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How Can Your Department Better Measure Patient Experience?

Satisfaction surveys often omit registration areas

How happy was the patient with the registration experience? Surprisingly, patient access departments often have no good way to answer this simple but increasingly important question.

"The hospital survey has no questions directly pertaining to us," says **Mike M. Harkins**, CHAM, director of registration at Sentara Leigh Hospital and Sentara Norfolk General in Norfolk, VA, and Sentara Albemarle Hospital in Elizabeth City, NC.

As the patient experience is a top priority at virtually all hospitals, data on satisfaction are not just nice to have, it's essential for patient access to be able to demonstrate the department is on board with organization-wide goals.

"WE GET A HOLISTIC VIEW OF THE EXPERIENCE FROM EACH POINT IN THE PATIENT'S JOURNEY, FROM SCHEDULING TO REGISTRATION."—PATTI CONSOLVER, TEXAS HEALTH RESOURCES, ARLINGTON

"We are the front door. The patient's experience starts with us," Harkins notes. Relying solely on the organization-wide patient satisfaction survey caused two problems for patient access:

1. Results came back too late to do something to turn things around.

Contacting someone several months after a hospital visit, which is about the timeframe the survey results came back, just doesn't carry the same weight as an immediate response. Since so much time had passed, it just gave patient access something else to apologize for. "We want to call the patient to try to do service recovery while it is fresh," Harkins says.

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2. Without any data on patient satisfaction, it was hard to reward registrars for giving excellent customer service.

The organization-wide survey offered no insights on the kind of service provided by the department. This left patient access leadership guessing about how they could improve. Instead of relying on it, registration areas now offer their own survey.

"We generally try to get patients to fill it out before they leave our area. We ask about their experience with us on that day," Harkins says. *(See the department's survey tool, p. 39.)*

Registrars are required to offer a survey to each patient with whom they interact. The department expects to receive 10-12% of the surveys returned with comments, which are closely tracked. If there's a complaint, a team coordinator from patient access calls the patient within a day or two. Most involve wait times, but patients have commented on virtually every aspect of the registration experience, from parking to wayfinding to TV channels. No complaint goes unanswered.

"We always listen. We have changed many things as a result of some of these calls," Harkins reports. Here are some examples:

- Registrars used to call patients by name, but some people didn't feel comfortable with that. To protect privacy, registrars now use number systems and pagers;
- Patients voiced concerns about the content of shows aired in the waiting room. TVs are now locked on weather or news channels;
- Signage was added after many patients reported difficulty wayfinding;
- Valet service was added at some locations. This change came about because some people couldn't find a parking spot and were late for appointments. "Coffee and water is now offered at some registration areas, just as an added perk," Harkins adds.

30% of Score

The patient access department doesn't just talk about the importance of customer service — employees are held accountable for it.

"Customer service is valued at 30% of an employee's overall annual performance review score," Harkins explains.

Patient access job descriptions were updated to include customer service, as follows: "Must maintain highest level of customer service. Demonstrates professional behaviors expected by customers including but not limited to adhering to department dress code

EXECUTIVE SUMMARY

Patient access departments are assessing the customer service they provide by creating their own satisfaction surveys, conducting peer-to-peer critiques, and recording all registration interactions. This allows them to:

- perform service recovery right after an encounter;
- identify the level of service given by employees at annual reviews;
- provide training targeting areas in need of improvement.

policy, exhibiting communications using appropriate body language, voice tone, word choice, and adjusting the communication style to best meet the needs of the customer." Surveys are just one of the data points used to indicate the level of service given by a registrar.

"Employees are measured by reporting, patient feedback, direct observation, and internal and external feedback," Harkins says.

If registrars are mentioned by name 25 times in a positive way, they get a gold star to wear on their uniform.

"This is a large source of pride for our registrars," Harkins notes. "It can take six months to get 25 surveys with a name on them."

At Texas Health Resources in Arlington, newly implemented peer-to-peer "call labs" became instrumental in improving the department's customer service. Previously, supervisors conducted some one-on-one training if they noticed an employee needed help.

"It didn't seem to make as much of an impact as we had hoped," says **Patti Consolver**, CHAA, CHAM, FHAM, senior director of patient access.

