

# Private Duty Homecare™

COMMERCIAL INSURERS ♦ GOVERNMENT PROGRAMS ♦ MANAGED CARE CONTRACTS  
PRIVATE PAY ♦ SERVICE CONTRACTS

## INSIDE

■ **Finances:** Turning your slow pays into quick cash . . . . . 115

■ **Client Interactions:**  
Serving the oncology client at home . . . . . 118

■ **Media Tips**  
— Growing your business via the media . . . . . 119  
— Comparing advertising effectiveness. . . . . 120

■ **Web Alert:** Doing it all on the Web . . . . . 120

■ **News Briefs:** Workshops on recruitment; business continuity . . . . . 121

■ **Agora:** A forum for the private duty marketplace . . . . . 123

OCTOBER  
1999

VOL. 4, NO. 10  
(pages 113-124)

American Health Consultants® is  
A Medical Economics Company

## Advanced Recruiting 101: How to beat your competition at the hiring game

*Study tip: Know your game*

“**T**he major problem facing everyone in business today is that there aren’t enough good people to go around. All the good people already have jobs,” says human resource consultant

**Mel Kleiman.**

Sound depressingly familiar? Well, cheer up. Kleiman, president of Houston-based Humetrics, which designs employee recruiting and selection systems for hourly employees in service-driven industries, has some good ways to move through the recruiting maze and emerge successful.

The first part of your journey is identifying what you need.

“Good recruiting comes from knowing what you need to recruit,” says Kleiman. “Good selection comes from knowing what you need to hire. Retention comes from knowing what you need because if you recruit right and hire right, it’s easier for you to retain, because my people are satisfying their desires and they are satisfying yours. The first part of every step of this process is to identify what you need, identify the goal, identify the perfect candidate, even though no such person exists.

“When you go to the grocery store, what’s the one thing you need to take with you besides money and coupons?” he asks. “It’s a list. If you go without a list, there are four things you do: You spend more money, buy things you don’t need, forget something you wanted to take — and then you have to go back and do it all over. If you go shopping for an employee without a list, you do the same things.”

He carries the shopping analogy a step farther: “Never go to the grocery store when you’re hungry. The best time to be looking for the next employee is when you don’t desperately need one. And be aware that your hiring competition is not other private duty home care agencies. Your competition is Wal-Mart and Publix supermarkets. In short, your competition is anybody else your potential employee could go to work for.”

Kleiman believes the most important attribute a private duty home

**NOW AVAILABLE ON-LINE!**

Go to [www.ahcpub.com/online.html](http://www.ahcpub.com/online.html) for access.

care worker can have is capacity. Can the candidate do a job that may require climbing stairs, bending, stooping, reaching, helping a client to take a bath? Is the candidate smart enough? Are the skills required for the job already in place? If not, can you provide to acquire them?

"You *always* hire for capacity, but you may not hire for skills. Next to capacity, what you need most is attitude. Reliability is an attitude. Dependability is an attitude. Caring and honesty are attitudes. Above attitudes on the pyramid is personality. Personality has some effect on the job because your organization has a culture. If you get people who fit your culture, it's going to be an easier work situation."

### ***The message is: 'Get out of the box'***

"Today's world demands target marketing, so take a marketing approach in your recruiting," Kleiman says. "Ask yourself, Who's my target population? Where do they congregate, where do they play, what do they read? If I wanted to hire a live-in employee, my target would depend on the current environment. What is the work force?"

"If it's Hispanic, are you advertising in the Hispanic newspaper? How many of you have gone to the churches your target employee groups attend to inform them of your employment opportunity? And by the way, when you do your Christmas shopping, also shop for new employees. Stores hire a lot of temporary worker over the holidays. When the holidays end, you might want them to work for you."

"Are there some people who might be mentally challenged who could still do this job? Could they go along with somebody else? Think about redesigning the job. Recently I was at a meeting where beverages were served in 24-ounce glasses. The wait staff didn't have to refill the glasses very often. If you can't find enough people to keep small glasses filled, buy bigger glasses."

Once you've identified your targets, get out of the box and tailor your ads to the answers. Reach for something different, something that cracks the mold and lets people look at it. For example, to

target a stay-at-home mother, try 'Be at home when your kids are home.' Or, 'Are you tired of not being appreciated for doing housework? We pay you and appreciate you.' Or get attention for your ads by awakening pleasant memories. How about, 'Did you like your grandparents?' This should definitely be an interviewing question as well. If you're looking for older candidates, go to the local malls and post signs on the bulletin board for mall walkers. My motto is, 'Write fun ads.' Have your employees write them. What appeals to them will appeal to people like them."

Kleiman lists the seven best sources of employment prospects as:

- **All the good employees who have ever worked for you and left.** "Create a system where you pick up the phone and call the good employees who have left you and ask them if they'd like to come back. What's the worst answer you could get? It might be 'No' or it might be 'Hell no, I'd never work for you again in your entire life!' Maybe you would learn something from that message because you need to find out why. That's market research. There are statistics that show 20% of the people you call and ask to come back at some point in time will come back. The second question to ask these folks is, 'Do you know anybody else who might like doing this job?' If you have more than one supervisor, make sure the former employee's supervisor does not make this call. If the former employee's relationship with her supervisor was her reason for leaving, offering placement under another supervisor may be all you need to do to get your good employee back."

