

# Adopting a Policy Program

When “anything goes” in a practice, you’re in for problems and confusion.

BY LYNN HOMISAK, PRT

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**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.*

time-consuming management burdens off the physician and/or the Office Manager—greatly reduce decision-making interruptions and repeated reprimands. Those reasons alone should be enough to adopt a policy program.

Practices that have employee manuals are ahead of the game provided they take it off the shelf, blow off

expected to present themselves both professionally and physically, to their personal behavior, to what is and isn’t permissible on the job. It should also detail general operational office policies as well as those dealing with administrative and employment issues, safety and emergency protocol, and conduct/disciplinary situations. Why are these necessary? Because stuff happens and staff happens. Because adverse staff issues need to be addressed. Because staff need to be held accountable for their actions and know what their boundaries, rights, and protections are.

*Example #1:* Mary was reaching for a supply on the top shelf in the lab when she slipped and fell off the stepstool. What actions need to be taken? Who is responsible for her injuries? Does the incident need to be documented? Does she need medical attention? Is there paperwork that needs to be completed?

*Example #2:* Sue has been spotted coming in late several times last week. Her missed work activities mean lost productivity and have become an unfair burden on her co-workers. How should this be managed? What are the rules concerning tardiness, and are there any consequences for one-time vs. repeat offenses? How many times can this occur before a verbal warning? Written warning? Discharge?

## **Patient Policies**

Every team member should understand and adhere to patient policies so that scheduling, telephone, and front desk financial situations are handled appropriately and consistently. Why are patient policies necessary? Prac-

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### **Topic: “No Policy” Policy**

Dear Lynn,

*I am a DPM who just got hired in a practice that functions on a “no policy” policy. As you can imagine, this “anything goes” mindset presents all kinds of problems and confusion. As I am the new kid on the block, I’m certain my advice will not be taken seriously. Can you convince the powers that be (through your column) of the importance of having specific guiding principles in place?*

One cannot imagine how any business operates without the necessary “road map of how-tos” that serve to guide daily operations.

Established policies are primarily responsible for increased efficiency and structure. Housed within a practice employee manual (rulebook), adopted policies help to keep everyone on the same page. This streamlines operational processes and allows the business to run smoothly.

Keep in mind, too, that “set-in stone” policies effectively take

the dust, and put it to use. Of course, if there isn’t one—they are strongly urged to GET ONE and develop their own set of office policies. Oh, and be sure to update them regularly. By the way, practices who believe sharing employee manuals (i.e., using a manual created by another practice) is the easy way out, need to think twice. For the record, “borrowing” another practice’s written policies is not only lazy but can lead to litigious outcomes if the copied content is not followed to the last letter. In other words, create a manual specific to your practice.

Distinct policies and procedures critical for routinizing a practice can be broken down into three primary areas: employee, patient, and fiscal management.

### **Employee Policies**

Minimally, employee policies should be clearly outlined, so there is no question regarding how any incident will be handled. Employees should be aware of basic job rules and expectations, and policies should cover everything from how they are

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tices, not the patient, should control the appointment schedule and how/when to collect payments. Without the “rulebook” and given the opportunity, patients will assume control. The results? Lost revenue, an overcrowded schedule, no consequence no-shows, appointment blunders, etc. Add fumbled telephone encounters to the list. Telephone protocol/training is critical as well.

*Example #1:* Mrs. Jones missed her appointment yesterday. The receptionist did not bother to call the patient to find out why, nor did she document in the patient’s chart that yesterday’s visit was a no show. She didn’t think it was necessary and no one was overseeing her actions to tell her what she should have done. As a result, the cause of Mrs. Jones’ no show was never determined or documented. She was negligently lost in the system. Was the missed appointment related to her previous treatment? Did she end up going elsewhere for continued care? What effort was made to re-schedule her? No policy; no follow-up; no patient.

*Example #2:* Receptionist: “I’m sorry, Mr. Patient, I just don’t have that appointment time available in our schedule.”

Patient: “Well, let me talk to Marlene. She always manages to find space for me that you claim is not there.”