Now, small groups of employees critique two calls together. One of the calls is a great example of excellent service. The other call is an example of a time when things didn't go as well as they could.

"Staff have a white board where they scope out the learning opportunities," Consolver explains. "They really seem to get a lot out of the process."

Sometimes, managers bring the patient's point of view to the discussion by taking a recent comment from a survey. "We play the interaction and have the employees see what transpired from the patient's perspective," Consolver adds.

Recorded insurance verification calls receive a high percentage of claims denials successfully appealed at Texas Health Resources. This is because patient access keeps a record of what the payer representative stated. "That is where the ROI comes from. But the real ROI, that you can't put a dollar amount to, is the patient experience," Consolver says.

Patient access leaders decided to use this same process, which was so effective at overturning denials, to analyze customer service. Pre-access calls, fax or online transactions, and face-to-face interactions that happen at the registration desk are

Example of Registration Satisfaction Questions

The registrars at Sentara Leigh Hospital, Sentara Norfolk General Hospital, and Sentara Albemarle Hospital administer surveys to patients as they leave registration areas that look something like this:

Please keep this survey throughout today's visit and return the completed survey to the registration desk or place it in the designated drop off box. We value your feedback and it will help us in providing the best service to our customers. Thank you for choosing Sentara for your healthcare needs.

- *Patient Last Name/Patient First Name/Patient ID*
- *Arrival Time/Reg Username/Registration Class (Scheduled or Walk-In)/ Procedure(s)*
- *Did today's visit meet your expectations? Yes/No*

If you are pleased with your visit, let us know about it! If your expectations were not met, please let us know the areas we need to improve:

- *Were the registration staff courteous and professional? Yes/No*
- *If given a choice, would you use this Sentara hospital in the future? Yes/No*
- *If you would like to be contacted by a representative of the area(s) you visited, please provide your telephone number:*
- *And the area(s): Was it easy for you to find this facility? Yes/No* ■

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recorded. All are indexed to the patient's record. "We get a holistic view of the experience from each point in the patient's journey, from scheduling to registration," Consolver reports.

Previously, all patient access had to go on was key data elements. For instance, they could see accuracy percentages for each registrar. This didn't tell the whole story.

"We are now able to experience it as if we were sitting next to the registrar," Consolver says. The recordings reveal whether standardized scripting is used, if some additional training is needed, or if anything is hindering productivity. This paints a fuller picture of how the patient is treated.

"We learned that it doesn't matter how much time you spend on training and revising scripting. An employee may still add their own twist to it," Consolver says.

The recordings give added insight when an issue is identified "on paper." A registrar may be collecting less than their peers or could be failing to meet requirements for accuracy. "By listening to what transpired during the registration, we get a better idea of what may be contributing to this," Consolver says. "We are able to do more focused training."

THE RECORDINGS GIVE ADDED INSIGHT WHEN AN ISSUE IS IDENTIFIED "ON PAPER."

The department is now piloting an audio search feature as part of this QA process.

"This allows us to put in a data element and find all interactions with that data element," Consolver explains.

Recently, managers wanted to know how many times a registrar asked, or did not ask, for the patient's primary care physician. The audio search feature gave them not only the number of times, but the actual accounts to use as an example.

The audio searches can be conducted on any key phrases. For instance, the financial clearance intake center employees are supposed to end every call with, "Is there anything else I can help you with today?"

"We can search for all recordings at the intake center that did not have that phrase and identify those accounts," Consolver says. "This has made the management of the quality a lot more thorough." ■

SOURCES

- **Patti Consolver**, CHAA, CHAM, FHAM, Senior Director, Patient Access, Texas Health Resources, Arlington. Email: PatriciaConsolver@texashealth.org.
- **Mike M. Harkins**, CHAM, Director of Registration, Sentara Leigh Hospital and Sentara Norfolk General Hospital, Norfolk, VA/Sentara Albemarle Hospital, Elizabeth City, NC. Phone: (757) 261-8962. Email: mmharkin@sentara.com.

Act as 'Gatekeeper' Against Medical Necessity Claims Denials

Despite everything done right, payers sometimes 'will not budge'

Patient access departments continue to see claim denials, often unfairly, because they don't pass meet payers' medical necessity criteria.

