mike Potter**, director of patient access services at Houston-based CHI St. Luke's Health – Lakeside and Springwoods Village Hospitals.

Potter usually sees markedly improved morale after employees meet personally with the hospital's

CEO. The hospital's executive leaders hold monthly luncheons just for this purpose, which allows department heads to determine which employee to send. It's not always high performers who receive the honor.

"It may be a medium performer who you think could be a high performer," says Potter. If he feels a particular employee needs some one-on-one contact with a hospital leader, he calls to arrange it. "They're extremely reachable," he says. "Within a day or two, they'll make themselves available."

If an employee raises a particular

concern during the meeting, the hospital leader always follows up with the patient access manager. "Nine times out of 10, it's things you wouldn't otherwise know about," says Potter.

Sometimes staff members ask "big picture" questions of the CEO, such as "Can I retire here?" or "If I stay with this organization, what will it look like in five years?"

"I'm sure there are things that he can't share," says Potter. "But the majority of the time, they can talk to the employee about where they see the organization going." ■

## How 'Engaged' Are Your Registrars, Really? Face-To-Face Conversations Say More Than Surveys

**A**t Boston-based Tufts Medical Center, an organization-wide survey on employee engagement is conducted every three years. The information assesses how enthusiastic and involved people are with their jobs, but its usefulness to patient access leaders is somewhat limited.

"It gives us concrete numbers, which I do find very helpful. But it's a depiction of that immediate point in time. It doesn't tell me much about overall satisfaction," says **Denison Clark Penney**, director of patient access.

Mere survey percentages didn't give Penney the in-depth, nuanced information she needed. She decided to email a survey after each staff meeting with a few questions, such as "Do you feel confident in your leadership team?"

"But the results weren't really telling me anything," Penney says. "No one submitted any comments." The response rate, which was only five or 10 responses out of 65 employees,

also was disappointing.

Penney decided to take a different approach and talk face-to-face with registrars. "I found this was much more valuable," she says. Penney recently reviewed these six questions informally during a 15-minute conversation with each employee:

1. What motivates you?
2. Why are you here at Tufts Medical Center?
3. What makes your job challenging?
4. What makes your job easy?
5. How do you like to receive recognition?
6. Do you understand why your

role is important to the organization?

One registrar complained about being short-staffed because three employees were out due to family and personal issues. Because Penney knew it would take a long time for new registrars to be hired, she informed the staff that she was hiring seven per diems in the meantime. To alleviate concerns about workload, she instructed staff to make sure the most important cases were prioritized.

"The big thing is to know their concerns are being heard and action is being taken," she says.

To learn how engaged registrars are, **Kevin Pawl**, MS, CMPE,

### EXECUTIVE SUMMARY

To assess "engaged" employees — those who are enthusiastic and involved with their work — patient access leaders use informal conversations in addition to survey scores. Some approaches include the following:

- Ask specific questions when meeting face-to-face with registrars.
- Observe whether employees offer solutions or participate in initiatives.
- Always follow up with reported concerns, even if the answer is no.

director of patient access at Boston Children's Hospital, takes note of these items:

- whether they're participating in hospitalwide initiatives or meetings;
- whether they offer solutions to departmental problems;
- whether they offer to take on projects.

Some registrars recently attended Lean Six Sigma training, for example. "We needed help with staff making appointments after-hours for a system conversion," says Pawl. "I was impressed at the number of folks that stepped up to assist."

Pawl often asks staff members for their opinions of what the organization should consider stopping, starting, and continuing. "These questions can be very revealing," says Pawl. "This really holds the mirror up for us to see how we are doing."

Pawl has learned to look a little deeper at survey results. One survey

indicated that most staff members found great satisfaction in their work and a connection with the organization's overarching mission. "But they also indicated that they may be leaving the organization within one to two years," says Pawl. This trend begged the question, "Why would staff members leave if they're satisfied?" When managers asked employees this question, several reported pursuing advanced degrees. "Many build a career in healthcare that begins at the front desk, on the phones, or in a registration role," says Pawl.

Working with human resources, patient access leaders crafted new job descriptions, job titles, and career ladders. The compensation department did an analysis of salaries for patient access employees who check in patients, register patients, and schedule appointments by phone. "This resulted in a market adjustment for several front-line roles," says Pawl.

**Stephanie Colwell**, MBA, CHAA, patient access manager at South Seminole Hospital in Longwood, FL, uses an annual team member survey to determine the engagement of employees. "We use this data to develop action plans, with the team's input, to make the changes they want to see," says Colwell. (*See related story in this issue on improving engagement of patient access employees.*) ■

## SOURCES

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## Easy Ways to Get Registrars to 'Engage'

**S**tephanie Colwell, MBA, CHAA, patient access manager at South Seminole Hospital in Longwood, FL, sets out to learn what motivates individual employees. Next, Colwell helps them achieve their career goals.

