



# Consider an Office Manager

If management is not “your thing”, you might think about hiring someone to step into those vacant management shoes.

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 which will be printed and answered in this column anonymously.*

## Re: Consider an Office Manager to Sharpen Operations

Dear Lynn,

*What can I do to better manage my office? I consider myself an excellent doctor; however, I don't feel like I've ever really had a real handle on the management piece of running an office and am afraid unattended matters are slowly spiraling out of control!*

Office management is in part about achieving efficiency and organization and, make no mistake, these desired outcomes do not happen on their own. Having your office run like a well-oiled machine starts with sharpened opera-

tions and someone who can properly manage them. In other words—maintenance. Those in management positions know that overseeing systems, implementing protocols, and dealing with human behavior is no easy task and requires a good amount of time,

other hand, they can replace aggravation, neglect, stress, avoidance, exhaustion, and free up your time to do those things you actually enjoy doing, like patient care. Having more time to spend with your patients and re-assess the comprehensiveness of

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energy, and patience. Absent or poor management comes with a cost; specifically, the loss of good employees, constant employee turnover, disruption, and a general decline in productivity. Factors that can lead to permanent damage.

If management is not “your thing”, you might consider hiring someone to step into those vacant management shoes. Yes, rock star managers come with a cost. On the

each visit can lead to more revenue and increased patient satisfaction.

Of course, if you enjoy being weighed down doing essential, although non-revenue producing tasks, read no further. If not, let's move on.

### Common Tasks and Responsibilities

Following is a partial list of tasks and responsibilities that typically

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# THE CONSULTANT IS IN

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come with the title “Office Manager/Practice Administrator”. How many are you doing yourself?

- Keep active employee files that contain hiring, performance, and disciplinary documents current.
- Prepare staff payroll; oversee that time clock procedures are properly managed.
- Administer all benefit plans, including but not limited to medical, dental, IRAs, etc.
- Participate in the recruiting, hiring, orienting, and training of new staff.
- Structure one-on-one doctor-staff training sessions as necessary.
- Organize employee schedule; monitor individual PTO (sick, vacation, etc.) programs.
- Review and update all employee job descriptions.
- Manage by walking around; stay visible to staff and aware of work activity in progress.
- Review, update, and distribute any changes to Employee Manual and oversee that policies are consistently being followed as written.
- Share input in employee reviews (3, 6 and 12 month) relative to their productivity and work attitude.
- Identify and remedy breakdowns and bottlenecks in patient flow.
- Recommend employee incentives or disciplinary actions/termination to doctor based on documented observations.
- Serve as intermediary between employees and doctor.
- Motivate, encourage and build teamwork and culture among employees and doctor.
- Listen to and deal with employee grievances and any conflicts that arise.
- Arrange and direct staff meetings with prepared agenda.
- Oversee that protocol is carried out as established in practice procedure manual.
- Handle patient “customer service”, feedback, and complaints.
- Oversee supply inventory and ordering; authorize purchases requested by staff.
- Address any necessary equipment/front office machinery, etc. deal with maintenance issues.
- Maintain compliance adherence and staff education for OSHA, HIPAA, radiology, etc.
- Upkeep of all software systems and update.
- Oversee all front desk administrative duties and step in to assist in patient flow if back-up is needed.
- Complete renewals for existing/new insurance contracts, hospital appointments, associations, regulatory affairs, etc.
- Oversee production and efficiency of billing department (or outsourced company) including data input and posting, timely insurance submissions and EOB postings, patient statements, account receivables, aging reports, denials, appeals, etc. Request that comparison productivity reports are prepared, reviewed and shared with the doctor.



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direction and training to succeed.**

- Set/demonstrate good housekeeping attitudes and standards.
- Establish routines to conserve overall practice costs and overhead.
- Offer suggestions to owners for operational and product improvement.
- Maintain professional and technical knowledge by attending educational workshops; reviewing professional publications; establishing personal networks; and participating in professional services in an effort to benefit and advance the practice.
- Travel to and interact with multi-practice offices (if applicable).