"Payers, both federal and non-federal, are increasing the requirements for medical necessity. The patient access role is that of a gatekeeper," says **Peggy Stavitz**, chief patient accounting officer at Eastern Maine Healthcare System in Brewer. The biggest challenge is to get all services — tests, procedures, and hospital stays — verified as medically necessary beforehand.

"It is often difficult to verify prior to services," Stavitz notes. "Often, slight variations are performed based on specific protocols." It's not just that medical necessity requirements are becoming more numerous, although that's certainly true. They're constantly changing, too, and are different for every payer. Frequently, additional codes or modifiers are needed to satisfy the requirements of a particular payer — impossible for any registrar, no matter how diligent, to track. Thus, says Stavitz, "the best way for patient access to arm against denials is to use

technology that checks the patient order against the payer policies."

Sometimes, education of patient access employees on medical necessity is lacking. Stavitz underscores that staff need a grasp on the following three things:

1. The definition of medical necessity;
2. How to use technology to determine if a service meets the payers' requirements;
3. How to interpret the results of the medical necessity check. If anything doesn't check out, says Stavitz, "appropriate next steps need to be taken to reduce the number of avoidable denials."

EXECUTIVE SUMMARY

Patient access departments continue to see medical necessity-related claims denials due to increasing and complex payer requirements. To prevent these:

- ensure all tests, procedures, and hospital stays have been verified for medical necessity;
- check patient orders against payer policies;
- educate employees on how to interpret medical necessity checks.

Denials on Back End

In some cases, insurance companies approve the authorization, or tell patients that no authorization is needed. Yet, a few weeks down the road, the hospital isn't paid.

"They are denying things on the back end and deeming them experimental," says **Stacy Hutchison-Neale**, CRCR, CHAA, supervisor of the pre-authorization department at Nemours Alfred I. DuPont Hospital for Children in Wilmington, DE. Two common examples: outpatient infusions and capsule endoscopies. When this happens, a time-consuming phone call is on the agenda for patient access, wreaking havoc with productivity. Staff take up to 30 minutes to contact the payer and sort it all out. Satisfaction takes a hit, since the patient has already received the services and gets an unexpected bill stating it was deemed experimental. "In reality, some of the patients have been on the medication for months or years without a problem getting the claim paid," Hutchison-Neale says. Suddenly, it doesn't meet the criteria outlined for the medication in the payer's clinical policy. Sometimes, the payer criteria changed; other times, the payer is simply interpreting existing criteria differently. Recently, a payer began basing dosage criteria on the patient's age, when it's actually calculated by the patient's weight. This caused some claims to be denied.

> SOMETIMES, EDUCATION OF PATIENT ACCESS EMPLOYEES ON MEDICAL NECESSITY IS LACKING.

"There is a lot of lot of rework and backtracking," Hutchison-Neale laments. These steps occur:

1. The business office notifies patient access that the claim has been denied.
2. Patient access tries to research the denials. If unable to resolve it, they forward it to the pre-authorization team.
3. The pre-authorization team pulls the policy again and reviews the possible reasons for denial. Next, the team calls the insurance company's claims department. "These are lengthy calls because they have to research the case from the initial request we submitted," Hutchison-Neale says.
4. If the payer requests an updated dosage, the team requests a new authorization and starts all over.

The best-case scenario is that the payer representative acknowledges the mistake and resubmits the claim for payment.

"There are cases where it just takes talking through the claim and it gets overturned. The sad part is that it takes rework to get this resolved," Hutchison-Neale adds.

15 to 30 Days to Resolve

Payers don't make it easy to find their clinical policies.

"They do not make them clear in non-technical language so that everyone understands them, including the families," Hutchison-Neale says.

To stem the tide of denials, the pre-authorization department created a new approach. First, they pull the health plan's medical policies to review them. Utilization nurses get involved, reviewing the patient's clinical chart against the payer's clinical policy. "They can advise us if they feel that it is

medically necessary based on the criteria," Hutchison-Neale notes. Next, the pre-authorization team requests a pre-determination (a review of the medical policy) by the payer. Not all insurance companies offer this option. "But for those that do, we submit the clinical and the requested CPT codes," Hutchison-Neale says. The payer reviews the submission and provides a determination based on the clinical policies as to whether the procedure is covered. "The entire process can take anywhere from 15-30 days to complete," Hutchison-Neale explains. "However, the good part is that it does decrease the denials."

