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INSIDE

RELIAS MEDIA

Competencies, Training, and Fire Safety: All Fair Game During Joint Commission Surveys

Employees in clinical areas are aware that surveyors from The Joint Commission (TJC) could arrive at the hospital at any time unannounced. The same is not always true for registration areas.

"There is a potential for patient access to be somewhat out of the loop, as much of the survey is focused on clinical care," says **Kelley Joyce**, director of patient access services at Brigham and Women's Hospital in Boston.

Registration and admission staff are the first employees patients meet. That means these employees also are the first ones surveyors will approach, as surveyors begin patient tracers on the admission process.

"[Surveyors] will want to be walked through your workflow from beginning to end, with a focus on patient privacy and patient rights," Joyce notes.

The role of patient access has expanded considerably, along with the list of possible questions TJC surveyors could ask. "Surveyors could ask any question related to job responsibilities," warns **Sheila Peck**, a regulatory and accreditation consultant for Moffitt Cancer Center in Tampa, FL.

During previous TJC visits, surveyors looked for what information patients receive at the point of admission; training or education that staff receive for active shooter drills, fire drills, and emergency response drills; and the interpretive services process.

"[Surveyors will] want to see that staff followed the process for providing information in the patient's preferred language, and followed policies regarding use of family as interpreters," Peck explains.

All registrars should be able to explain comfortably how they contribute to safe care by following the TJC's National Patient Safety Goals. Also, registrars should be conversant on fire safety plans for their area, education requirements for their job role, and how they protect patient privacy.

"Surveyors will look to see that patient areas are consistent with safe and high-quality patient care," Joyce says. For registrars, this includes keeping hallways free of clutter, practicing appropriate hand hygiene, and wearing clearly visible name badges.

"Surveyors will want to see that staff is protecting patient privacy in the workspace and at every interaction," Joyce adds.

Patient access leaders at Cleveland-based The MetroHealth System continually remind registrars that surveyors will be

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AUTHOR: Stacey Kusterbeck
EDITOR: Jonathan Springston
EDITOR: Jill Drachenberg
EDITORIAL GROUP MANAGER: Terrey L. Hatcher

on the lookout for particular scenarios such as:

- no documents with protected health information are visible;
- patients have received documents such as the Important Message from Medicare form and Patient Bill of Rights;
- forms are offered in the appropriate primary language or interpretive services are offered, if needed;
- for observation patients, a Medicare Outpatient Observation Notice document was signed.

For each of these items, "documentation is key," says MetroHealth Admitting Manager **Kenneth Kirby**, CHAM. For instance, if an uncooperative patient refuses to sign a form stating that he or she received information on privacy rights, it could appear later as though the registrar forgot to give it. "You can't document enough in this type of situation," Kirby advises.

Surveyors talk to employees who registered or scheduled patients they happen to be tracing. "Preparation from *every* member of the team is critical to a successful survey," Joyce emphasizes.

If registration processes are found to be out of compliance in some way, it could result in a requirement for improvement notice for the organization. However, Peck says as long as registrars know their job responsibilities, "then they should have nothing to worry about."

Joyce finds that to survive a TJC survey, conquering nerves is "half the battle. We stress to our staff that they should *relax*." Panic-stricken registrars sometimes try to study requirements at the last minute after surveyors have arrived on site. Yet, registrars already know all the answers because they perform their duties every day. "Surveyors will ask questions to ensure that staff understand their role in providing safe, quality patient care," Joyce notes.

Hopefully, registrars already are familiar with departmental policies and procedures. In the unlikely event a surveyor throws a curve ball, Joyce recommends designating "a go-to person that you can refer to in the event you don't know the answer."

Patients are not fans of robotic-sounding scripting read verbatim; surveyors will not appreciate it much, either. Surveyors would rather hear registrars simply talk about their typical day. Once the word gets out that surveyors are on the premises, panicked reactions are the status quo. Instead, Peck recommends registrars take a deep breath, express confidence, answer questions honestly, and support their colleagues.

"Surveyors are relatively harmless and are here to help us improve," Peck says. "They will only ask you about the work you do every day." Still, no one knows all the answers all the time. However, rather than lying, Peck recommends that stumped registrars tell surveyors that they will follow up with their supervisors.