- **All the good people you have presently working for you.** Give them incentives to give you referrals. Give the incentives to them when they give the referrals to you, not three weeks later. Ask them for the people they know. Employees who come by referral last longer than employees who are simply hired. Kleiman did a workshop recently in which he played a game. For purposes of illustration, assume there were 50 home health care providers in the audience. "OK, I have a great home health care employee looking to go to work for you," Kleiman says.

## **COMING IN FUTURE MONTHS**

■ Design your own oncology program

■ How to harvest the pediatric care market

■ How many mailbox choices can you listen to?

■ Working the welfare-to-work program

## SOURCE

- **Mel Kleiman**, Humetrics Corp., 8300 Bissonnet St., Suite 490, Houston, TX 77074. Telephone: (713) 771-4401, Ext.19. Fax: (713) 771-0501. E-mail: mkleiman@humetrics.com.

“She likes working with the elderly, is very compassionate and caring, has never done this kind of work before, but is smart and willing to train. What will you offer me for this employee if I get her to go to work for you? Can I get \$50? \$75? \$200? When was the last time you told your employees that if they referred someone you hired, there was \$200 in it for them?” The bidding stopped at \$250. The incentive doesn’t have to be money. You can give a day off with pay, a dinner for two, and two movie tickets.

- **Spouses or spousal equivalents of all the good people you have working for you.** And if you hire from this pool, make sure that the employee, not the spouse, gets the incentive. If you have 50 people working for you, you now also have 50 people who are also looking for other people to work for you.

- **Every applicant is worth at least three to five more applicants.** Say to your applicants, “We’re very concerned about whom we hire. So I need to not only talk to people you worked for — I need the names of at least four of the people you worked *with*.”

- **New employees who start working for you, at the end of their first week.** If you make the first week on the job great, at the end of the week you debrief the new employee and ask how everything went, what are the problems, where do you need help? Then say, “When you decided to come here, there were probably other people where you worked who wanted to change jobs. Who’s now working there you would like to see working here with?”

- **Everybody who ever gives you good service.** You and every single one of your employees should be carrying a recruiting card that says, “Wow! You are terrific! We appreciate the great service. We are looking for people just like you to be part of the home health care customer service team. If you’d like to explore an employment opportunity with us, call me for a confidential interview. And by the way, keep up the good work!”

The back of Kleiman’s card reads: “Our agency offers great perks, including casual Fridays, dress-up Thursdays, free sodas, candy and popcorn

every day, free bagels with cream cheese on Fridays, a party and present on your birthday. All this plus regular paychecks and L-O-N-G hours.” Was the person to whom you gave your card applying for a job? No. She was giving you good service. She already passed one test.

- **Volunteers.** People who have volunteered in hospitals have given away more work than they’ve ever made money for. Where do they congregate? What do they read? Do they belong to AARP? Post or run an ad that reads, “If you’re a volunteer, how would you like to get paid for what you’re doing for free?”

Kleiman acknowledges there are some real hiring restraints and difficult challenges in hiring for the private duty home health care sector. “You have to hire people who have a high degree of integrity. Your employees are entering homes where, in some cases, the only other person there is the person for whom services are being provided, and often that person isn’t as lucid as we might want. There is a real need to make sure you recruit, select, and train the best caregivers. You must be much more diligent in the hiring process than most people ever think about being.” ■

## Play your cards right for the best rewards

“**M**ichigan woman collects big time!”  
“Private duty care head reaps three million dollars! Credits system and college students for success!”

Sound like the tabloid headlines you see while you’re waiting to check out at the supermarket? Three months after becoming executive director of the private duty arm of Henry Ford Extended Care in Southfield, MI, **Lea Wilson**, RN, MBA, designed a process that made those make-believe headlines true. When Wilson assumed her post in October 1996, she was dismayed to find that Henry Ford’s outstanding accounts receivables dated back two years and there was no system in place for aggregate billing. Bills went out when the person responsible for sending them got around to them.

“Henry Ford private duty concentrated on providing great service, but overlooked receiving monies for the accounts,” Wilson says. “Maybe in the past you could do that, but it makes no sense in today’s business world.”

Others in administration wanted to write off

## Lea Wilson's Billing Policy

- Process third-party payers by the 10th of the month.
- Private pay billed weekly.
- Account unpaid after 30 days, send second request for payment letter.
- Account unpaid at 37 days, send payment letter via certified mail.
- Account unpaid at 45 days, send collection letter indicating date of transfer of account to specified collection agency.
- Account unpaid at 60 days, remove from accounts receivables and transfer to specified collection agency.

the old accounts. Wilson chose to go after them because she believes "old money can be spent."

"I separated the insurance companies from private accounts and governmental accounts such as Medicaid, then contacted the critical people in those settings I thought I might be able to have a productive dialogue with. There were a couple of instances in which people said, 'We just don't do anything after two years, so your time is up.'"

### *Four steps to collection*

However, there was no time limit specified in the agreement to pay for services. Wilson designed a four-step collection system and hired accounting externs from three local business schools, dividing the accounts between them alphabetically. The externs worked for free. They needed to have some on-the-job experience in order to graduate.

"Thank heaven I had students who were eager and energetic and loved accounting!" Wilson says. "Some accounts were cleared up by phone. Some we sent letters for and followed up with a phone call. If a company had multiple accounts, I would put on a business suit and visit the corporate office of the insurance company to meet with the adjuster."