"I try to never say 'no' to someone," she says. "Instead, I find a way to give them what they need."

Building relationships creates a culture in which team members feel valued in the department. "It keeps them here," Colwell says. "It has also attracted better talent to us through word-of-mouth referrals from our team members."

Here are some ways in which **Denison Clark Penney**, director of patient access at Boston-based Tufts Medical Center, improves employee

engagement:

- **Penney takes 20 minutes to walk around the department talking with employees.**

Employees sometimes end up talking at length about a specific issue. One reported frustration because the insurance eligibility system is down on Monday mornings for a specific payer. "I always follow up, even if it's not an answer that they want," Penney says.

- **Penney invites hospital leaders to meetings, so they can discuss their roles and how patient access relates to them.**

Several registrars complained about the need to document in two systems. "Because systems aren't integrated, the referral team has to

document their notes in two different systems: those used by check-in staff and by billing staff," Penney says.

Penney invited the director of patient financial services to a staff meeting, so she could explain why the documentation is so important. If a patient is seeing a primary care physician at Tufts Medical Center but the insurance company has the patient enrolled with a different primary care physician at another facility, Tufts may not get paid for the service if the mismatch isn't resolved. "Staff can resolve it before the claim is sent out," explains Penney.

The goal is for staff to realize the importance of the documentation to the overall revenue cycle.

"We want staff to realize that

although the duplicate documentation is annoying and cumbersome, what they do affects the back end," says Penney.

- **Penney asks hospital administrators to meet with the**

## Access Leaders Share Proven Morale Boosters — Make Your Department Irresistible to Employees

**A**t Howard County General Hospital in Columbia, MD, the patient access department's turnover rates remain too high, **Carole L. Sraver**, director of patient access, acknowledges. However, this rate is due to employees being terminated for failing to get to work on time or because they've failed to comply with a hospital requirement.

"We don't have people leaving because they are unhappy with the department," says Sraver. "In fact, we have people from other areas trying to get *into* our department." Recently, two hospital employees moved to patient access from environmental services and dietary areas.

Here are some ways Sraver keeps morale high:

- **Sraver posts "recognition boards" for coworkers to thank each other.**

Coworkers thank their peers for helping a busy department, for covering shifts, or for giving them rides to work. "This allows the team to give a shout-out to their coworkers," says Sraver. "These are also emailed to all staff on a monthly basis."

- **Sraver makes a point of including staff in meetings involving patient access processes.**

Sraver always reminds employees that they're the experts. "This inclusion allows them to know they are valued and their opinions matter,"

### **patient access team.**

Recently, Penney asked the hospital's CEO to come to a financial coordination meeting. "He answered questions and met all of them," says Penney. In other patient access

areas, the CEO came through the department and shook hands with employees. "Pretty much everyone commented, 'We didn't know he cared so much about us,'" says Penney. ■

she says.

- **Sraver puts out a jigsaw puzzle for employees to do together during downtimes.**

Once the puzzle is completed, it's framed and hung in the conference room. "This allows everyone to see what can be accomplished with teamwork," says Sraver.

- **Sraver encourages staff members to air concerns.**

Several registrars suggested having a hospital volunteer do the time-consuming job of scanning documents. "We tried it but could not get a volunteer to do this consistently," says Sraver. The next recommendation was to have a designated time for scanning, with the off-going shift scanning documents during the half hour before the end of their shift.

"The 30-minute crossover in coverage allows enough time for any remaining documents to be scanned by the exiting shift," says Sraver. "We

have seen an improvement."

Staff members also voiced frustration regarding obtaining Important Message from Medicare signatures. "The biggest issue was having time to obtain the patient's signature, in addition to completing all of the registrations in the ED," says Sraver.

The proposed solution was to have bed control staff members call the registrar working in the area of the emergency department where the patient is located. "They would then be responsible for obtaining the signature," says Sraver.

Bed control staff members document the calls and to whom they spoke. "A report was developed that lets us track missing forms," says Sraver. This report is reviewed by management regularly, to be sure that bed control has documented whom they called.

"We are then able to speak with the contacted individual to see why

### **EXECUTIVE SUMMARY**

Getting to know employees personally and creating a fun, supportive work environment has a powerful effect on registrars' morale, say patient access leaders interviewed by *Hospital Access Management*. Some proven approaches include the following:

- Develop programs in response to employee requests, such as weight loss programs or career development.
- Encourage employees to work on jigsaw puzzles together during downtime.
- Ask employees to serve as subject matter experts during meetings.

the form was not obtained,” says Sraver. “Other patient access staff are sent to the inpatient floors to obtain any missed forms.”