Also, if a surveyor's spotted talking with a co-worker who may be struggling to answer a question, Peck says that is no time to make yourself scarce. Step over, listen, and learn. "Help your teammate out, just like you would any other day." ■

COMING IN FUTURE MONTHS

- Sudden uptick in claims denials for ED visits
- Collect high-deductible plans *without* complaints
- Dramatically increase kiosk registration
- Use floaters instead of additional full-time employees

TJC Surveyors Interested in Revenue Cycle Staff Capabilities

Anyone would expect TJC surveyors to ask how staff protect patient safety, not just in clinical areas but in the entire organization. But what about revenue cycle *jobs* and determining if someone is qualified to work in that department? These became key areas of focus during a recent survey at Slidell, LA-based Ochsner Health.

TJC surveyors asked to see job descriptions, competencies, orientation checklists, certifications or licensures relevant to positions, and performance evaluations. This request underscored the importance of revenue staff going above and beyond to prepare for surveys, according to **Tanya Powell**, CHAM, patient access director for Ochsner's North Shore Region. "A great patient access leader strives to stay ahead of following the proper protocols," she says. Registrars already followed patient privacy regulations to the letter. They confirmed the patient's identity routinely to be sure the correct medical record was selected. Registrars also made sure to obtain all the proper consents. Registrars expected TJC surveyors to scrutinize such tasks. "However, there is another important basic [task]," Powell notes. "The competencies of our own staff, that [we] demonstrate we can perform the functions we are tasked with."

After the survey, the department set out to revamp its competencies, job descriptions, department onboarding checklists, system checklists, employee signatures on key policies, and proof of emergency code training. Powell asked staff, *"What constitutes a healthy HR chart?"* For the revenue cycle, it means the application, résumé, background check, drug screen clearance, reference checks, Social Security card, and letter of offer all exist in the department's "onboarding" file.

"The introduction of employment starts with the discussion of the job description and the initial review of the competencies," Powell notes.

Competencies and orientation checklists also are important pieces of documentation once the employee begins training and a supervisor evaluates performance.

In Powell's department, staff created separate competencies for the roles of registration and scheduling. "We found this was a good guide for the new employees to understand the measurement of their progress," Powell explains.

Key employment policies are signed annually. These include policies on time and attendance, emergency preparedness teams, and uniforms.

"Our leadership team also created a subfolder to house medical information relative to their employment," Powell adds. ■

Ask Patients for Input Before Revamping Registration

Before revenue cycle leadership proceeded with its detailed front-end modernization project at Ann & Robert H. Lurie Children's Hospital of Chicago, they had to run it by some very important people — the hospital's family advisory board.

While it was time to take a fresh look at registration, admissions, and check-in, the group had to ensure that registration processes were not holding up patient care.

"We really wanted to ensure we were meeting our patients' needs," says **Marcus C. Ingram**, director of financial clearance.

"We hadn't enhanced the workflows in many years," adds **Jason Muldrow**, senior director of information management. Because of this, the department could not take full advantage of the available features in the registration system. Front-end processes needed to be more patient-friendly.

"We wanted to be sure solutions were fixing actual challenges from the perspective of our families, and not just an issue we assumed existed," Ingram explains.

Finally, revenue cycle leaders brought their patient-friendly ideas to the hospital's family advisory board. This group includes parents of children with extensive inpatient and outpatient experiences at the hospital. "Much of the feedback reinforced what we had been hearing from our families for a while," Muldrow reports.

A faster, less cumbersome process was at top of the list of fixes. "What was surprising was the feedback related to the physical space and layout," Ingram says, noting that some families found it challenging to engage in lengthy discussions at the point of registration with multiple siblings in tow. "In the pediatric space, you have to consider the family and not just the patient."

These busy parents asked for more self-service options. They wanted the ability to complete registration forms via personal devices. "But they were clear they did not want this to replace the ability to work with a representative

to complete these functions," Ingram adds. To get the balancing act just right, Muldrow says leaders "were careful to implement workflows that meet our revenue cycle needs but were very patient- and family-friendly." The department made a few changes, including:

• **Front-end processes were optimized to work with the patient portal.** "We simplified our payer structure in Epic to make it patient-friendly on MyChart," Muldrow explains. Families just need to select their insurance, and the hospital's real-time eligibility vendor identifies and verifies the coverage.