### Some Final Thoughts Regarding Management

- 1) Your office manager is STILL an employee who also initially needs direction and training to succeed. And, like all your employees, they, too, require appreciation, praise, and evaluation on a regular basis.
- 2) Office managers cannot be fully efficient if they are expected to habitually participate in everyday chairside, receptionist and/or billing duties. Filling in at times is anticipated, but they have (and are being compensated for) their own set of responsibilities. They are most productive if they are able to do the job they were hired to do.
- 3) Sometimes bumping up a long-time staff person to “Office Manager” works; too often, it does not. Aside from the move upward causing green-eyed friction with some co-workers, the strengths they had as a “receptionist” or “chairside assistant” do not always translate well to a management position.
- 4) Equally challenging is hiring a spouse or a relative

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(without a supervisory background). Again, sometimes it works wonderfully; other times it does not. If staff perceive favoritism or intimidation, or it's unclear who their "boss" is as a result, it creates a cultural breakdown. It's just more drama that has to be dealt with.

5) Assigning the title "Office Manager" to an individual means they are doing the work and have the responsibilities associated with that title, including decision-making privileges. Only then can you designate them as an "exempt" employee, and not just because you upped their hourly wages to salaried or to avoid overtime pay.

## **Re: Communication Breakdown Can Be a Liability**

Dear Lynn,

*I overheard my receptionist tell a patient that the reason her nail is still hurting is because "maybe the doctor left a spike in it." Where did she get THAT from and why is she throwing*

comment immediately—in private—and explain why her actions require this verbal warning. It's best not to fly off the handle. Don't say, "What did you do? WHY did you say that? Are you crazy?" Instead...

2) Clarify the seriousness of making any comments to patients

this particular situation, you might say to your staffer:

"In the future, if a patient calls, saying they are still experiencing pain, post-treatment, unless I give you direct orders for soaking or something else, here's what I'd like you to say, 'Mrs.

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## **Clarify the seriousness of making any comments to patients that might be misinterpreted as neglect or carelessness.**

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that might be misinterpreted as neglect or carelessness. Assuming that the patient's nail hurts because of her recent treatment is just that—an assumption. The reality is that this current pain cannot be determined over the phone. Maybe the patient poked at it when she got home. Maybe her shoe caused irritation. Maybe she banged it. An appointment/exam is necessary.

Jones, I'm so sorry you are still feeling some pinching (or discomfort) in your nail. I know Dr. \_\_\_\_\_ would like to take another look at it to determine the cause and provide some relief. I think you'd feel more comfortable doing that as well. I expect it would be a fairly quick visit, no charge of course, and I would be happy to fit you in any time that is convenient for you. Are you available today?"

7) Advise your receptionist of the need to fit this patient in, preferably where it will not upset the entire schedule.

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## **ALL staff need to understand that they should never engage in conversation that includes giving medical advice of any kind.**

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*me under the bus to my patient?" I happened to hear this as I was walking by. What am I NOT hearing?*

To answer your first question, "where did she get THAT from?" I suspect, her own head! Lack of instruction in responding to patient questions may sound reasonable, be creative, not seem crazy, and in this case—still be undeniably wrong! Your second question is something you will never know. Therefore, never take it for granted that staff will choose a professional or accurate response unless they were properly trained. Just another obvious reason for taking a proactive approach to addressing incidents before they happen. There are several recommended steps you should take.

1) Acknowledge and address her

3) On a broader note, ALL staff need to understand that they should never engage in conversation that includes giving medical advice of any kind. Obvious as it is, it should be pointed out to them that they do not have a license to practice medicine and offering medical advice without a license has definite legal ramifications.

4) Point out to your staff person the seriousness of her comment from a legal standpoint.

5) Ask her, "given a second chance, what might have been a more appropriate, professional response?"

6) During your next staff meeting (hopefully, you have these regularly), tell each of your staff (front and back office) to write down 10 questions that they are often asked by patients, and together create a script in response to each one. In

Normally, it is not recommended to open the appointment book to any time that is convenient for patients, but in cases such as this, accommodating a complaining patient is never a misstep. The sooner you can see her, the better. And likely, it WILL only require a small amount of your time, but in the end, you will once again have a happy, satisfied patient. A serendipitous outcome. **PM**



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