## Personal connection

**Rosita S. Green**, CHAM, director of patient access at Lanham, MD-based Doctors Community Hospital, has worked with thousands of employees in her 15 years in patient access. “I’ve collaborated with various executives to develop programs that helped organizations improve employee morale,” she says.

Over and over, Green has seen that good pay and benefits don’t necessarily mean good morale. “The employee’s rate of pay plays a part in staff morale. However, it is not the major deciding factor,” she says. “Relationships, teamwork, and recognition are far more important.”

Here are some ways Doctors Community Hospital’s patient access leaders get to know registrars on a personal level:

- **Managers celebrate various types of achievements with gatherings at nail salons, spas, and restaurants.**

Recently, the department celebrated exceeding its collection goal of \$500,000. The outing was paid for with the patient access management team’s funds. Employees pay their own way at subsequent events, with managers getting group discounts online.

“These types of interactions build bonds,” says Green. “Employees then feel more comfortable when sharing and receiving business-related information.”

- **Managers develop programs based on staff needs.**

Recently, several employees expressed an interest in losing weight. “We developed a weight loss program. The goal was to lose the most weight in eight weeks,” says Green. Nineteen employees participated. “Employees encouraged each other to eat healthy and remain faithful to their exercise routine,” says Green.

The department’s “Who Wants to be a CHAA?” initiative provides tutoring assistance for those seeking to obtain the National Association of Healthcare Access Management’s certified healthcare access associate (CHAA) credential. “We have

three employees participating in the upcoming training session,” says Green. “This prepares them for the next stages of their career development.”

- **Managers ask patient access representatives to serve as subject matter experts at meetings.**

An outpatient registrar recently conducted a weekend training session for ED registrars on how to properly identify and register outpatient infusion patients.

“During staff meetings, I often ask a staff member to facilitate the meeting or discuss an item on the agenda from their perspective,” says Green. (*See related stories in this issue on top morale-boosters and how to improve morale on a budget.*) ■

## SOURCES

- **Rosita S. Green**, CHAM, Director of Patient Access, Doctors Community Hospital, Lanham, MD. Email: rgreen@dchweb.org.
- **Carole L. Sraver**, Director, Patient Access, Howard County General Hospital, Columbia, MD. Phone: (410) 740-7620. Email: csraver@jhmi.edu.

## Make Registrars Feel ‘Recognized’ on a Budget

It’s a passion for **Mike M. Harkins**: how to make patient access employees feel recognized on a tight budget.

“We have to be good stewards and be creative in doing things that promote morale,” says Harkins, manager of registration at Norfolk, VA-based Sentara Leigh Hospital and Elizabeth City, NC-based Sentara Albemarle Hospital.

Harkins created a class called “Reward and Recognition on a Shoestring,” and she presents it in two formats. One is a two-hour

presentation. The other is a lunch-and-learn that’s offered online. “The class is chock-full of games, fun, and ideas. It’s open to all Sentara leaders who want help with improving employee reward, recognition, retention, and attitude,” says Harkins. Here are some of her low-cost solutions:

- **Harkins is flexible with employees, whenever possible.**

“We do have a business to run. But where you can be flexible with people, it’s great to be able to do that,” she says. Harkins fully supports

employees in their educational endeavors. “If they can’t work mornings Tuesdays and Thursdays for a period of time because they’re taking a course, we always try to adjust their schedule.” Once registrars voice any type of scheduling problem, Harkins makes every effort to accommodate them. “We’ll work something out,” she says.

- **Harkins works alongside staff members during volume surges.**

Harkins monitors volume in registration areas on her computer. When she sees a surge in volume,

she rushes to the area to offer some assistance.

When 15 or 20 people show up to register at the same time, even the cheeriest registrar can become stressed. "Sometimes it looks like a bus just pulled up and dropped everybody off," says Harkins. "That's when I jump in and say, 'What do you want me to do?'" Because staff members know they're faster at registration, they typically ask Harkins to call patients' names, so they don't have to leave their workstation, or transport patients to their next destination.

- **Harkins gives staff "real-time" compliments.**

If Harkins overhears a nice exchange between a registrar and patient, she isn't shy about saying so. "Don't wait for a staff meeting six weeks later," advises Harkins. "Tell them right then, right there: 'That was a great interaction!'"

- **Harkins sends several handwritten notes to employees each year.**

In addition to birthday and anniversary cards, Harkins writes a note just to let the employee know he or she is appreciated, at least once a year.

"People don't get handwritten notes anymore. After getting one, people will beam for a week," says Harkins. Some notes simply state, "Thanks for being on my team." Other notes refer to a specific incident, such as, "I didn't get a chance to tell you today, but I saw you having a great interaction with a patient."

- **Harkins gives staff members a reason to check in with her.**

Harkins keeps a large basket full of candy on her desk and encourages staff to come in to get a sweet treat whenever they'd like. Usually, when they do so, they also tell her

something useful. "They'll always drop a tidbit," she says. "I've learned more over this candy dish than any sit-down yearly review." At times, an exasperated employee makes a statement such as, "Doesn't anything work around here?" This type of comment leads to more questions from Harkins, and eventually, some solutions.