• **Registrars reverify demographic information much less often.** Families were asked to verify addresses and phone numbers repeatedly, even if they presented for multiple appointments in a given week. "Sometimes, our staff would ask to verify this information every visit, even if it wasn't recommended by the system," Muldrow recalls.

Staff were instructed to verify only if the system tells them to. "This exception-based registration is faster and more family-friendly," Muldrow says.

Time frames to reverify all registration were expanded. Patients were asked to complete this tedious task every nine months, but the time frame is now 18 months, which helps reduce frustration. Previously, access to registration functionality was limited to centralized registration. Thus, unregistered patients arriving for appointments were directed to a registration phone connecting them to this team. Patients did not understand why employees at check-in could not update basic registration information. "The registration phone call process was a major point of dissatisfaction for families," Ingram says.

The point-of-service teams at appointment check-in were cross-trained to engage in registration conversations with families and update information as needed in the electronic medical record. "This allowed us to eliminate the registration phone call," Ingram reports.

The central registration team now handles preregistrations for new patients or existing patients who have not been seen within the last 18 months.

• **Families can update their own registration data via the patient portal or check-in kiosks.** This hastens registration since the data is entered before the visit. "The point-of-service rep doesn't need to get the information from the family," Muldrow notes. "They can just complete the check-in."

• **At check-out, when follow-up visits are scheduled, registrars verify data or collect document signatures for items that will expire on or before the next scheduled visit.** This means less hassle and a streamlined registration process for families at the next visit. "The thought was if we have the family in front of us now, let's collect and verify as much data as possible for the next known visit," Muldrow explains.

To patients and families, every registration is a personal encounter. "One of the simplest things a registrar can do is greet with a smile, eye contact, and a warm welcome," says Admitting Services Director **Jose Celio**.

Scripting is meant only as a guideline. Registrars are not supposed to recite it word for word.

"We leave it up to them to personalize it. Patients and families don't want to feel like they are talking to a robot," Celio says.

Patient Registration Account Liaison **Victoria Rainey** often observes that coming off as approachable and friendly can make a big difference to worried parents. Admitting staff smile warmly at patients or parents and use a pleasant tone of voice on the phone. When parents ask about wait times, registrars do more than just tell them how long it will be. "They find the charge nurse or room nurse to ease the parent's worries," says Rainey. Also, Rainey notes that some of the biggest satisfiers are as simple as directing patients to the nearest coffee shop. ■

Start Every Week by Announcing Priorities; End Week With Celebration

Never-ending changes for processes, requirements, and regulations mean a top challenge for revenue cycle leaders is how to disseminate all this information to staff. "We were faced with the challenge of communicating information to our team in a timely and consistent manner," says **Lakeshia Lewis**, manager of patient access services at Ochsner Medical Center in New Orleans. Two approaches have worked wonders for the department:

• **Employees listen to "in the know" calls.** Everyone dials into a conference line to hear a five-minute "need to know" rundown from leaders. The calls happen twice a week: Monday afternoons and Friday mornings.

"In the beginning of the week, we share focus items," Lewis shares. Since Monday mornings are very hectic, the call is scheduled for afternoons. Recently, leaders encouraged staff to increase kiosk use in a particular clinic.

"On Friday's calls, we celebrate our 'wins' for the week," Lewis says. High kiosk use percentages; awards for team members, the department, or the organization; and good patient satisfaction scores are highlighted.

Calls are recorded and emailed to the team so they can listen when there is free time. "This keeps team members in the know without interrupting registration of our patients," Lewis explains. Two hot button items covered on the calls are: the need to keep paper forms on hand to be ready for scheduled system downtime and changes on payers' in-network participation status.

The calls are especially significant for evening shift employees. "They feel included about activities and updates," Lewis adds.

Patient access leaders also host "live broadcasting" from their laptops. This is how employees of the month and contest winners are announced. "We record the interactions, and share with the team to watch at their convenience," Lewis says. Employees enjoy cheering for those in their departments, boosting morale. "The team gets so excited," Lewis notes. "It promotes friendly competition as well."