Wilson met with many companies in many places. She traveled to the state's capitol to reconcile Medicaid program accounts.

Sometimes an insurance company had considered the initial bill inaccurate and requested a review and resubmission of the bill that had never been made.

"Typically, insurance companies have a turnover of staff and a turnover of accounts," Wilson says. "Sometimes if the file was thick and

difficult to read, it had been put at the bottom of the pile and stayed there. Often, I dealt with adjusters who weren't even employed by the company at the time the initial claim was made. We had to review each entire account file and match the visits billed for the services rendered in order to improve the accuracy of the bills."

For some accounts, the data that corroborated the charges couldn't be found because it had been moved into storage and misfiled.

"Those accounts we had to give up on," says Wilson, "or we'd be there now looking through the archives. We had to remove from all bills any visits we could not prove by nurses' notes or the client's signature for services."

On some accounts, Wilson negotiated settlements instead of collecting the entire balance due. Overall, more than 75% of all monies due were received. "Sometimes the client had died and I had to deal with conservators," she says. "There were numerous responsible payers (but they) were out-of-state family members of former clients. Many of my negotiations were with insurance companies for catastrophic coverage policies, workers' compensation cases, or motor vehicle accidents." Some of these companies were out of state; some had even been purchased by other insurance companies by the time Wilson began her collection process.

The system is as simple as it is effective. Clients must first fill out and sign the verification of service form, shown below:

### **VERIFICATION OF SERVICE COVERAGE**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

This communication is to verify coverage for private duty services for the client named below, pursuant to our recent conversation. After you have reviewed the information, please sign and return in the envelope provided. You may contact this office at (xxxx) — if any questions arise.

Your cooperation is greatly appreciated.

Client Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Street/City/State/ZIP code \_\_\_\_\_

Subscriber Name \_\_\_\_\_

SS # \_\_\_\_\_

Employer \_\_\_\_\_

Telephone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

Street/City/State/ZIP code \_\_\_\_\_

Insurance Company \_\_\_\_\_

Telephone Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Street/City/State/ZIP Code \_\_\_\_\_

Insurance Claim Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Coverage of Visits \_\_\_\_\_

Client's Copay/Deductible \_\_\_\_\_

Authorization Number \_\_\_\_\_

**Services Authorized/Number of Hours/Visits**

- ( ) Registered Nurse \_\_\_\_\_
- ( ) Physical Therapist \_\_\_\_\_
- ( ) Occupational Therapist \_\_\_\_\_
- ( ) Speech Pathologist \_\_\_\_\_
- ( ) Master Social Work \_\_\_\_\_
- ( ) Aide \_\_\_\_\_

**Service Rates Quoted: Shifts/Visits**

weekday am \$ \_\_\_\_\_ hr/RN \_\_\_\_\_ /visit  
 weekday pm/mn \$ \_\_\_\_\_ hr/PT \_\_\_\_\_ /visit  
 weekend am \$ \_\_\_\_\_ hr/OT \_\_\_\_\_ /visit  
 weekend pm/mn  
 \$ \_\_\_\_\_ hr/SLP \_\_\_\_\_ /visit  
 Aide \_\_\_\_\_ /visit  
 High Tech/Specialty Differential \$hour or  
 \_\_\_\_\_

Holiday Differential \_\_\_\_\_

Overtime Approved? \_\_\_\_\_

Weekends Approved? \_\_\_\_\_

Additional Information to be Included with Billing:

\_\_\_\_\_ RN Notes \_\_\_\_\_ Clinical Monthly Summary

\_\_\_\_\_ Therapy Notes \_\_\_\_\_ MD Orders

\_\_\_\_\_ Nurse Aide

Orders \_\_\_\_\_ Other? \_\_\_\_\_

I authorize the above services and agree to pay the stated service charges within 14 days from billing date.

Authorization Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Insurance Representative)

After the services are rendered, the initial bill is sent. If there is no response, the following letter is sent:

Re: \_\_\_\_\_

A recent audit of our records indicates a delinquent balance for services rendered for the above client.

Please review the enclosed detailed report and submit the past balance immediately.

Sincerely,

\_\_\_\_\_

***Hit 'em where it hurts***

Wilson has found an important lever to use at this point. Writing a letter notifying the recipient of services that his or her insurance company is not paying the claim usually convinces insurance companies to fork over the funds. "You'd be surprised how mad even a sick client can get," she says. "After all, they've been paying their premiums for health care coverage in good faith. When they learn their claim is being ignored, they often call their insurance representative and raise the roof on your behalf."

However, sometimes even pressure from the insured doesn't result in payment. The following letter then goes out:

Re: \_\_\_\_\_

Account Number: \_\_\_\_\_

Dear \_\_\_\_\_:

Our records indicate a past due balance on the account referenced above. A letter was mailed last month requesting payment of the delinquent balance to prevent transfer of the account to a collection agency.

We received no response from you.

Be reminded that signatures are received from the client or significant other at the initiation of in-home care and upon each subsequent care visit. We are in possession of such signatures agreeing to pay for the services received as reflected on your bill.

Your failure to resolve this past due balance will result in transferring the account and accompanying promissory statement to pay us to legal collection authorities who will act aggressively on our behalf to secure payment. Account transfer will occur without additional notice on (date).

