



# Putting Your Foot Down and Hitting Reboot

Know when it's time to take back management control.

BY LYNN HOMISAK, PRT

***To Our Readers:** There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to [lynn@soshms.com](mailto:lynn@soshms.com) which will be printed and answered in this column anonymously.*

## **RE: Teed Off at Time Off**

Dear Lynn,

*I have an awkward situation going on in my office. I have two staff people who continue to take time off that neither is entitled to. Lately, it is getting out of hand (each have taken at least five weeks so far and even threatened to quit), so I don't have to tell you this has had a severe disruptive impact on my schedule, not to mention my stress level. They just don't seem to care and I am at a loss as to what I should do. Any guidance is appreciated.*

You didn't say whether or not you've drawn the proverbial line in the sand by clarifying their time off benefit or the disciplinary conse-

quence for ignoring it. If you do have a policy in place, it sounds safe to say they've over-stepped it.

Regrettably, the awkward situation is yours, meaning that you've actually taken action by not taking any action—essentially overriding your own policy. They know it AND sadly, they've taken advantage of it. Don't fret, though. In the same way that you created it, you have the ability to undo it. Pull the plug

ing associated disciplinary action) and have them sign off in agreement with the new conditions if they wish to remain part of your team. If things don't improve as a result of this meeting, be prepared to follow through with your stated consequences, or risk falling back into crisis mode.

There are far too many doctors who find themselves in a similar predicament. Apprehensively, they ac-

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## **Re-visit your time-off policy.**

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on their manipulative behavior by putting your foot down and hitting re-boot.

Re-visit your time-off policy. What exactly does it say? If it does not currently align with the position you wish to take, amend it. Then, call a staff meeting and explain the repercussions of not having a full staff to meet the needs of the schedule. Re-introduce and thoroughly explain the revised policy (includ-

cept poor behavior and choose not to ruffle any feathers because they are afraid of losing their staff. Insubordinate, unreliable staff who threaten to get their way are not worth keeping. Period. Yes, you will absolutely go through a period of transition while you recruit and train suitable replacements. It's temporary and certainly no more "awkward" than what you are forced to deal with

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## Reboot (from page 61)

now. In fact, even in the midst of what might feel like traumatic upset, it ends up providing an opportunity to wipe the slate clean, set new standards, and create a more positive, productive environment—for you, your patients and your practice. If, on the other hand, you have no intentions of making a clean break and continue to relinquish management control to your staff because you fear the worst, be prepared and hold on. It's very likely that your worst fear is yet to come.

### Re: Staff Footwear—How Important Is It?

Dear Lynn,

Last week, I noticed one of my staff came in wearing sandals and for the first time, I felt like I needed to put my foot down and update my dress code to include footwear. Can I insist that my employees wear a specific type shoe even though I am not paying for them?

Your staff's appearance (attire, shoes, cleanliness, neatness, etc.) is a reflection of you and the standard of professionalism that you want to maintain. Put aside for a moment the fact that certain shoes (loose, high, open-toed) may pose a safety hazard on the job. More importantly, in our profession, the type of shoes your staff wears is of utmost importance

patient inquiries. Having a dress code is a necessary part of running most businesses and, along with a list of do's and don'ts, most policies also make it a point to address specific footwear.

In a medical office, the typical attire is scrubs and the typical footwear—athletic shoes. If you make that dress code mandatory, it may be a requirement in your state that the employer provides, or pays for, the “uniform”. To carry out a more unified look throughout the of-



### Re: A Debt-collector's Review

Dear Lynn,

I suspect my biller needs a reminder of what she can and cannot

## The type of shoes your staff wears is of utmost importance as it relates to good foot health.

fice (e.g., same color scrubs, embroidered logo and names), it is common for the practice to supply a limited number of scrub sets/year/staff person and require the employees to purchase their own shoes.

That said, if the practice has a shoe program, speak to your sup-

do (legally), when trying to collect on our past due patient accounts. Can you recommend an overview or guideline that I can share with her to keep her on target?

Your first course of action, as (hopefully) noted in your written collections policy, should always be to attempt contacting your patient to work towards a positive resolve. Having a personal conversation with patients may help clear up any confusion, allow them a better understanding of the charges, including any insurance payments, and acknowledge (and correct) any potential billing errors.

Beyond that, here are some particulars of The Fair Debt Collection Practices Act put forth by the Federal Trade Commission that you will want to share with your biller. It is important that you also impress upon him/her the need to stay within the boundaries outlined as well as your individual state laws.

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## Do not repeatedly call your patients to annoy or harass them.

as it relates to good foot health. What you may not realize is that patients take note, as they should. They often look at what shoes your staff are wearing and even ask for their advice before purchasing their own. So yes, staff should wear proper footwear; yes, their shoes must be clean and well-maintained; and yes, staff should be educated/trained enough to respond to straightforward

plier/vendor. A great marketing opportunity is to supply each staff person with a couple of pairs of athletic shoes endorsed by the practice. When patients in conversation with the staff ask, “You’re on your feet all day. What kind shoes do you wear?”, the staff can enthusiastically plug your inventory, share their positive wear-experience and maybe even make a sale. A win-win for all.

# THE CONSULTANT IS IN

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*Reboot (from page 62)*

- Do not repeatedly call your patients to annoy or harass them. While there appears to be no exact number of times patients can be called, they are free to track and document them, leaving it to the courts to decide if it is considered harassment;

- Do not call your patients before 8:00am or after 9:00pm to try to collect your money, OR at a time they specify is inconvenient for them;

- If your patient has requested that you not call them at their place of business, those calls are off limits to you;

- You may only call your patient's family, neighbors, friends, co-workers to find the whereabouts of your patient (be careful—repeated calls are limited); however, you are NOT permitted to discuss their debt with them. Along these lines, if you are asked to transfer patient records, make sure their billing re-

ords are not included;

- Do not make any false statements. Don't lie, pretend to be someone else (e.g., attorney, government representative), assume a fake company name, or tell your patients that they will be arrested if they don't pay their bill;

- Do not try to collect any interest, fee, or other charge on top of the amount owed unless the contract that created the debt—or your state law—allows the charge;

- Do not deposit a post-dated check early;

- Do not contact your patient by postcard;

- Do not use obscene, violent, or abusive language;

- Do not tell your patients that legal action will be taken (if doing so would be illegal) if you have no intention of taking legal action;

- Do not send anything to your patient that looks like an official document from a court or govern-

ment agency if it isn't;

- If your patient disputes a bill in writing, you must discontinue collection efforts until you can provide written verification of the debt. **PM**

*For more detailed information, refer your biller to the FTC website: <http://www.consumer.ftc.gov/articles/0149-debt-collection>.*



**Ms. Lynn Homisak**, President of SOS Healthcare Management Solutions, has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of

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