• Employees use a "word on the curb" suggestion box to convey anonymous comments. "We ask that the information is typed and does not include any identifying factors," Lewis explains. Since no one gives their name or department, everyone feels comfortable offering no-holds-barred feedback. Leaders check the box daily and review all suggestions. They formulate responses, posted on a centrally located board for everyone to see. Employees offer feedback on the dress code, lunch schedules, and call-out policy. No matter the suggestion, it gets a response. "This increases the morale of the team, as they feel their voices are heard," Lewis adds.

One employee suggested offering identical activities for day and night shifts so no one is left out. Leaders committed to making this change. Recently, patient access management cooked a chicken and waffle dinner for the day shift. "We had some leaders come in for the evening shift to do the same," Lewis says. "They loved it." ■

Tried-and-true Method Gets the Word Out

Sometimes, it seems the field of patient access is evolving at the speed of light. But one thing has not changed in decades at Norfolk, VA-based Sentara Healthcare: The way patient access leaders relay important information to employees. "Action Alerts" are emailed to staff and posted on department bulletin boards for about a week. Then, these alerts are housed in the department's shared drive.

"We have been using this format for at least 20 years," says **Mike M. Harkins**, CHAM, director of registration at Sentara. About 10 alerts are sent each year. Topics important enough to make the cut include insurance changes, workers' compensation, technology changes, and new palm vein scanning technology used for patient identification. "Action Alert use is determined by the urgency of the billing impact," Harkins explains.

These three elements are needed for important information to spread effectively:

• An engaged staff who look at emails daily.

• A consistent format. Patient access gets bombarded with information in person, on email, and paper memos. There must be a way for staff to easily recognize that *this* information is something they need to review right away.

"Staff know it when they see it," Harkins offers. The alerts make this clear by stating "This is a change from current practice" in red capital letters.

• A location in the department's shared drive to house all alerts. Staff need to be able to find these alerts at a later date. ■

Will Your Department Be Among the First to Text Patients?

People receive texts from restaurants when their table is ready, from airlines if flights are delayed, and from utility companies when their power bill is due. However, for patient access, texting protocol is very much in the early stages.

"Healthcare marketing innovation, many times, is behind banking, hospitality, and other industries," says **John Woerly**, RHIA, CHAM, FHAM, principal director of Accenture Healthcare Practice in Indianapolis.

Outdated technology is one obstacle, although most newer electronic medical record (EMR) systems include e-communication capabilities. "It's now a matter of implementing this technology and doing it in such a way that patients have a positive experience," Woerly explains.

Registrars cannot just text a patient; they have to get consent first. This is but one example of the multiple compliance requirements hospitals must consider with digital communications. "We must first obtain and document the patient's preferred methods of contact," Woerly

notes. Next, registrars must document that the patient gave permission to receive texts. The number to send the texts to must be entered into the system. "All of this must be validated at the point of scheduling, registration, or check-in," Woerly adds.

Just entering the patient's cellphone number in the registration system can be a hurdle. Older legacy EMRs may lack data fields for this information, so such numbers cannot be entered.

"However, most of the newer EMRs have data fields to capture a variety of phone numbers and email addresses," Woerly says.

Even if all systems are a go — consent obtained, cellphone number documented, and all information validated — patient preference has to be factored in.

"A brochure explaining digital options for text and email and the type of messages that a patient might receive would be a very nice touch," Woerly offers. Registrars could give this information to patients as part of a package that includes other standard forms and details. Facilities could post the information posting it on their websites. Also essential: The patient must be able to opt out at any time.

"This would, hopefully, decrease annoyance involving such communications in the future," Woerly says.

Patients need a quick and easy way to stop receiving texts from the hospital, just as with other industries. Patients should be able to opt out by sending a reply text, contact patient access by email or phone, or change contact preferences in the online patient portal. Otherwise, a flood of well-meaning but unwanted texts can quickly become a source of dissatisfaction.

"As we all get multiple texts each day, it is essential that we don't overload the patient with unnecessary information," Woerly advises. Most registrars are hard at work adding home, work, cellphone, and email contacts for each patient. This raises an important question. "What is being done with that data?" Woerly asks.

One interesting possibility is to go beyond the basics of registration. Hospitals could offer patients personalized information that is meant just for them. For instance, messaging could give patients a heads-up about prenatal, heart health, or diabetes education offered by the hospital.