Sincerely,

\_\_\_\_\_

***A period of grace***

"Even though the letter says we are sending it to collection, we do allow a window of time for mail delivery," Wilson says. "When I first came here, we sent two accounts to collection. They

## SOURCE

- **Lea Wilson**, RN, MBA, Executive Director, Henry Ford Extended Care, 24445 Northwestern Highway, Suite 110, Southfield, MI 48075. Telephone: (248) 352-4890.

wanted to pay up because they didn't want their credit involved and we had to go to the collection agency and pull those accounts."

It took nearly two years to handle the old accounts receivables. But when the process was complete, Wilson had brought in well over \$3 million for Henry Ford Extended Care. She hired two of the students as full-time employees and they are still with her. "They were so attentive to detail and they didn't want to go home until all the figures matched up," she says. "I figured I needed them to stay!" ■

## 'Variations on a Theme' revisited for cancer care

**A**nne Hackman, RN, MPA, says she began her hospital-based, private duty home care oncology program in early 1994 because patients were receiving different health care information from hospital and home health nurses. Hackman, who is director of Cancer Services at St. Mary's Medical Center in Jefferson City, MO, figured that having the patients seen by one of her oncology nurses in both places would prevent the confusion and anxiety conflicting information can bring.

Because a literature search showed no documented precedent for such a program, criteria and standards had to be developed without benefit of experience. Initially, Hackman's program required nurses to be on the inpatient unit floor for four hours, then spend the next four hours doing inpatient home visits.

"The patients loved this because they could see the same nurse in the hospital as they did at home," Hackman says. "But we had to change that a bit because when you get a high volume of clients in an area as geographically broad as ours, you may have to drive an hour or more to reach some of them. It just isn't cost-effective to have one nurse for both locales."

Her staff have increased from three to five oncology nurses, four full-time and one part-time. The

cancer nurses operate under the license of the hospital's home health agency. However, they report to director of cancer services, who develops their schedules and assignments.

"We went to full-time nurses in each locale, but we did retain the integrity of the program," she says. "We have a care conference every Monday morning that includes all of the home care nurses, our inpatient social worker, and the home care social workers. When we see patients at the hospital who need placement or have patients coming in from home for chemotherapy, this makes a nice communication bridge for us."

On Wednesdays, the home care nurse who is taking calls for the weekend comes into the inpatient unit and attends a care conference for full briefing on any inpatients who will be leaving the hospital and needing home care.

### *Making positive change*

Hackman believes the most important part of her program is the cross-training of staff and sharing of educational materials and teaching tools so patients receive the same information whether they are in the hospital or at home.

As she pointed out in *Variations on a Theme: Structuring an Inpatient-Based Home Health Agency*, co-authored with Joy Stair, MS, BSN, in 1997, home care was an element of cancer care that had traditionally been excluded from the interdisciplinary care models. There were compelling reasons for changing this.<sup>1</sup>

- **Today, most integrated health delivery systems are seeking to add or strengthen the community-based services essential to a full product line.** These services include all variants of home care, hospice, home IV, adult day care, and assisted living.<sup>2</sup>

- **Increases in managed care's share of the marketplace and capitated payment models require alignment of services across the health care continuum.**

The Congressional Budget Office (CBO) released a report that examines the growth in Medicare spending for post-acute care services, along with policy options to slow the rate of growth in this area. The report places special emphasis on how payments for post-acute care services might be bundled. Under the CBO's approach, hospitals would be paid a single prospective payment for both inpatient care and some amount of post-acute care services — typically, all services provided within 60 days of hospital discharge.<sup>3</sup>

## SOURCE

- **Anne Hackman**, RN, MPA, Director of Cancer Services, St. Mary's Health Center, 100 St. Mary's Medical Plaza, Jefferson City, MO 65101. Telephone: (573) 761-7000.

Shortened hospital lengths of stay are moving patients with increasingly complex care needs into the home, which has required home care agencies to develop nursing specialists in a variety of areas rather than continuing the generalist focus of the past.<sup>4</sup>

A disease management model is increasingly being accepted as the health care delivery design that most effectively addresses today's needs. In this model, the appropriate level of care is delivered in the appropriate setting by providers with appropriate skill levels. As disease management is defined and implemented, it requires formal links among health care providers in all settings.

The on-call and weekend coverage requirements, which were minimal at first, soon grew with St. Mary's caseload. However, Hackman hasn't brought in nurses from other agencies.

"One of the biggest problems we had in using other agencies was that the nurses might not be oncology-qualified and would give the client information that applied more to general medical/surgical patients, but wasn't necessarily appropriate for the cancer patient," she explains. "Also, we have an outpatient center at St. Mary's, so we groom our own nurses. They get their training as inpatient nurses. We have an educator who is right there at their side. When the inexperienced nurses have learned oncology as inpatient nurses, then they move to outpatient services, which is more independent, and finally to private duty home care."

Having a specialty has brought Hackman's program almost all of the oncology home care referrals from nearby practices, because they know her nurses are oncology-trained. "We never planned to do this on a big scale," she says. "It wasn't a grand strategy; it was just something that made sense."

## References

1. Stair J, Hackman A. *Variations on a Theme: Structuring an Inpatient-Based Home Health Agency*. Rockville, MD: Association of Community Cancer Centers; 1997.
2. Randall DA. Five major legal issues in 1997 for the home care provider. *Remington Report* 1997; p. 6.

