



# Minimizing Staff Slip-Ups

While patient care is your top priority, tracking staff performance is a close second.

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](mailto:lynn@soshms.com) which will be printed and answered in this column anonymously.

## Topic: Minimizing Performance Slip-Ups

Dear Lynn,

Is there a way I can stay on top of my staff's performance on a regular basis? I do annual performance reviews, but am concerned that I am not adequately monitoring their day-to-day functions, and things are slipping through the cracks. I think new staff, in particular, need better guidance than I am giving them (I have no time!)

When things seem to be "slipping through the cracks", it is usually the result of inadequate tools or a non-functioning system. While patient care is your top priority, tracking staff performance is a close second. If an employee

is not pulling their weight, constantly making mistakes, or their customer service leaves a lot to be desired, it directly affects practice performance, efficiency, and reputation. It is understandable that finding time to manage while also caring for your patients is an issue, so a helpful alternative is to initi-

period. Explain in private or during staff meetings how glad you are that they are part of the team and that you value their input and feedback. Meeting with all staff regularly to review office policies, goals, job expectations, and discussing their job experiences has long-term benefits, including job

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ate a self-monitoring system to measure staff activities over a certain period of time. There are a couple of management recommendations (read: tools) that can help get your system back on track.

**Number One.** Start by keeping the doors of communication open. WIDE open. In fact, the first 60 days can be the most critical to new staff staying at their jobs and the last thing you want is frequent turnover. It's disruptive and costly. So right in the beginning, make it a point to meet with them at the end of that initial

satisfaction. It is a recipe for new and exciting practice insights, concerns, renewed enthusiasm, and encouragement. There's no such thing as too much encouragement! Aren't we all happy to hear a positive comment?

**Number Two.** Create a simple planning tool and checklist for each position (see Figure 1: Sample checklist) that allows staff to self-monitor individual performance by reaching set targets and checking tasks off that they have accomplished. For exam-

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Week of \_\_\_\_\_  
[date]

### Check List of Daily Responsibilities for Front “Check-in” Desk

How'd I do this week?	Initial when accomplished				
	M	T	W	Th	F
1. Have I printed a daily list of patients and show all co-pays and outstanding balances successfully collected for each? (See attached lists)					
2. Have I asked to see <i>every</i> patient's insurance card on check-in and compared with data currently on file; made corrections as needed?					
3. Have I carefully double checked every new data entry for accuracy <i>before saving</i> to avoid computer billing and insurance transmission error?					
4. Did I reconcile and initial today's day sheet for correct accounting of monies received? And did another team member confirm and initial a secondary review?					
5. Have I followed up on all patient no-shows and cancellations today by documenting their reasons and sharing that information with Doctor?					
6. Have I documented and followed up on all phone call requests before leaving for the day?					

Figure 1: Sample check list

*Slip-Ups (from page 45)*

ple, the front desk staff check list might include 1) daily collections (i.e., the number or percentage of patients seen each day who paid their co-pays, their outstanding balances, and their deductibles); 2) an end of day accurate reconciliation of daily receipts; 3) follow up (respond and document) all phone call requests; 4) follow up with all no-show appointments and cancellations; 5) accuracy when entering new patient data, etc.

A similar structure for billing staff might show 1) number of denied claims; 2) Account receivable reduction—month to month; 3) reaching financial benchmarks, i.e., days in receivable, net collection ratio, etc.;

creating new strategies to reduce billing inefficiencies, etc.

Clinical-chairside staff performance indicators could involve any number of daily tasks, such as 1) Follow-through regarding lab, DME, and orthotic dispensing—patient contact, scheduling, and documentation; 2) Surgeries scheduled; 3) Supply inventory and ordering, etc.

At the end of each day (or week), and without having to hover over everyone's shoulder, you or your manager can review the accumulated

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checklists. In doing so, you can quickly ascertain if each staff member has performed their assigned tasks and, in some cases, how effective they were. By allowing them to self-manage their own activities, they are reminded of what they need to do without repeatedly being told. Additionally, your staff builds confidence in their abilities, it boosts job satisfaction, gives you peace of mind by being informed about what tasks were carried out, AND you avoid being labeled a micromanager. Score!

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*Slip-Ups (from page 46)*

**Number Three.** Manage while walking around. It is admirable to hear that you conduct annual reviews; sadly not everyone does. If done properly, this one-on-one exchange is extremely beneficial in improving performance of both employees and, ultimately, your practice. However, as you commented, this is not adequate on its own. Certainly, you can't always be present to oversee everything they say and do. At the same time, you don't want to wait a whole year to correct a staffer when you do see them doing or saying something improper.

Believe it or not, staff really do appreciate coaching (in a supportive way) and hearing about ways to improve their performance. No one wants to waste their time doing things that are unnecessary or incorrect. So, if you see something, say something. After all, can you expect people to improve if you are reluctant to give



them constructive feedback?

Give one or all of the above the green light and allow six weeks for it to kick in and become routine. You'll never know if they will work unless you try!

**Topic: Workers' Comp Guidelines**

*Dear Lynn,*  
*How can I proactively control my workers' comp premiums?*

Here are six tips that can help reduce your premiums:

1) Establish an accident-prevention program. Every office should create their own and include it in their employee and OSHA handbooks. The practice should prepare a list of potential on-the-job accidents for employee awareness, precautionary simple safety rules, and an annual verbal review of both during a staff meeting.

2) Conduct annual inspections to assure up-to-date safety measures are in place.

3) Instruct staff to report all accidents immediately to the OSHA Coordinator. Accident reports that have been prepared should be reviewed and investigated. Keep records of any or all accidents—not just the ones that result in claims.

4) Claims should be filed promptly to the insurance company so the employee can be checked out and a return-to-work date determined. Delays and neglect often lead to employee frustration/discontent.

5) Keep in touch with injured employees and their doctors and note any errors or fraud that may exist.

6) Establish a back-to-work program that offers your injured employee temporary light duties.

7) Select the proper insurance for your practice—There are five basic types of Workers' Compensation benefits: medical care, temporary disability benefits, permanent disability benefits, supplemental job displacement benefits, and death benefits. Talk to your agent to determine the

most appropriate one that meets your needs and shop for the best rate. Rates for Workers' Comp are generally determined by a number of underwriting factors and will vary by state, insurance company, payroll, and class codes. **PM**



**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 *Podiatry Management's* Lifetime Achievement Award and was inducted into the *PM* Hall of Fame. She is also an Editorial Advisor for *Podiatry Management Magazine* and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.