A recent example involved the department's dress code of navy blue slacks and vests. "Someone stopped in one day and said how tired they were of the uniform, saying they wish I would consider a dress-up day," says Harkins. "I started hearing from several 'candy dish regulars' that they thought that would be fun." Harkins announced that the last day of the month was Dress Up Day. "For extra fun, we wear crazy Christmas sweaters, or Hawaiian shirts on a cold winter day," says Harkins.

- **Harkins is consistent when recognizing employees' milestones.**

If one registrar receives a cupcake and card for her birthday, other registrars will expect the same thing. "You can do as much damage by doing something good and not

sustaining it, than not doing it at all," warns Harkins.

For this reason, Harkins doesn't attend employees' out-of-office personal events, such as family members' graduations, weddings, or funerals. "Staff have long memories," says Harkins. "If they know you went to one employee's mom's funeral, but you didn't go to their mom's funeral, it causes hurt feelings."

- **Harkins nips infractions in the bud.**

If employees complain about their colleagues, such as inappropriate attire or lateness from lunch breaks, Harkins observes the behavior firsthand at her earliest opportunity. Then, she quickly takes action. "Otherwise, other employees will say, 'Why is she getting away with that and I can't?'" she says. "Consistency is a great satisfier." ■

## SOURCE

- Mike M. Harkins, Manager of Registration, Sentara Leigh Hospital, Norfolk, VA/Sentara Albemarle Hospital, Elizabeth City, NC. Phone: (757) 261-8962. Fax: (757) 995-7070. Email: mmharkin@sntara.com.

## 3 Top Ways to Boost Morale

Frequent voluntary turnover has a negative impact on employee morale, productivity, and company revenue, warns **Rosie Avila Reeve**, a patient access scheduler at Tucson (AZ) Medical Center.

"In my 24 years of experience, I

have seen a lot of things that factor into retention of an employee or staff member," she says. These include practical considerations such as employee benefits, retirement plans, and pay. In Reeve's experience, however, the work environment plays

## COMING IN FUTURE MONTHS

- Good techniques to de-escalate angry patients
- Avoid common staffing disasters during switch to new EHR
- Dramatically shorten surgical patients' registration process
- Maintain revenue and satisfaction with out-of-network patients

an equally important role. Reeve says these three things are the biggest morale boosters:

- **Good training.** "If employees obtain thorough and professional training, they will be confident in their position," says Reeve.

- **Supportive coworkers.** "Team members need to be helpful, patient, and kind," says Reeve. "Give new employees a sense that no question is a stupid question."

- **An "open-door" policy with management.** "Make the employee feel that they are part of the team, no matter what their job position is," says Reeve. ■

## SOURCE

- **Rosie Avila Reeve**, Patient Access Scheduler, Tucson (AZ) Medical Center. Phone: (520) 324-2075. Fax: (520) 324-6162. Email: Rosie.Reeve@tmcaz.com.

# Oregon Hospitals Offer Cost Estimates Within Three Days

The Oregon Association of Hospitals and Health Systems (OAHHS) in Lake Oswego announced that every Oregon hospital can provide a cost estimate for hospital services for a scheduled procedure within three business days.

This voluntary policy helps uninsured or out-of-network patients to understand their potential costs for services provided at the hospital. Most insured patients, however, will find more useful information on costs by contacting their insurer, which can provide specific estimates based on their particular plan, OAHHS said in a released statement.

OAHHS also announced that the OregonHospitalGuide.org website now features a "cost estimates" section for each hospital in the state. This new section provides comprehensive information for consumers to contact hospital cost estimate and billing departments. It also links directly to each hospital's financial assistance policy, which can be helpful for people who need help paying their bill.

"Patients, whether they are insured, out of their health plan's

network, or lack insurance all together, should be able to get a good faith estimate directly from their hospital for the cost of a procedure ahead of time," said **Andy Davidson**, OAHHS president and CEO. "And, when coupled with the corresponding commitment of Oregon's health plans to provide cost estimates for the vast majority of our state's residents who are now insured, every Oregonian, whether insured, uninsured, or out-of-network, can get the financial information they need to make better healthcare decisions for themselves and their families."

**Joseph J. Fifer**, FHFMA, CPA, president and CEO, Healthcare Financial Management Association, said, "Oregon is among the first hospital associations in the nation to adopt the recommendations in the HFMA Price Transparency Task Force Report, which reflect the industry consensus on price and quality transparency."

This initiative is part of a larger transparency effort designed and led by OAHHS, and it complements the comparable hospital quality data that already are available on the web site OregonHospitalGuide.org. ■



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