3. National Association of Home Care. *NAHC Report No. 698*. Washington, DC. February 14, 1997.

4. Christiansen KE. Reengineering home care: Moving from functional fixes to process improvements. *Ambulatory Outreach* 1997; pp. 10-12. ■

## Selling your services in the news

*News coverage is free, highly effective*

**J**oan Stewart is a media relations speaker, trainer, consultant, and publisher of a newsletter, *The Publicity Hound*, that features tips, tricks, and tools for free or inexpensive publicity. She also presents workshops on how to use publicity to attract and keep qualified employees.

She suggests these nine ways to use publicity to attract and keep great private duty home care workers:

**1. Pitch story ideas about your company to your local newspapers and business magazines.** Let reporters know about trends you are seeing in your industry. Let them know about how you are coping with the labor shortage, and *be sure to tell them the type of person you need to work for you*. This can be more effective than a classified ad.

**2. Keep abreast of heartwarming stories about current employees and the strong relationships they form with people they care for.** If there's a holiday angle, such as the home health care worker's entire family spending Christmas Day with an elderly person who the worker cares for, let the media know.

**3. Send out press releases to business editors describing any innovative employee training programs.**

**4. Publicize all the ways the job helps meet the needs of someone who wants a flexible schedule.**

**5. Consider offbeat recruiting strategies, like advertising on the back of grocery store cash register receipts.**

**6. Let local real estate companies and moving**

## SOURCE

- **Joan Stewart**, 3939 Highway O, Saukville, WI 53080. Telephone: (414) 284-7451. Fax: (414) 284-1737. Web site: [www.publicityhound.com](http://www.publicityhound.com).

**companies know about your vacancies.** These companies deal regularly with people who are moving to your community and need jobs.

**7. Let your employees choose their own perks, depending on their needs, then publicize it.** For example, Gen-Xers might want tuition reimbursement. Older workers might prefer paid days off to spend with their grandchildren.

**8. Keep women's crisis centers and resume-writing services informed about your current job openings.**

**9. Use stall tactics by placing information about job openings on fliers and posting them inside restroom stalls at public places in your community.** Make sure you get permission first. ■

## Word of mouth beats print referrals any day

**Molly Miceli**, president of Schaumburg, IL-based LifeStyle Options, believes one of the secrets to success in private duty home care is doing the right things and doing them consistently. Miceli's company, which has offices in Illinois and Arizona, offers private duty home care, personal care, and support.

"About 40% of our caregivers are certified nursing assistants," she says. "The remainder are professional-level home caregivers, which is similar to a homemaker-companion with some extra skills and training."

### *The value of referral*

In addition, LifeStyle Options has internship programs in conjunction with local colleges. "We also work a lot with the senior center, and the Illinois Department of Employment Security. Churches are another good source for us. Many churches will list us with their job banks. Many are also interested in no-cost education for their groups, so we go out and speak to them about caregiving as a career choice."

Miceli's company advertises extensively, and

### **SOURCE**

- **Molly Miceli**, President, LifeStyle Options, 111 Plaza Drive, Suite 330, Schaumburg, IL 60173. Telephone: (847) 240-7330. Fax: (847) 240-2966.

she tracks her ad results closely. "We get about 150 calls a week from any newspaper ad that we run, and we run them all over. Every day of the week we have an ad running someplace in the Chicago or Arizona metro areas."

But her biggest success comes from an internal referral program. "We only hire about 12% to 15% of the people who interview with us through the newspaper. We're very picky about the people we hire. But we hire closer to 40% of applicants who are internal referrals." ■

## WEB ALERT



## Handling all the details via the Web

**CareCentric Solutions**, provider of point-of-care systems in the home health care information systems' marketplace, is now owned by Simione Central Holdings Inc.

CareCentric's product The Smart ClipBoard, is the home health care industry's leading, Windows 95, pen-compatible, point-of-care clinical information system. CareCentric has several customers, including the Visiting Nurse Service of New York and the Visiting Nurse Association of Houston, two of the largest home health care providers in the United States. Simione Central provides information systems, consulting, and agency support service to multioffice home health care providers, including certified, private duty, staffing, HME, IV therapy, and hospices. For further information, contact Barrett C. O'Donnell, chairman and CEO of Simione Central Holdings Inc., at (770) 644-6700. ▼

## New electronic reporter for health care market

**A** new electronic publication by e-healthcare, *e-Healthcare Market Reporter*, which is delivered twice a month, is another step in the transition of health care business and patient-related processes and transactions into the potentially \$300 billion

electronic-industry arena. *e-Healthcare Market Reporter* is designed to address the needs of executives working in Internet, intranet, extranet health care applications for providers, payers, patients, suppliers, and pharmaceutical and technology companies. It may be ordered at [www.themic.com/ehealth.html](http://www.themic.com/ehealth.html).

According to Robert Jenkins, *Market Reporter* publisher, Web-enabled health care activities now include: claims handling; on-line prescriptions; clinical and electronic data interchange for hospitals, physicians, pharmacies, and commercial and hospital laboratories; Web-based patient-centered systems; on-line financial and accounting for hospitals and other health agencies; on-line medical supply purchasing, health and medical Web portals for communities of interest; on-line managed care organization provider directories; and Internet applications for health promotion and disease prevention, credentialing, risk management, case management and practice management.

