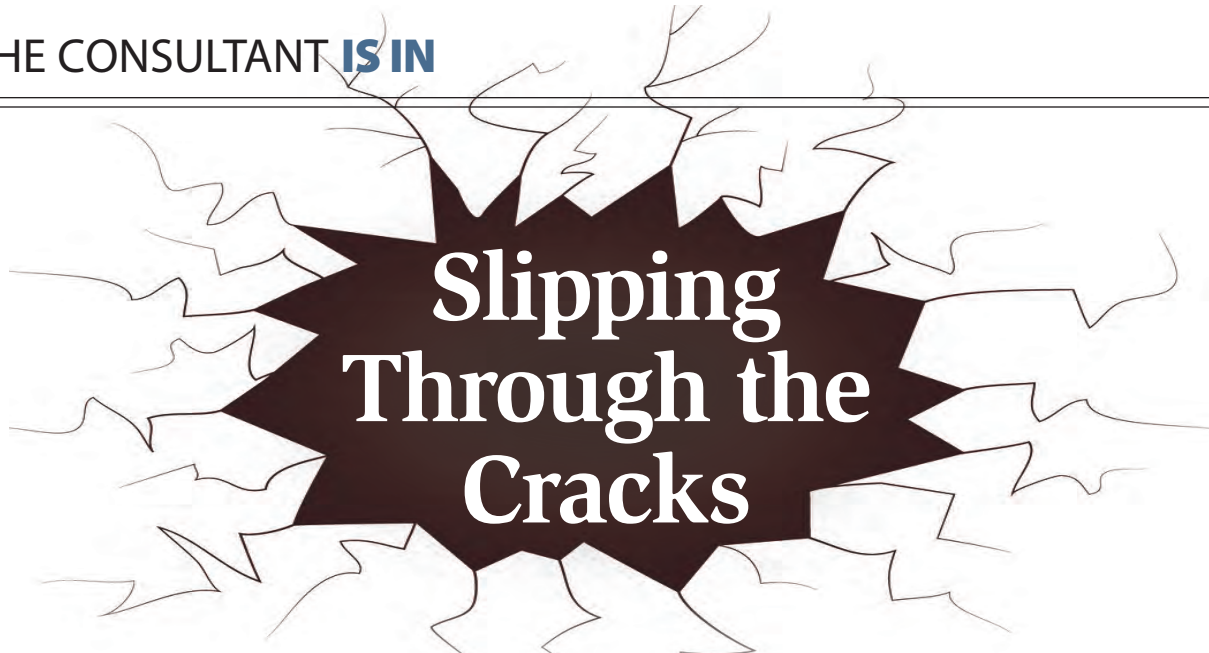

Slipping Through the Cracks

Keeping a simple log is an "in your face" successful data tracking management tool.

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 soslynn@gmail.com which will be printed and answered in this column anonymously.*

Topic: Data Tracking for Essential Follow-Up

Dear Lynn,

I don't feel our office has a very effective system for following up on certain things, especially when it comes to informing patients of their (negative) test results. Of course, we don't do this intentionally. Patient information just seems to get lost in the daily shuffle and no one really takes the responsibility to follow through. It sometimes presents a problem. Any suggestions?

It is too easy for patient data to slip through the cracks without an effective system in place to make sure it receives proper attention. To avoid this from happening, keep active logs that document and manage certain everyday operations.

The utilization of follow-up logs (digital or paper) can prevent the unknown loss of information and unfinished services. In addition, they keep reliable tabs on unaccounted-for patients, provide the required patient follow-up, and lay the foundation for an active recall list which lets the patient know they have not been forgotten. Best of all, keeping a simple log is an "in your face" successful data tracking management tool.

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Some suggested logs to consider implementing in your practice:

- *Patient Follow-up*—These daily logs ensure that those patients who have not re-appointed on site or were scheduled but failed to show are contacted. Why didn't they show? Were they unsatisfied? Just forgot? Felt better? A concerned phone call to the patient after one or two days allows the office to learn of and document circumstances surrounding their absence. In some cases this information prompts additional action by the doctor or staff including an opportunity to reschedule them. Best of all, it prevents patients from just dropping out of sight.
- *Appeals Progress*—Staffers in the billing office who are responsible for following up with appeals will tell you it is an exhaustive process. It seems the tactic for insurance company adjudicators is to do and say anything to delay, delay, delay any resolution for a claim in review. Even though it feels like an exercise in futility, office staff must stay vigilant to resolve each claim. That means staying on top of these insurance mediators with continuous callbacks and documenting conversations until a preferred outcome is achieved.

Keeping this information up-to-date and at your fingertips in an organized log gives us the ammo needed to fight for what is rightfully deserved. Do they think we are foolish enough to believe that they will get back to us "shortly" or "as soon as we can look into this more"? It is merely a stall tactic that buys them more time to keep the reimburse-

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ments in their pockets. Nothing but false promises.