Patient access has successfully appealed some of the denials. "But sometimes the insurance will not budge," she adds. ■

SOURCES

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Fast-paced, Unpredictable ED Registration Not for Everyone

Weeding out poor fits 'saves you time in the long run'

Most registration areas operate at a somewhat predictable pace and volume, regardless of whether patients are scheduled or walk-in. In contrast, the ED absorbs sudden volume surges with very sick or injured patients. There is plenty of tension and even occasional violence.

"All access management wants to find that 'perfect' registrar for the ED during the interview process," says **Kim Rice**, MHA, director of patient access at Shasta Regional Medical Center in Redding, CA. However, there is only a short time to assess whether the registrar has what it takes to succeed in the ED. Important skill sets include: multitasking, customer service, taking initiative, and working well with others. It's equally important for patient access leaders to describe the reality of the ED.

"This gives the individual an idea of the controlled chaos that can happen," Rice notes.

An argument in the lobby, a dissatisfied patient trying to leave prior to discharge, a patient or guest arguing with staff in a treatment room. All of this and more might happen at the same moment a chest pain or stroke patient presents with a life-threatening emergency. The ED registrar has to prioritize. After this reality check, some registrars conclude on their own that the ED is really not for them after all.

"This saves you time in the long run," Rice says.

Rice pulls no punches about the job. ED registrars must be aware of who is in the waiting area and also watch for arriving ambulances. Registrars must keep track of patients who are waiting to be seen by the physician, and know who is ready for discharge.

"In the midst of that, they need to be prepared for the disruptive patient or visitors that may be expressing bad behavior," Rice cautions.

Some candidates respond eagerly, stating that the job sounds like an interesting challenge. Others own up to the fact that they thought it was more of a "desk"

EXECUTIVE SUMMARY

Patient access often struggles to find registrars well-suited to the hectic and tense ED setting. To weed out poor fits for this role, inform prospective candidates that:

- patients are disruptive and occasionally violent;
- they'll be on their feet throughout the shift;
- they must keep track of patients waiting and those arriving by ambulance.

job in an office setting. "I clarify to them that this is a job where you are on your feet and moving throughout the department during the majority of the shift," Rice adds.

Feedback From Team

Shasta Regional Medical Center's full-time, long-term ED registrars are the most reliable source of feedback on how new hires measure up, according to Rice. Their most common complaint: The new registrar is way too slow. This isn't surprising, since patient flow in the ED setting is completely different from other registration areas.

"The goal is to interview the patient, provide a superb patient experience, answer any questions, and sign all consent forms, all under 10 minutes," Rice explains.

Other duties, such as interviewing the patient and editing accounts, are factored into the employee's overall productivity. Slowness isn't necessarily a deal-breaker — at least not at first.

"The new staff is slower because they are learning all the areas to capture during their interview process," Rice says.

Depending on what brought the person to the ED, it may be necessary to ask a whole host of additional questions. For instance, if an injury occurred at work, the registrar might want to call the patient's employer. Important questions: "Has your employer been notified?", "Was an injury reported to an insurance company?", and "Who is it, and what is the claim number?"

QUICKLY GETTING ELIGIBILITY AND BENEFITS INFORMATION FROM PAYER WEBSITES IS A MUST-HAVE SKILL.

"Usually, if it is a new injury, this hasn't been done," Rice explains. "We ask the patient to call us back with the information for accurate billing."

Start With Small Goals

ED registrars start out with very small goals. Getting familiar with the signature forms is enough for the first week.

"Then, we focus on shortening the time with patients," Rice says.

Quickly getting eligibility and benefits information from payer websites is a must-have skill.

"It is critical to be able to access these data during the time the patient is here, in case we uncover a change that maybe the patient isn't aware of," Rice notes.

For instance, the patient's insurance might be invalid. At the point of service, registrars can talk with the patient face to face and offer assistance. Registrars' most common questions:

- How can we determine which patients are clear for registration to go in and interview them at the bedside?
- What information is critical to collect from an ambulance patient?
- What is the best way to interview patients at the bedside to make sure I am not missing data?