An introductory subscription cost is \$477, and includes electronic delivery in choice of format, on-line access to current and back issues, and a fully searchable archive. For information by phone call (800) 516-4343, fax (888) 329-6242, or e-mail [ehealth@themcic.com](mailto:ehealth@themcic.com). ■



## Workshop to offer recruiting strategies

New Practices in Recruitment, Selection and Retention, a conference and personalized work session, will be in Pittsburgh on Nov. 3-4, 1999. Sponsored by Select International, Sony, Olsten Staffing Services, and Fifth Third Bank, the session is limited to 50 participants and includes the following agenda:

- “The Top 6 Reasons People Want to Work for You.” Kevin Klinvex, co-author of *Hiring Great People*, and Jill George, author of *Leadership Trapeze*, will lead a discussion on how to attract and keep star performers and identify people in your organization with the greatest potential.

- “Benchmark Sony’s New Recruiting and Hiring Model.” Dan Lhota, staffing manager for Sony, will reveal Sony’s new recruiting and hiring process designed to attract thousands of technical, leadership, and production applicants. Michael Koff, Sony’s public affairs manager, will discuss the role of corporate culture in attracting and retaining top talent.

- “How to Hire the Next Michael Jordan.” John Sullivan will teach how to impress top performers with the same recruiting techniques he has implemented at Cisco, Microsoft, Nike, Intel, and Hewlett-Packard. Learn which recruiting techniques are best for your organization.

- “The Blended Workforce.” Gordon Bingham, senior vice president of Olsten Staffing Services, will talk about blending temporary and permanent employees into a harmonious and productive work force.

- “Speed Hiring.” Matthew O’Connell, researcher, will demonstrate the most advanced candidate evaluation tools available.

- “Benchmark Fifth Third Bank’s New Recruiting and Hiring Model.” Lee Ashton, vice president of human resources, will discuss how Fifth Third Bank attracts and hires thousands of front-line service and professional employees.

Registration is \$1,495 per person. For more details, contact Janice Marra at (800) 834-8593 between 8 a.m. and 5 p.m. EST. Or, register on the Internet at [www.selectintl.com](http://www.selectintl.com). ▼

## Survive conference will focus on partnering skills

Survive, the world’s leading business continuity user group, will hold its 11th annual conference and exhibition and celebrate its 10th birthday on Nov. 16-17, 1999 at the National Motorcycle Museum, in Birmingham, England. Conference sessions will cover topics from PC LAN recovery, image protection and crisis management to e-continuity, instant telecom recovery, traumatic stress management and global business continuity (BC), and Y2K issues.

The conference is designed for newcomers to BC and disaster recovery planning, as well as experienced practitioners and is split into four streams — advanced, general, specialist, and products and services. Survive seeks to develop, encourage, and implement best practices in BC planning and helps

ensure organizations are better prepared for any interruption to normal business activity. Keynote presentations will be given by Sue Stockdale, polar explorer and assistant director of Operation Raleigh, Chile; Bob Matthews, head of risk and continuity for BT Cellnet, United Kingdom; Pamela White, technology risk manager, Chase Manhattan, New York City; and Eric Goulding, corporate risk manager, British Aerospace, United Kingdom.

Partnering strategies with business continuity providers will be covered in sessions by Linklaters Alliance, SMH Associates, Robert Fleming & Co., and Insight Consulting. There will also be four pre-conference workshops on Nov. 15: Getting started In Business Continuity Planning, Consulting Skills for BC Managers, Crisis Command Center Management, and Crisis Media Management.

For more information, contact: John Hill, John Hill Associates, Telephone: 44 (0)181 643 7783. Fax: 44 (0)181 661 2322. E-mail: [jha@cix.co.uk](mailto:jha@cix.co.uk). ▼

## NationsHealth to host data management workshop

“**F**inding, Evaluating, and Accessing Sources of Health Data,” a workshop for health care professionals interested in improving their data acquisition and management skills will be held this fall in Boston and San Francisco. Dates, locations, and targeted participants are:

- Oct. 11-12 — Radisson Hotel Boston (medical practice managers);
- Nov. 12-13 — The Donatello Hotel San Francisco (planners, researchers, consultants);
- Nov. 15-16 — The Donatello Hotel San Francisco (health care marketers).

Sponsored by NationsHealth Corp., the one-and-a-half day sessions will include recent developments in health data availability, best sources of government and commercial data, finding accurate data that is both current and affordable, and new developments in the availability of health data via the Internet.

Participants will receive specific training on improving their data acquisition and management skills, understanding the various ways that health data are generated, and methods of saving money on data acquisition.

Tuition for the workshops is \$795 for registrations received at least 30 days prior to the start of each session and \$895 for registrations received

within 30 days prior to each workshop. Additional registrations from the same company will receive an added \$100 discount. The registration fee includes all course materials, including a new health data book, along with a CD containing selected health data for every county and metropolitan area in the United States.

Contact (901) 276-3009 or visit [www.nationshealthdata.com](http://www.nationshealthdata.com) to register or obtain more information. ■

## Agora: The private duty marketplace

**Susan Siegal**, president of Gentle Homecare Inc. in Highland Park, IL, was the first of our readers to contact us following last month's debut of Agora. “There are so many of us in private duty facing the same issues,” she says, “and I love the idea of coming together and exchanging ideas. I think it's great we have a forum through *Private Duty Homecare*. There's a good deal of interest in private duty now, but our states' nurses' associations have only become active in private duty concerns within this past year.”

