

Best Practices — How Does Your Staff Compare?

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When striving for quality, consider the following points.

When determining how your practice compares to those recognized as using “best practices,” don’t forget to evaluate your technician performance and the structure of the clinic. Naturally, the quality of your operation will to some extent depend on the needs and the number of doctors working in the office as well as the volume of patients seen. When striving for quality, consider the following points.

Clinical supervisor or lead technician. Someone must be responsible for supervising the clinical staff. Ours is a dynamic field; patients have myriad complaints or complex medical histories, including

some with rarely seen ocular manifestations. Some of these situations create questions among even experienced technicians. A knowledgeable, clinical leader who can intervene will minimize interruptions to the doctors’ schedule.

This person can also ensure that revised or new policies and procedures are understood. The absence of this comprehension leads to inconsistencies. As a result, patients are often worked up incorrectly and physicians become frustrated.

The supervisory responsibilities of this position include taking sick calls and adjusting staff duties accordingly, monitoring the time clocks and disciplining those who are chronically late, and scheduling lunch breaks so that the clinic is adequately staffed during this time period.

Work-up protocol. This is the roadmap for the patient encounter. Patients present for comprehensive exams, focused follow-ups, and emer-

gencies, to name only a few reasons for the visit. A written protocol guides technicians toward consistency; the ophthalmologist will have an expectation that tests related to the chief complaint will have been performed.

The greater the number of doctors at one practice within a subspecialty, the greater the need for consistency among providers. When this is not achievable, the differences must be spelled out and distributed among all clinical staff. Communication tends to have a trickle-down effect when communicated orally; this is less true if the communication is written. The best practices orally review the written policies and protocols prior to implementation or at the first sign of confusion.

Consistency. Beyond the protocol, there must be consistency among all clinical staff in *how* they are performing the tests. Doctors assume that staff are performing confrontational fields identically, when in reality the techniques are quite varied. In order to achieve consistency, the best practices are having all clinical candidates perform a skills assessment test.

In these instances, the practice has the clinical leader spot-check his or her staff; when inconsistencies are found, a refresher session is held. As part of either of these reviews, staff members are questioned to underscore their comprehension of the skills they are performing.

Speed. This is as important as consistency, provided technicians are not sacrificing accuracy for speed. Included in the above-mentioned spot-checks is the timing of the work-up components. Best practices share the benchmarks established in the ASOA Technician Benchmarking Survey (April 2009) with their assistants and have them strive to meet those benchmarks.

Cross-trained staff. As a result of poor staffing or the inability to accurately anticipate the need for staff, practices of all sizes are making the effort to cross-train technicians to perform as many clinical functions as possible. Many have gone one step further and are having one doctor’s team members work with that doctor’s associates. Small prac-

tices have been known to mandate that clinical staff learn to triage calls and clerical staff train as ophthalmic assistants.

All have reported the tremendous value this brings to the patient experience and that it has been well worth the effort. Staff members can travel through the clinic as needed during peak patient hours, particularly when co-workers are on vacation or have called in sick. The awareness of previously unfamiliar elements of the clinic has made staff more proficient when they return to their primary position.

Continuing education. Ours is a rapidly changing field. To keep up with these changes, it is important that staff be made aware of new developments and how these may impact the work they do. Some practices view this as an unnecessary line item in the budget; best practices are reluctant to delete it.

Today education can take many forms. Online education is cost-effective and easy to monitor, and the

practice's professional staff can run in-house seminars with a minimum amount of planning. Regional educational seminars might also be available, and some practices reward excellent performance with a trip to a national meeting.

Patient flow and big picture. This is the single most important achievement of best practices. The clinical supervisor is able to see the big picture and allocate resources as needed to enhance patient flow. The most astute clinical leaders anticipate the day in advance and when necessary, manipulate the schedule accordingly.

Some practices use a "people mover" to ensure that doctors always have a patient to see instead of letting a doctor slip into his office to return phone calls. Others ask that all clinical staff be responsible for making sure patients are moving through the office.

Nimbleness. Even the best practices have days that are problematic. The cause may be a large proportion

of immobile patients, unanticipated absences, or complex emergencies that were unexpected combined with a very small no-show rate. Yet, at the end of the day, the best practices analyze the day and determine what changes are to be made the next time they are confronted with similar obstacles. **AE**



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ing). Finally, enlarge your presence. Starting a Facebook page or Twitter account for your group will give you more opportunities to appear in online searches for your practice's name—and let you connect with patients in ways your practice's website won't.

3. Patients are looking for your doctors online, not just your practice.

Many sites allow a patient to find and rate a physician. You may not be able to control *what's said* about your physician, but you can control *how you react*.

Ignoring physician review sites such as Vitals.com, HealthGrades.com, and RateMDs.com won't make the comments go away. Instead, do some research in the social space and see what patients are saying about your doctors. You may even find opportunities for delivering great customer service.

CHRISTUS Health representatives did this recently through its Twitter account. They noticed a patient tweet about a bad experience at the hospital, so they tweeted right back, "Disappointed to hear about

your negative experience at CHRISTUS Santa Rosa New Braunfels." But they didn't just acknowledge they'd heard the complaint—the hospital did something about it in a follow-up tweet: "Santa Rosa hospital leadership met to discuss your concerns and will be addressing you directly, on a personal level."

Only you can have the last word in a successful response to an unfortunate situation.

4. Be proactive in online and traditional patient communications.

Printing brochures about your practice's new location can be expensive. Communicating with your patients via your practice's Facebook page is not. There are no significant barriers to entry like there used to be online, so publishing your brand's presence is a click away. You won't reach all patients or potential patients at your practice through just one platform; the more places you make available for information, the more likely that it'll end up in the hands of existing patients and reach new patients.

5. Find the best staff.

Potential employers can Google you to get a snapshot of your personality and credentials. You can also use the same tools to vet potential employees. You can see an applicant's Facebook page or professional profile on LinkedIn as well as other personal websites, allowing you to gather information that you may not have requested in your employment application.

The lines between professional and personal marketing are getting thinner, but the ability to use these tools to get the word out about your practice is getting easier and less expensive. Be proactive and research the tools discussed, then find the ones that bring patients and physicians together in your practice. **AE**



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