They get answers by scheduling some time with an experienced counterpart.

"Usually, this clarifies their questions, and the new employee improves," Rice reports. ■

SOURCE

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Careful Screening Needed for Cross-trained ED Registrars

More tolerance for ED registration 'mistakes'

About 25 of 150 registration associates at Albany (NY) Medical Center are cross-trained to work in multiple registration areas, including the ED. This helps the ED cope with sudden volume surges, but some employees ask to be cross-trained just because they want overtime.

"While this provides a wide pool of assistance, it also requires careful screening," says **Karen Gardner**, CHAM, manager of patient access services for the ED. To be cross-trained for the ED, Albany Medical Center's registrars must be:

• **a medium to high-performer in registration accuracy, with 95% accuracy in data entry, insurance eligibility, selection of payer/plan, and consent completion**. "We do not want someone who is not meeting goals in one department training in another," Gardner notes.

• **able to work independently**. "If there are any concerns from their primary manager, a staff member is not considered for assisting other units," Gardner reports.

Registrars cross-training in the ED work the fast track first, where lower-acuity patients are seen. This acclimates them to the flow of bedside registration, a task which many have never experienced.

"As their comfort level increases, we move them into the higher-traffic areas," Gardner says.

After a few shifts in the ED, some registrars decide they just can't work there regardless of the area or assignment. "This is never held against a staff member," Gardner notes. These registrars leave the ED with a greater understanding of its complexity. They realize why a registration may be missing a data element or a general consent for a patient with a severe medical condition.

> SOME CROSS-TRAINED REGISTRARS DO NOT WANT TO WORK IN THE TRAUMA/ CRITICAL CARE AREA, BUT DO ENJOY WORKING IN THE FAST TRACK.

"They take this understanding back to their home units," Gardner says. "There is less 'if the ED just did their jobs.'"

Some cross-trained registrars do not want to work in the trauma/ critical care area, but do enjoy working in the fast track.

"This still benefits my department. I fully support and respect anyone who knows their limitations," Gardner says.

Gardner says employees are probably a good fit for the ED if they:

• react quickly to interview questions;

• can advocate for themselves without acting pushy;

• remain interested after a tour of the ED.

"If outside applicants request ED registration positions, managers have them work alongside staff for a full hour during a high-volume time," Gardner adds.

Behavioral-based questions give valuable insight for how someone will react to the ED. Gardner's favorite questions to ask include the following:

• **"When you feel yourself becoming stressed but cannot leave a situation, what tactics do you use to de-escalate yourself?"**

Some applicants claim they never get stressed.

"This applicant is either not in touch or lying to themselves," Gardner says. Another red flag: "Passing the buck" statements such as, "I call over my supervisor and let them deal with it."

"This is the same as saying 'it's not my job.' This is never an acceptable response, so I generally finish up the interview quickly at that point," Gardner says.

There is no particular "right" answer to the question about stress levels.

"What works for one person may sound crazy to the next person," Gardner explains. "It's more the feeling I get that this person knows their stressors and has a process."

• **"When was the last time you broke the rules and why?"**

Some applicants claim they never break the rules.

"I immediately do not believe them," Gardner says. "I also find admissions of breaking a company policy to be off-putting."

Some applicants find the humor in the question, showing they don't take themselves too seriously. One candidate shared that he got caught driving on a suspended license, and added, "I was actually on the way to motor vehicles when I got stopped. I knew I should have taken the bus."

"This showed me accountability and acceptance," Gardner says.

• "Can you describe a group project you were involved in?"

Typically, applicants describe something they worked on at school. What's important is the ability to work well with others.

"If someone's response disrespects their teammates or teachers, I generally find they will not work well in a group," Gardner says. If the applicant can't think of a group project, they're asked to come up with a solo project. One applicant talked about planning her wedding all by herself because she wanted it right.

"That didn't inspire me to believe the applicant was going to work well in groups," Gardner notes.

• "Tell me something that you learned or changed based on a failed attempt."

One applicant spoke about a failed job interview. When she wasn't offered the position, she requested a follow-up appointment to discuss how she could have presented as a better candidate.