"I'm not sure many healthcare organizations are fully using such capabilities to 'push out' messaging to market their services, educate the public, and to gain market differentiation," Woerly says.

Such texts would convey the bigger picture: that the hospital is not only tech-savvy, but also patient-centric. "This is a great opportunity to provide personalized care and increase the patient's experience," Woerly adds. ■

Patients Want Advance Warnings About High Out-of-pocket Costs

Most patients have received texts asking them to confirm or cancel a doctor's appointment. But what about a text alerting them that out-of-pocket costs for an upcoming MRI exceed $500?

"The most common way health systems are using text messages today is for automated appointment reminder texts," notes **Samantha Wyld**, a partner at Eden Prairie, MN-based Optum Advisory Services.

Would receiving texts on out-of-pocket costs be annoying or helpful? It probably depends on the amount the person owes. Here, patient preferences must be weighed carefully.

"Organizations should poll their patients to understand their cost thresholds," Wyld says. Patients may accept not knowing in advance if their out-of-pocket costs are going to be less than $100. "But if they owe between $100 to $500, maybe they'd prefer to receive a text or email notification before service," Wyld offers. If the amount exceeds $500, most people would want a more in-depth discussion on the specifics and payment options.

Wyld says that texts should provide the scheduled date of the upcoming service and state the patient's expected out-of-pocket cost, specify that the amount is an estimate and may change, and instruct the patient how to pay his or her estimated obligation.

The text can invite patients to reply their own text expressing a desire to pay if they have a credit card on file with the organization. The text could contain an embedded link the patient can click on to pay. Texts to patients also should provide the phone number of who or what department to contact if the patient wants to ask questions. Also, if the organization offers a prompt pay discount, the text could mention language such as, *"That, of course, would need to be run through compliance."*

When it comes to patients' financial experience, says Wyld, "overwhelmingly, patients' primary desire is to avoid the dreaded surprise bill that they didn't see coming and aren't sure how they're going to pay."

For patient access, this means finding better ways to tell patients the cost of their care earlier in the process. Since patient access departments need to do so without adding full-time employees,

texts, emails, and patient portals are the likely answers.

"This moves health systems away from manual, costly, and increasingly ineffective phone calls to patients," Wyld says. ■

React to Volume Surges, or Face Patients' Wrath on Satisfaction Surveys

Some surges in volume are predictable, such as early morning check-in for surgery, necessitating long-term staffing changes. Other times, a large number of walk-in patients presents unexpectedly. Soon after, complaints start pouring in.

"At some point, the volumes overwhelm the number of registrars stationed at a specific site. It just backs everything up," laments **Maurice Winkfield**, director of patient access at Lewes, DE-based Beebe Healthcare.

This problem was the No. 1 reason for complaints about patient access. The department instituted some changes to avoid understaffing during volume surges:

• **Leaders accumulated data on the number of complaints about wait times**. They also kept track of the number of patients coming into the site for scheduled appointments vs. those arriving for unscheduled labs, ECGs, and X-rays. Volumes of walk-ins had clearly increased. "This allowed us to target specific days and times we needed additional staff to assist," Winkfield explains.

• **More seating space was added.** It turned out that eight seats were not enough in the main outpatient center, which handles registration for laboratory testing and all diagnostic imaging services. "Half of our total outpatient volume comes through that site," Winkfield notes.

Some patients waited more than 30 minutes just to be registered. This was in addition to the time spent waiting for the service. "Two more seats were added by converting a break room into registration space," Winkfield says. "We also added two additional registration stations."

• **Several "flex" positions were created.** "We can be flexible in having staff work in those additional spaces to limit wait times," Winkfield offers.

• **Registrars take a moment to explain why registration takes as long as it does.** "Patients don't always understand the importance of the registration process," Winkfield observes.

People were especially annoyed when asked for a photo ID even though they were just at the facility recently, or asked to confirm their address multiple times. Registrars shed light on why it is necessary to ask for or confirm such information. "We explain that we are doing this for their safety and to ensure that their insurance can be billed for the visit cleanly," Winkfield says.

