



Measure Twice, Cut Once

Teaching staff to double-check their work can reduce or even prevent unnecessary and expensive do-overs.

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.*

Topic: Faux Pas, N'est-ce Pas?
Measure Twice, Cut Once

Dear Lynn,

Mistakes are running rampant in our office! I am finding them anywhere from inputting wrong patient data at the front desk, in telephone conversations, in the billing office, and lately, in the misplacement of patient appointments in the schedule. As you might imagine, we are in a state of uncontrollable disruption. Every day it's something new. What is a practice administrator to do to try to correct all these errors?

Mistakes can certainly be disruptive. However, if properly addressed (and not ignored), mistakes can also be viewed as a learning tool.

One of the best things I learned about mistakes, I learned because

I am married to a carpenter. It is "Measure twice, cut once." This is an essential rule to follow for a carpenter because if they incorrectly measure, it results in wood being improperly cut—and ruined—ulti-

things right the first time, then double-checking their work, will prevent costly errors, wasted time, and unnecessary re-dos. Then open the floor for discussions and explore any underlying issues.

Have the billing office run through and review with you daily/weekly financial reports to catch any overlooked slip-ups.

mately requiring them to re-measure and re-cut, wasting time and material. Taking precaution in their measurements the first time avoids unnecessary and expensive do-overs.

Now, the carpentry trade may claim this very beneficial adage as their own, but that doesn't mean it can't apply to any profession. In this case, to your practice team.

To resolve your dilemma, schedule a team get-together and explain, without accusations, that recent disruptions are occurring as a result of carelessness and a lack of attention to detail. Believe it or not, they may not be aware of the current state of slip-ups.

Fully explain the "Carpenter Rule"—specifically, how doing

Throw some of these solutions out there for discussion:

- Before hitting the "enter" button when inputting data, stop and re-read through the information for accuracy and/or typos.
- Create a written script that the receptionist can learn so that acceptable and correct responses to patient telephone inquiries are offered.
- Have the billing office run through and review with you daily/weekly financial reports to catch any overlooked slip-ups.
- As for the misplaced patient appointments, this sometimes happens because of a number of different reasons. Among them: the front desk

Continued on page 54

Measure Twice (from page 53)

staffer may be trying to multitask; new personnel have not received adequate training; or the appointment card is written out before actually entered into the scheduler.

To confront these challenges head on, provide adequate training so schedulers are familiar with time requirements, appointment structure, and patient needs. That’s first. Second, help front desk staffers get in the habit of doing one thing at a time and avoid the distractions that lead to unfinished work or essential oversight. Lastly, it helps to make sure the appointment is first entered into the scheduler before writing out the card. Then, when handing the card to the patient, read it aloud as a means of double-checking that placement is correctly entered.

With their commitment to be more careful, and mindful of their work, you might even consider keeping an error log and implementing a rewards program for those departments with the least documented mistakes.

In a nutshell, if every office paid more attention to detail, practiced



simple oversight of their work, and stopped trying to juggle three or four things at the same time, needless mistakes can be reduced, even prevented.

Measure twice. Cut once. Give it a try!

Topic: New-Hire Paperwork

Dear Lynn,
I’ve heard talk about a “confidential employee file.” What documents does one keep in such a file?

It would be wise to make an employee checklist of items (Table 1) along these lines. Once that is created, it becomes your template. Some documents to consider can

be found in the following starter list. Feel free to work from it, modify it, update it, and/or build upon it as you see fit:

Topic: Gold Star Practices

Dear Lynn,
We consider our practice one that goes over and above offering quality patient care. Still, I’m sure there are operational changes that we can make that will further increase patient satisfaction. Our team is on board and up to the task. Where can we begin?

Congratulations for setting new goals for improvement. Although your current patient ‘happiness level’ is unknown, I can share with you some favorable attributes from “gold star” practices that keep their patients coming back.

- Care that is focused on the patient’s needs, goals, and values vs. on the practice’s priorities.
- Patient care that is based on best treatment protocol and not motivated by money, quotas, or insurance coverage.
- An appointment schedule that allows greater flexibility for the limited hours that

working individuals have to visit their doctor.

- Up-to-date technology that provides patient convenience and access, e.g., electronic health records, e-mail, automated appointment reminders, telehealth visits, Internet scheduling, etc.

- Up-to-date medical equipment to diagnose and treat their conditions.

- Patients who expect to see their own physician and not re-assigned to

Continued on page 55

TABLE 1
Employee Checklist of Items

✓		Dates/Important Notes
	Employee Information/Start Date	
	Employee Resume	
	Employee Application	
	References	
	Background Checks	
	Emergency Contact Person (and Number)	
	Signed Letter of Employment Offer	
	IRS Tax Documents (W-4, W-9)	
	Compensation Info & Explanation	
	Benefit Enrollment Forms	
	Workers Compensation Info	
	Signed Acceptance Sheet for Employee Handbook	
	Written Job Description	

THE CONSULTANT IS IN

Measure Twice (from page 54)

another doctor in the practice without their knowledge or permission.

- Managing the schedule so that the majority of the patient's time in

though their profile indicates "accepts all patients".

- Clean, organized offices and helpful, friendly staff.
- Practices who make the effort to continually be more efficient by

their work, enjoy spending time with their patients, and solicit patient involvement when developing a successful, integrated care plan.

Practices that set goals too high lose momentum before they even start. The reality is that concentrating efforts on just one change will make a difference. From small beginnings come great things. **PM**

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the office is being spent with the physician as opposed to waiting in their car or reception/treatment rooms.

- Patients who are able to be seen as close to the same day they call the office as possible instead of having to wait for weeks, even months for an opening in the schedule.
- Patients who are not refused an appointment because the office does not accept new patients, even

self-monitoring their performance data and making necessary improvements.

- Practices that promptly follow up with a call to patients to inform them of their positive OR negative test result—knowing they are waiting to hear.
- Physicians who care about customer service and offer opportunities for patients to communicate suggestions for improvement.
- Physicians who actually enjoy



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