"I appreciated that, and have passed that advice on to my children," Gardner says. ■

SOURCE

- **Karen Gardner**, CHAM, Manager, Patient Access Services, Emergency Department, Albany (NY) Medical Center. Phone: (518) 262-8544. Email: GardneK@mail.amc.edu.

Establish 'No Meeting' Days to Create Time for Patient Access Staff

Leaders connect and converse with registrars

Patient access leaders at Winston-Salem, NC-based Novant Health always intended to make regular rounds throughout the department to see how employees were really performing their duties. However, other more pressing deadlines usually took precedence.

"Days tended to get away from us, and we found ourselves pushing it to the back burner," says **Craig Pergrem**, senior director of preservice and onsite access.

Recently, the department took a bold step of eliminating their weekly Wednesday meetings from the calendar. Instead, leaders dedicate this time to walking around the department.

"We have seen our employee engagement scores improve drastically over last year," Pergrem reports. "Overall scores improved from 4.24 to 4.51, which is significant."

As a senior director responsible for 15 facilities and two call centers, Pergrem dedicates his Wednesdays to visiting as many areas as possible. Freeing up one day each week from meetings didn't come easily.

"It was a huge undertaking to get it started," Pergrem says. "Some people felt the other four days would be inundated with meetings."

Patient access leaders took a closer look at all the meetings on the calendar and evaluated whether they were necessary.

"We looked at whether they were actually relevant, or just an add-on because patient access should be represented," Pergrem explains.

Instead of two or three representatives from the revenue cycle attending a meeting, one attends and passes on information

EXECUTIVE SUMMARY

Patient access leaders at Novant Health eliminated meetings one day each week, and use the time to make in-person rounds. The department reports:

- higher employee engagement scores;
- better use of non-productive time spent in meetings;
- valuable feedback from employees.

to colleagues. In some cases, patient access leaders realized that they could provide valuable input electronically instead of attending an entire meeting either in person or over the phone.

"As in many larger systems, you can find yourself spending all day on conference calls," Pergrem laments.

The day without meetings has become a way of life for patient access.

"It allows the freedom to not just do a quick run through as you head to a meeting, but to actually stop and talk," Pergrem says.

Saying a quick hello, and asking, "How are things going?" sometimes becomes a learning opportunity for leaders. "I ask, 'What can we do to improve the processes we have in place?'" Pergrem shares.

Some ideas regarded how to eliminate issues that required rework. For instance, worker's compensation and third-party insurance followed the same path as other insurance, but the process was not relevant for these types of payers.

PATIENT ACCESS LEADERS TOOK A CLOSER LOOK AT ALL MEETINGS ON THE CALENDAR AND EVALUATED WHETHER THEY WERE NECESSARY.

"These were errors hitting work queues that didn't need to be there," Pergrem says. "Eliminating them saves time."

One employee suggested creating a preservice/patient access newsletter to improve communication. "The first newsletter just went out," Pergrem reports. "Team members have been encouraged to give us topics for the future." Currently, department members are competing to name the newsletter, which features interviews with new leaders, greets recent hires, and introduces fresh processes.

While supervisors and managers always rounded in their departments every day, senior leaders felt less connected to the day-to-day issues employees faced. The day without meetings has changed that.

"We answer questions, educate, and work through issues with team members," Pergrem adds. "It keeps us involved." ■

SOURCE

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Offer Growth to High Performers or Risk Losing Them

High-performing patient access employees at Children's Mercy Kansas City (MO) attend a four-day retreat, and emerge as future leaders of the department.

"We wanted to invest in exceptional employees and encourage them to cultivate their career, specifically within our department," says Patient Access Manager **Ashley Howard**.

The retreat was created in response to a fiscal year goal for the department. "At the time, we had no idea this project would grow into a four-day retreat that we would still be facilitating five years later," Howard says. The first step was to survey staff. "We had many follow-up conversations to ensure we were understanding what our employees were wanting," Howard notes. It soon became very clear: Employees wanted advice, information, and resources. They were interested in anything that could help them advance in the department. "This is what we kept front of mind as we vetted through various ideas," Howard explains.