At Montefiore Nyack (NY) Hospital, inadequate staffing during high-volume times was well-known as a big dissatisfier. "Patients get an instant bad impression of the medical facility. Some will voice their dissatisfaction to hospital leaders," says Patient Access Services Manager **Jason Guardado.** It is a safe bet that people will not hesitate to mention this on any patient satisfaction survey they might receive.

Close monitoring of patient volumes over time was the solution for the department. "It allows us to project the right staffing resources in the right areas at the right times," Guardado says.

An outpatient area with high volume last month may not receive so many patients next month. "This allows the allocation of resources to be moved to other areas of need," Guardado adds. ■

Patient Seen Much Sooner With 'Fast Pass' Scheduling

A patient at University of Arkansas for Medical Sciences Hospital calling for an appointment with an ear/nose/throat specialist was told she would have to wait many months. Thanks to a newly implemented approach, she was able to see the specialist 189 days sooner than expected.

"We are starting to roll out the 'Fast Pass' option to get long wait times cut down," says **Amy Gross**, director of the pre-access business center within the revenue cycle division.

The new system works like this: When an appointment is canceled or becomes available for other reasons, patients who have been marked on the waiting list are offered the open slot. Five patients are contacted simultaneously by email, text, and the patient portal. The first person to respond is booked. "After the first person accepts the new appointment, then the others are unable to also accept it," Gross explains. The four other patients stay on the waiting list. If another appointment becomes available, the process starts again. The process has been live for only about a month, but is already receiving high marks. "It is definitely a patient

and provider satisfier," Gross notes. Previously, patients had to call back repeatedly to see if any appointments were available. This was time-consuming for provider's offices, too. No one was happy. "Patients honestly prefer scheduling appointments through their phones using text messaging technology or MyChart," Gross offers.

Booking patients sooner also is financially beneficial for the hospital. "Filling an open slot on a provider's schedule provides us additional revenue," Gross adds.

No additional full-time employees (FTEs) are possible at this point, even though registration area staff are seeing higher volumes. "We have to maintain our processes in a budget-neutral approach," Gross says. Since Fast Pass patients are contacted electronically, and the appointment is booked automatically, no manual processes are needed. "We don't need a staff member to look at the open slot and then reach out to the patient," Gross says.

The Fast Pass option is just one example of how the department is moving toward self-registration. "We've relied on technology to help with some of our staffing issues," Gross reports. Previously, patients had to register and schedule an appointment over the phone. This was time-consuming for everyone. While people could request an appointment online, they could not actually schedule it. Now, established patients can. "We are trying to automate all of the processes where we normally require FTEs," Gross says.

Self-scheduling is about expand to new patients, too. Additionally, patients can review and update demographic information on their computer or smartphone, saving time and increasing registration accuracy. "Copay collection will follow soon, another example of how the work of registration is shifting to patients themselves," Gross notes. This allows registration staff to focus on other departmental priorities. "Whereas a staff member used to ask patients demographic questions, we have registration staff working claims edits instead," Gross explains.

This is particularly important for the department, because preauthorizations are becoming even more time-consuming. Providing the exact CPT code for the procedure that has been ordered is a particular challenge. "We run into a lot of issues there. We think we're going to do one procedure, but the providers do a different procedure," Gross says. This means that patient access authorized the wrong service. Of course, the incorrect CPT code results in a denial.

Ideally, payers would cover a range of services to prevent this from happening. "But that's not always what's negotiated in the contract. That's a huge challenge," Gross notes. The hope is that registration staff will be able to focus more on obtaining authorizations once e-check-in is implemented fully. "That's what we are anticipating," Gross adds.

As in most patient access departments, morale and engagement are ongoing concerns. Leaders alleviated any concern that the Fast Pass option, or other automated processes, would lead to layoffs. "We have communicated with our staff about the trends in healthcare access," Gross says. Management emphasized that higher-skilled workers are needed to perform claim edits and ensure "clean" bills are sent out.

"We have many ways we appreciate staff and show them their value to the organization," Gross adds. "Care coins" that can be redeemed for $5 credit at any hospital gift shops or cafeterias is one way of keeping spirits high. Staff receive these coins when someone compliments the care they provided. "We work really hard to help staff focus on the fact that we are here to serve our patients and families," Gross says. ■

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