Inconsistent and random scheduling habits are the result of zero policies, and a principle cause of patient flow disruption and back-up.

### **Fiscal Management Policies**

Finally, an all-too-common area that is often seen as policy neglect is the financial office. Here, without standards, the handling of EOB reviews, appeals, write-offs, and collections is sloppy and borders on unethical.

In many cases, there exists no routine review of financial trends or tracking visit values and no requirement to follow preferred protocol. Structured written policies and closer monitoring would result in reliable/valuable statistics that can (and should) be assessed



## **Topic: We Don’t Talk About Patients, No, No, No!**

Dear Lynn,

Where exactly does our practice need to focus regarding HIPAA training? Is it absolutely necessary to spend training time reviewing what should already be obvious? I mean, everyone that works here knows the general privacy rule: “What goes on in our office, STAYS in our office.”

and documented from month to month. These are necessary to prevent loss of due reimbursement, risk of embezzlement, out of control A/R, and to keep a finger on the pulse of the practice.

*Example:* Tina, a long-time financial manager, received what should have been considered a questionable EOMB. She quickly documented the amount approved (and paid) for the primary procedure and wrote off all

HIPAA training must not be taken lightly. It is more comprehensive than just training your team not to indiscriminately blab about in-house secrets concerning patient information.

WHY is it necessary!? The penalties for non-compliance with HIPAA regulations can include monetary penalties ranging from \$100 to \$50,000 per violation, depending on the level of culpability. Criminal

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insurance denials for payment on the second and third procedures.

Did she have the solo authority to decide if write-offs are or are not warranted? Could that claim have gone to appeals for review and consideration? Is she not required to document the amount of write-offs she routinely makes? Isn’t there a policy that determines how write-offs should be managed? Should they be approved first by the doctor?

Now, realize these exact scenarios may not have occurred in your office, although you may have experienced them or know of similar situations. Imagine a sporting event without “rules”—chaos! Having written/accepted policies in place establishes order which allows a standardized, equitable, efficient work environment for all. It’s as simple as that!

penalties can also be imposed for intentional violations, leading to fines and potential imprisonment.<sup>1</sup>

Regular training sessions are required to keep the practice in compliance, avoid violations and fines, maintain brand reputation, and assure that all team members are aware of the rules and components of HIPAA compliance. And most important, to protect patients!

For economic, reputable, and ethical reasons, ongoing training efforts should be mandatory for all employees with emphasis on:

- Understanding the HIPAA regulations and your HIPAA Compliance Officer,
- Identifying risks and potential privacy breaches,
- Review of security measures,

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policy reviews, and updates,

- Ongoing PHI (Protected Health Information: (name, Social Security number, telephone number, medical record number or ZIP code),
- Safety precautions designed to protect digital as well as physical patient data,
- Proper handling, storage, and shredding of patient documentation,
- Incident response plan, and
- Employee sanctions for HIPAA violations.

The following are some additional aspects to cover during your training program. These were printed in one of my previous “Consultant” columns (June/July 2016), and still ring true today:

- Limit access to your computer station or records.
- Keep your passwords secure and private.

- Turn over or remove records from plain sight.

- Pick up, remove, or shred items and records that might be thrown away or otherwise discarded.

- Remind colleagues and co-workers to abide by security procedures and practices if potential violations are seen.

- Report any violations observed pursuant to your existing HIPAA privacy and security policies.

- Be aware of your tone, volume, and language as you discuss patients or other issues in any public area including elevators, hallways, or outside of patient rooms in order to minimize potential security and privacy breaches of patient information.

- If for any reason your job duties require you to transport patient information, be sure to keep those records safe and secure at all times, not leaving them visible in your car or accessible to other people.

- Minimize the amount of information forwarded to any third party to

meet minimum necessary standards.

- Think before you talk. Do not share internal patient information with others...even if it might make a “great story” or if you believe sharing may relieve the stress of a bad outcome. **PM**

## Reference

<sup>1</sup> <https://www.hipaajournal.com/what-are-the-penalties-for-hipaa-violations-7096/>



**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.