The decision was made to offer a retreat to nurture future leaders, and allow employees to apply for it. The application process was an unexpected challenge. "We wanted it to be as fair as possible while still providing opportunities for coaching," Howard adds. Leaders wanted participants to be selected based on merit, not just reputation. This is the process on which the team decided:

1. Employees submit an application to their supervisor.

"This is the first 'check point' in the process," Howard says. The supervisor either supports the application, or uses it as a coaching opportunity to discuss what the employee needs to improve.

2. If the supervisor believes the employee would be an ideal candidate for the retreat, the application is made anonymous. It is then sent to the management team.

3. Each manager votes for the top three applications, and a point system determines the top five applicants.

"We felt it was important to make it anonymous, so that biases or pre-impressions did not play a part in the voting," Howard says.

The employees selected are always very eager to participate, aware of the keen competition involved in the selection process.

"We decided to only take five participants each time so that it would feel like a prestigious opportunity," says Patient Access Manager **Heather Sloan**.

One of the biggest indicators of the success of this program: The disappointment shown by those not selected for the retreat.

"This gives them additional motivation to continue to strive to be better in their positions," Sloan says. It also was challenging to develop all the "rules" surrounding the retreat. Two important questions: How often would it be held? And, how many participants would be taken each time?

LEADERS WANTED PARTICIPANTS TO BE SELECTED BASED ON MERIT, NOT JUST REPUTATION.

"Often times, initiatives such as this can fizzle, but we have only seen continued successes," Sloan notes.

One reason for this is that the curriculum targets skills that patient access staff could develop and use right away in their current roles. These include writing evaluations, interviewing, and public speaking. "We did not want to focus too heavily on aspects that they could not develop yet," Sloan explains.

However, the curriculum touches on some of these skills, such as coaching team members, running high-level reports, and auditing. This gives insight into leadership's current practices. "Since these are the elite of our team, they likely have not encountered too many coaching or counseling sessions with their leadership," Sloan offers. Staff can see how these interactions are handled.

To be sure the material is still relevant, participants complete a survey after each retreat.

"We have updated our content, added a whole new session, and changed some classroom formats, based on the feedback we've gotten," Sloan says. Once team members complete the retreat, they return to the department with a true understanding of what leadership contends with on a daily basis. "These participants have become advocates for accuracy and accountability," Sloan reports. ■

EXECUTIVE SUMMARY

Patient access departments need creative ways to encourage their best employees to become future leaders. High-performers are:

- given specific goals to reach;
- put in charge of special projects;
- invited on a multi-day retreat.

Once on Leadership Track, Registrars Remain on Team

Don't let high-performing employees fall off the radar

The chance for growth within patient access gives employees a sense of loyalty and ownership. This makes it more likely they will stay in the department. "They will want to stay and grow vs. moving on to another area," says **Elkin Pinamonti**, MHA, assistant director of onsite access for Novant Health's greater

Winston-Salem, NC, and northern Virginia markets.

According to Pinamonti, these are the steps that put patient access employees on the leadership track:

1. Identify high-performing team members.

2. Develop a performance plan.

"This gives the employee specific goals or benchmarks to work on that will assist in their movement to a leader role," Pinamonti says.

3. Set a specific date to review the team member's progress.

Leaders can use this time to discuss what the employee has accomplished.

"It's vital that this be done consistently and doesn't fall off the radar," Pinamonti advises.

4. Allow high performers to be the point person on a special project.

"This allows you to see how they would do in a leadership role," Pinamonti says.

The department recently put a registrar in charge of a collections initiative for obstetrics patients. Another registrar is working on teamwork training that will be presented for all departments across the revenue cycle division. A third registrar is identifying what to change in the hospital's electronic medical record to streamline registration processes.

5. Use career development tools to identify a team member's strengths.

"Then, guide them in a direction that will best suit them," Pinamonti says.

These efforts often fall off the radar of a busy patient access leader's schedule. However, there is a large return on investment in the form of reduced turnover.

"You are more apt to retain that team member vs. losing them to another department," Pinamonti explains. "The team member is seeing growth opportunity."

The department is developing a career ladder.

"Once implemented, it will assist in retention rates and help to decrease turnover," Pinamonti reports.

Turnover often happens because there are no positions for patient access employees to move into. The new career ladder will change this at Novant Health, according to Pinamonti.

"It will allow for team members to move within the department, rather than having to move on due to lack of movement opportunities," she says. ■

SOURCE

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