

Secrets of Success: Management Crime Part I: Are you (and/or your staff) Guilty?

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Welcome to Part I of the Two-Part Management Crime Series. I think we can avoid the handcuffs if you are found innocent.

1. Poor attitude

- The Doctor sets the tone of the day with his/her first step into the office. *“Attitude starts at the top.”* What kind of a day will it be today? You call the shots!
- Doctor should be an example to staff: staff will mirror your good (and unfortunately, your bad) behaviors.

2. Inappropriate telephone behavior

- Listen with your full attention; avoid distractions; put your Blackberry down. Leave it down.
- *“Did you or did you not...”* – Avoid verbally blaming or abusing; you’ll only have increased negativity to deal with.
- *“It’s not my fault!”* – Help to find solutions without getting defensive or emotional.
- *“garble, garble, blughb, mumbo jumbo”* ...Avoid talking with food, gum, pencils? in your mouth. It’s just rude!
- *“Wait...hold on...click”* – Always get permission from your caller FIRST before pushing that hold button. If you don’t, they may just hang up...for good...before you return.

4. Inconsistent policies

- Your policies are your office RULES – Every office should have an up-to-date practice manual that clearly states how the office operates. Policies are there for a reason; they answer the question: *“What should I do?”* Keep in mind that in order for them to work, they need to be enforced, so enforce them or else.
- Without policies:
 1. efficiency wanes; things slip through the cracks;
 2. HR guidelines are compromised; protocol is challenged
 3. confusion and negligence breeds

5. Lack of adequate privacy safeguards

- Leaves practice wide-open to patient filing formal report/complaint of HIPAA non-compliance
- Patient’s lose trust and confidence in you, your staff, the professionalism of the practice; do not feel assured that their personal or medical information is protected; *They think: If that’s how they protect HER privacy, how safe is mine?*

6. Micro-staff-management

- Avoid delegating to and empowering your staff...if you only plan to dis-empower them at some point. This action:
 - Shows poor leadership and sends uncooperative messages.
 - Shows disregard/disrespect for staff
 - Is de-motivating; Staff will no longer put effort into their work – (*“what difference would it make anyway?”*)
 - Delegate a task to the least paid employee who you are sure can do it well.

7. Underutilization of valuable downtime

- Do mice really play when the cat is away? Doctor’s may frown upon downtime (non-clinic/patient time) if they think it means *“fun time”* for staff. Recognize that *“alone time”* can be a very productive time to catch up. Make sure specific downtime duties are included in your staff’s written job description and it will be time well spent. Special chores can be accomplished far faster and much more effectively if they can be done without interruption.
- Beware of *Timewasters*...they come in many different flavors (from excessive Doctor/patient, Staff/Patient, Staff/Staff social time to dealing with conflict to the everyday disorganized office layout) A minute here, a minute there can be costly when you add it all up!

8. Vague instructions/orders

- Be specific when communicating with staff – clarify words such as *“too soon”*, *“later”*, *“sometimes”* or *“look into it”*...
- Unless you clearly relay all the details (or instructions), staff will interpret or do things the way they THINK they understand them (which may not necessarily result in your expected or desired outcome.)

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