

Front Desk Warning Signs That Cry

"HELP!"

It's true: if patients have a less than satisfactory front desk interaction, they may choose not to return.

BY LYNN HOMISAK, PRT

To Our Readers: *There are no foolish questions. Chances are 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.*

Topic: Front Desk Warning Signs that Cry "HELP!"

Dear Lynn,

On a scale of 1-10, (10 being extraordinary; 1 being frightful) how well should I expect my front desk to function?

Shoot for a 10. You deserve nothing less!

The doctor asking that question considers the front desk the welcome wagon of her practice and yet, after spending thousands to boost marketing, purchasing the newest technologies podiatry has to offer, and working hard to build her reputation, her patient load was diminishing. It was only through a patient satisfaction survey that she learned the problem started at the front desk with her recently hired receptionist. It's true, if patients have a less than satisfactory front desk interaction, they may choose not to return. Some new patients never even get an opportunity to meet the doctor if their

first experience with the front desk is a negative one.

It was time to look for the signs of damage.

First sign: Mishandling of Phones: Here are some questions that should not go unanswered:

- Are you aware of how your phones are being answered?
- Do callers receive a cold and quick "Doctor's Office" or an attentive, caring, and verbally appealing "Good morning, you've reached Dr. ___'s of-

- Does your staff have prepared scripts to help guide conversation, assure appropriate response, or are they giving "off the cuff", anecdotal, or more alarmingly unauthorized medical advice?

- Are callers accidentally cut off? Has staff received adequate instruction on how to properly operate the phone system, transfer calls, use the intercom, hold button, etc.?

Second sign: Slipshod Scheduling: Regardless of what EMR system

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fic (or Fab Foot and Ankle Practice), Dawn speaking. How may I help you?"

- Does the caller get an initial feel-good moment, eager to continue the conversation?
- Are they speaking to a qualified, well-trained professional who can answer questions accurately and to the caller's satisfaction?
- Do receptionists convince prospective patients that seeing the doctor and making an appointment is the best medicine, or do they leave callers compelled to hang up and search elsewhere based on the information (or lack of) they receive?

is used, digital schedules can be programmed to align a practical amount of time to each individual procedure or code. Yet, more often than not, some offices insist on utilizing the "old standby" 10 or 15-minute blocks for everything. Reality check: Not every visit fits into this rigid scheduling structure. Before there can be proper appointment placement, the scheduler must understand the following criteria:

- The difference between a complicated vs. a routine vs. a brief follow-up visit and the treatments or services that define each category.

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- Approximately how much time each procedure takes (with the doctor's instruction) to effectively allow enough time in the schedule.

- What questions to ask (triage fashion) to help ascertain the severity of the condition (a list of questions to reference is very helpful in this regard).

- How and when it's reasonable (or unreasonable) to double book or squeeze in necessary patient encounters without totally disrupting patient flow.

Careless, random scheduling leads to backlog issues, frustrated



deal with two or more events (for example, a phone call and an arriving patient simultaneously), without bragging they are expert multi-taskers (no such thing).

Fourth sign: Inconsistent, unwritten or unenforced policies: Written policies are a critical part of every practice; without them, there is chaos and confusion. Policies help fuel organization and consistency, while minimizing headaches. Some of the essential front desk work policies include:

- Protocols for staff handling money;
- Patient financial responsibilities,
- Copay collections,
- Dealing with missed, cancelled, and late appointments as well as walk-ins, no shows, and emergencies;
- Physician-referred patients; and
- Missing insurance referrals—just to name a few.

It's important to keep in mind: a written policy without discussion, training, and enforcement is hardly a policy. Should policies be carried out just "some of the time"? NO! Consistently, across the board, every time. To make policies meaningful, there must be consequences for non-compliance. Remember the requirement mentioned

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staff, rushed physicians, or (alternatively empty treatment rooms), and the double trouble... "impatient patients". If improper scheduling is responsible for the above, it deserves attention. Make this a topic of discussion at your next staff meeting and encourage input from everyone on improvement strategies. If you appear uncaring about a more effective schedule, patients and staff believe they don't have to either.

Third sign: Misplaced staff: Consider the following fundamental criteria for front desk personnel that should be in the back of your mind when interviewing for this position. While it is helpful if resumes offer some necessary office skills, it's more important that applicants demonstrate a pleasant, "can do" personality. You want someone who shows (by role playing) they can be in control, without being controlling. Polite and influential; not demanding or forceful. Friendly and pleasant, without needing to be pals with every patient. Finally, they should be knowledgeable, not a know-it-all.

Of course, it would be beneficial if they knew how to effectively

When speaking with receptionists who admit they would rather be working in a clinical setting (for which they've been trained), bells

and whistles go off. This situation happens more than you think. Why do they stay? Because they are told that when their position of choice becomes available, they will be transferred. For many, that never transpires. They really don't have to share their unhappiness; it shows to your patients. If you're wondering why their unhappiness matters, it is because unhappy employees are unproductive employees and a really poor representative of the office. Put people where their strengths are—where they are happy. Appropriate placement will benefit the practice, many times over.

above about having someone "in control" of that front desk? If policy does not continuously steer their actions, patients will sense a weakness, making it easy to manipulate their preferred outcome—something you never want to encourage! Loss of control only spells trouble, with a capital T.

Fifth sign: Absence of success tools: The front desk is known as the "Hot Seat" or the "Central Nervous System" of a professional medical office and for good reason. Everything must pass through this station prior to, during, or after each patient visit.

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THE CONSULTANT IS IN

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The entire office is often judged by how well (or how poorly) it functions.

Known as “Directors of First Impressions,” employees who occupy this

trate on priority tasks and engaging in confident/pleasant patient contact.

Some examples are:

- Procedural “how-to” training and reference manuals and written patient policies (noted above) that

sharing of charts, referrals and test results; scanners, shredders, an online fax, updated computer software, IM internal communication, digital card readers, credit card machines, and hands-free headsets.

For every problematic incident, there is a solution and before you can fix it, you must identify it.

seat are expected to be “ON”, professional, and efficient at all times. That’s not always easy to do if not given proper training as well as the necessary tools that help them succeed.

What is a success tool? Any system and/or equipment (in good working condition) intended to reduce phone tie-ups, obstacles or distractions, and faulty or aged equipment that uneconomically consumes the receptionist’s time. In other words, it’s freeing staff up to concen-

outline set protocol for handling collections, appointments, phone calls, interruptions, etc.

- Clear-cut job expectations,
- Website appointment scheduling and/or requests,
- Active links to online insurance websites, encouraging patients to self-check benefits,
- Automated (phone and text) appointment reminders;
- A secure messaging system that allows patient communication, digital

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Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries 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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