Siegal also believes a set of voluntary standards would be helpful. “Where I live, you need nothing to start a private duty home care agency except a phone number. In a sense, our competition is people who provide independent contractors at very low cost. The disadvantage to agencies like Gentle Homecare is the rate of pay. We cannot compete with those people on fees. We don't feel particularly threatened by them because what we're selling is a different product. The public may not know that, but we do.”

Siegal's company does a very thorough background check on applicants. “We will only hire someone if we can verify all the references, not only validate dates,” Siegal says. “If we can't talk to someone who has used an applicant in the past, we won't hire them. We do criminal background checks, work and personal references. Because some of our competition doesn't have standards, it really becomes a caveat emptor for the buyer, who often has a very hard time understanding why our fees are so much higher. We're employers — we have to contribute to Social Security, workers' compensation, all those things. They don't deal with that. It's just direct pay to the independent contractor and they collect their placement fee.”

Siegal says if she were writing a set of standards, the first three things she would write would be complete background checks, complete background checks and complete background checks.

"The more thorough I am, the better I'm going to sleep at night, knowing I've done my best to send a good person into homes where they are taking care of others who are at their most vulnerable. We owe it to our clients to be as thorough and as vigilant as we can. We had an applicant who came in with a written reference that was absolutely glowing. It was really beautiful. I think a lot of agencies might just have accepted that. We called and checked it out, and the woman who wrote the reference said, 'I wrote that reference for him three years ago because I was a little in fear of him. But I made up my mind that if anybody ever called me, I would tell them the truth. Yours is the first agency that's ever called.' As it turned out, the applicant had a serious drinking problem. We would not have known that unless we called," Siegal says. "A criminal background check wouldn't have revealed this. People don't usually have someone arrested. They just say, 'Go away and don't ever come back.'"

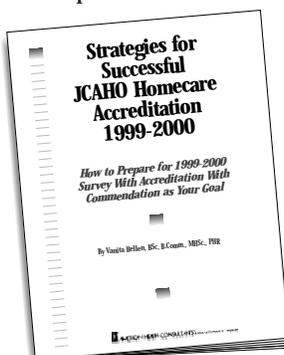
Attorney **John C. Gilliland II** sees a probable

value to the home care industry in having some standards or seals of approval to tell the public that participating agencies care about the quality of service they provide. "If there are standards and you have met them, they give you a marketing advantage," he says. "If standards are written properly, they are realistic and good agencies want to meet them. But they can be a two-edged sword because standards could be introduced as evidence as a standard of care in malpractice cases. It's good in the sense that you know what the standard is, bad in that if you don't need it, you could be in trouble in a malpractice case. So don't do it unless you're willing to do it."

Gilliland observes that accreditation through

## Strategies for Successful JCAHO Homecare Accreditation 1999-2000

"...your comprehensive step-by-step guide to compliance with the JCAHO 1999-2000 standards."



Order **Strategies for Successful JCAHO Homecare Accreditation 1999-2000** for only \$299.

Plus \$9.95 Shipping and handling. U.S. funds only. Residents of FL, GA, IA, NJ add applicable sales tax. Canadian orders add \$30 and GST. Other international orders add \$30.

Be sure to mention offer JS99 9948 when you order by  
Phone: **1-800-688-2421** or **1-404-262-5476**  
Fax: **1-800-850-1232** or **1-404-262-5525**  
E-mail: **customerservice@ahcpub.com**  
Web site: **www.ahcpub.com** or by Mail:

American Health Consultants, P.O. Box 71266, Chicago, IL 60691-9986

- Provides 574 pages of strategies, documentation tools, and tips for success.
- Dozens of forms, checklists, staff education documentation, and management tools.
- List of vendors approved by the Joint Commission to measure outcomes for your agency.
- More than 150 pages of case studies which include tips, suggestions, and advice from peers who have survived the survey.
- Get the opportunity to earn approximately 25 Nursing CE contact hours.

**Private Duty Homecare™** (ISSN 1091-1839) is published monthly by American Health Consultants®, 3525 Piedmont Road, Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Application to mail at periodical rates is pending at Atlanta, GA 30304. POSTMASTER: Send address changes to **Private Duty Homecare™**, P.O. Box 740059, Atlanta, GA 30374.

### Subscriber Information

**Customer Service:** (800) 688-2421 or fax (800) 284-3291, (customerservice@ahcpub.com). 8:30 a.m.-6 p.m M-Th, 8:30-4:30 F, EST.

**Subscription rates:** One year (12 issues), \$279. Approximately 18 nursing contact hours annually, \$329; outside U.S., add \$30 per year, total prepaid in U.S. funds. One to nine additional copies, \$167 per year; 10 or more additional copies, \$112 per year. Call for more details. Missing issues will be fulfilled by customer service free of charge when contacted within 1 month of the missing issue date. **Back issues**, when available, are \$47 each. (GST registration number R128870672.)

**Photocopying:** No part of this newsletter may be reproduced in any form or incorporated into any information retrieval system without the written permission of the copyright owner. For reprint permission, please contact American Health Consultants®, Address: P.O. Box 740056, Atlanta, GA 30374. Telephone: (800) 688-2421. World Wide Web: <http://www.ahcpub.com>.