• *Orthotic, AFO, and Shoe Dispensing*—A logbook to keep track of patients who have had foot impressions for either a pair of orthotics or AFOs pays off. It takes a minute to record all the details in real time, i.e., the date the cast was fabricated, when it was sent to the lab, when it was returned, the date the patient was called, and when the device was dispensed. In the event there is a breakdown anywhere during that process, it sticks out like a sore thumb, indicating some sort of follow-up is needed.

For example, if a customized AFO was not returned promptly, it is a signal that a check-in with the company is in order to find out why. It's also not hard to imagine that a pair of fabricated orthotics have been lying in a bin in the lab for months because the patient was never called; or they WERE called but failed to pick them up? Can you say lost revenue?

Similar to the orthotic/AFO log, patients who have qualified and been measured for a pair of shoes/inserts should also be recorded. There is something to be said for having this information all in one place, as opposed to pulling up each individual patient record to check on this data. Unfavorable missteps are less likely to occur if maintaining reliable records is a routine practice.

• *Test results*—One log should be created that organizes all outsourced test results, i.e., fungal cultures, biopsies, lab work, radiology reports and MRI results, etc. Some doctors will advise their patients, "We will only call you if the results are negative, so if you don't hear from us, everything is okay." That is all well and good, but alas, leaves room for error.

Let's say the expected report is never returned (oops)—another case of patient information slipping through the cracks. If the follow-up strategy is based solely on someone actually remembering that there WAS a test in the first place, that's chancy. What if this particular result reveals an adverse result? Your patient thinks all is okay since they were not called. Who is responsible for this patient not receiving follow-up care? You see, it doesn't matter who dropped the ball; just that it was dropped. Patients trust that the practice will inform them of test results and in the unfortunate event of a mix-up, they will hold the practice culpable, not the lab. In this litigious-happy world, "human error" such as this should not be taken lightly. Everything in your power should be done to prevent it.

For example, if a pair of customized AFOs was not returned promptly, it is a signal that a check-in with the company is in order to find out why.

Whatever the current patient contact process is for your practice, as a safeguard moving forward, it should include informing patients of their results (negative or positive). This can easily be accomplished by keeping a record and checklist of all tests taken, received, and documented showing that the patient was contacted with or without the need for follow-up care. Patients would rather not guess that their test result is negative; confirmation that it is, or being told otherwise, is necessary.

Each of the above-mentioned logs can be easily crafted to fit your practice.

Topic: Trouble in Paradise?

Dear Lynn,

We have always had this paradise-type workplace where everyone got along. Lately, instead of having one unified team of doctors and staff, we've split into two opposing ones—employers and employees, and it leaves all of us in a less than desirable place to work. I'm not really sure how this happened. Everyone was always on the same page. I can see how this could be a problem in ANY workplace, but I never thought it would happen in ours.

It sounds like this situation did not happen overnight; rather, over time. And without specifics, it's difficult to say what or who's responsible for the fallout. In similar situations, it usually circles around one (or more) of the following shortfalls. A lack of: effective communication skills, overall awareness, inclusivity, policy enforcement, purposeful training, distinctive job duties, leadership and management, feedback, appreciation, and respect. Maybe even all of the above. Can you pinpoint any of these as being the impetus of your existing mutual disconnect?

Because you identified yourself as an "anonymous reader", it's not really clear what "side" you are on. Employer or employee? Neither one gets to escape accountability as to why this once unified team has collapsed or, more pointedly, why it continues.

Years ago, a staff person complained, "My doctor reprimands me for not doing things she's never even taught me! How unfair is that?" When asked, "Well, have you made an effort to talk to her about it and explain that?" "No," she replied. "She's not easy to talk to." In the end, who then was responsible for their breakdown? The doctor was not a mind reader. But if she intentionally ignored the need to properly instruct and train her staff, wasn't she partially negligent? Or was the staffer wrong for not caring enough to speak up in hopes of correcting the problem?

A bilateral failure to communicate, left unattended, only festers and it is not as uncommon as you may think. A lack of communication is

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the most egregious of all management crimes and sadly, one of the most difficult to work through. Not impossible. Just difficult. Both sides need to be willing to work together towards a unified goal if any progress is to be made. The solution is to open the doors of communication.

We seem to push things under the rug at times to avoid confrontation. However, the reality is that bringing issues out in the open and talking them out usually leads to compromise. If conflict exists between two or three individuals, a private discussion might be all that is needed to come to a reconciliation.

As a general rule, it is always strongly recommended to have regular doctor-staff forums (staff meetings) that include the entire team in order to review established policies and protocols, patient care and customer service, compliance issues, and scheduling updates. In addition, performance appraisals and on-site evaluations should also be scheduled routinely for the purpose of managing and educating, not scolding.

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Do not assume any of these are a waste of time (they are not!); that there is never anything important to talk about (there always is!); or that situations like this will work themselves out by leaving them alone (that's a big not going to happen!). Ignoring what is going on around you only sets the stage for low morale, stress, job dissatisfaction, and unnecessary turnover. Ignorance is not always bliss!

Paradise does not need to be a place, only a state of mind—preferably one of contentment. If that is true (and why wouldn't we believe it is?), then together, the doctor and staff in your practice have the ability to repave that path. **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.