This continuing education offering is sponsored by American Health Consultants®, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Provider approved by the California Board of Registered Nursing, Provider Number CEP 10864, for approximately 18 contact hours.

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

Editor: **Julie Crawshaw**, (828) 749-1889, (juliecrawshaw@excite.com).

Vice President/Group Publisher: **Donald R. Johnston**, (404) 262-5439, (don.johnston@medec.com).

Managing Editor: **Lee Landenberger**, (404) 262-5483, (lee.landenberger@medec.com).

Production Editor: **Nancy McCreary**.

### Editorial Questions

For questions or comments, call **Lee Landenberger** at (404) 262-5483.

Copyright © 1999 by American Health Consultants®. **Private Duty Homecare™** is a trademark of American Health Consultants®. The trademark **Private Duty Homecare™** is used herein under license. All rights reserved.

## SOURCES

- **Susan Siegal**, President, Gentle Homecare Inc., Gentle Home Services Inc., 505 Laurel Ave., Suite 203, Highland Park, Illinois 60035. Telephone: (847) 432-9100. Fax: (847) 432-9221. E-mail: siegall123@aol.com.
- **John Gilliland II**, Attorney, Gilliland and Associates, 211 Grandview Drive, Suite 201, Covington, KY 41017. Telephone: (606) 344-8515. Fax: (606) 344-8516. E-mail: jcg@gilliland.com. Web site: www.gilliland.com.

the Joint Commission of Accreditation of Health Care Organizations (JCAHO) or the Community Health Accreditation Project (CHAP) can be an expensive project.

“What would be the advantage of a new organization for private duty home care vs. the private duty agency on its own getting JCAHO or CHAP accreditation?” he asks. “A private accreditation — a body that would have these standards, that you would invite in to look at your agency and give you the seal of approval, which you then could put on your letterhead, use in your marketing — could be much less bureaucratic than JCAHO, more tailored to private duty, and perhaps more flexible in

## EDITORIAL ADVISORY BOARD

### Consulting Editor:

**Judith Clinco**, RN, BS, CHCE  
President and CEO  
Catalina In-Home Services Inc.  
Tucson, AZ

**Mary Baker**, MSN, MHS, RN, CS, FNP

President and CEO  
Chicken Soup Plus  
Sacramento, CA

### Marc Catalano

President  
Catalano's Nurses Registry Inc.  
Hialeah, FL

### Gina Dodson

BSN, RN  
Administrator  
Vanderbilt Home Care Services  
Nashville, TN

### Elizabeth Hogue

Health Care Attorney  
Burtonsville, MD

### Bill Mahon

President  
Preferred Health Care  
St. Charles, MO

### Molly Miceli

Chief Executive Officer  
LifeStyle Options  
Schaumburg, IL

**Carolyn A. Mullins**, RN, MS, A-CCC  
Regional Vice President

Pediatric Services of America Inc.  
Charlotte, NC

### Sharon Newton

RN, CDMS  
Assistant Director of  
State Programs  
Outreach Health Services  
Garland, TX

### JoAnn Ruden

MPA, RN  
President and CEO  
Visiting Nurse Association of the  
Delaware Valley  
Trenton, NJ

### Colleen D. Sanders

RN  
Program Development Manager  
of Paraprofessional  
Staff Development  
Interim HealthCare  
Fort Lauderdale, FL

### Judith Walden

RN, MHA  
Administrator and  
Chief Executive Officer  
Kokua Nurses  
Honolulu

### Bonnie J. Whorton

BS, MS  
Executive Director  
HomeCare of Mid-Missouri  
Moberly, MO

## Cutting the Fat When You're Already Thin:

Cost-Cutting Tips for Home Health Agencies

Cutting the Fat When You're Already Thin: Cost-Cutting Tips for Home Health Agencies

How home health care agencies across the country make their bottom lines stronger by saving money in everyday operations.

216 pages

Order today for only \$269.

Plus \$9.95 shipping and handling. U.S. funds only. Residents of FL, GA, IA, NJ add applicable sales tax. Canadian orders add \$30 and GST. Other international orders add \$30.

Be sure to mention offer HHCC99 9482 when you order by

Phone: (800) 688-2421 or (404) 262-5476

Fax: (800) 850-1232 or (404) 262-5525

E-mail: customerservice@ahcpub.com

Web site: www.ahcpub.com or by Mail:

American Health Consultants, P.O. Box 530161, Atlanta, GA 30353-0161

- See the advantages of activity-based costing
- Learn ways to find state-funded remuneration
- Find new methods for management to increase its productivity and efficiency
- How to cut red tape in receiving payment from Washington
- How to spot an embezzler
- How to send expensive advisors packing
- Why the Balanced Budget Amendment can be a private duty provider's best friend
- Find ways to get the biggest bang from your money spent on the Web

acknowledging that there's more than one way of doing things. Private duty is more a matter of efficiency, business orientation, and entrepreneurial spirit. An accrediting body that's set up from scratch that understands private duty might be a very good option.”

So, readers — what do you think about this? Write to us, e-mail or snail mail. ■

## CE objectives

- After reading this issue of *Private Duty Homecare*, CE participants will be able to:
1. List seven possible sources for recruiting home care workers.
  2. Understand the relative effectiveness of newspaper advertising.
  3. Describe two benefits of standards and accreditation.
  4. Draft an effective plan for collecting accounts receivables. ■