

CHAPTER 5

Staffing and Human Resources Issues

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INTRODUCTION

This chapter will focus on approaches to staffing an allergy practice, review how to retain staff, and suggest procedures to handle basic employee human resources issues.

Staffing an allergy practice can be a complex process. It is ultimately the responsibility of the physician/owner of a practice to determine how much support staff is needed to complete the tasks required at the practice. The physician must understand that the revenue generated by a medical practice comes from the time spent interacting with patients and from the testing and treatment administered to those patients. The physician should view organizing staff as a means

to maximize the efficiency of revenue production. The physician could do any task required in a medical practice, but frequently these tasks are more efficiently—and more effectively—performed by other staff members. Therefore, receptionists can be hired to answer phones, ensure that patients fill out the necessary forms to allow efficient billing to third parties and schedule appointments, while clinical staff can be hired to weigh, measure, perform skin testing, and provide allergy desensitization, thereby allowing the physician more quality time to spend with patients.

The individual preferences of the physicians involved will determine how much support staff is hired. Allergy office staffing patterns also vary according to the size and complexity of the type of practice, and in their use of part-time versus full-time employees. For these reasons, there is no simple rule or formula for determining support staff structure.

BASIC TASKS IN AN ALLERGY PRACTICE: CLINICAL AND CLERICAL SKILLS

The essential clinical skills needed in an allergy practice are patient evaluation and treatment. These functions require a **physician or physician extender** to provide the patient care services needed in an allergy practice. A **physician assistant or nurse practitioner** may serve as a physician extender, but the physician/owner has to determine if such a hire is feasible or necessary for the practice. An important consideration when hiring physician extenders is whether you want them to have their own patient base. A physician assistant works under the supervision of a physician and may or may not have their own patient base, whereas nurse practitioners often have their own patient base. A clear delineation of the role is essential for a successful physician extender relationship.

Nursing positions (registered nurses [RNs] or licensed practical nurses [LPNs]) would be employed in a practice to assist the physician in providing clinical services such as immunotherapy administration and preparation, inhaled medication therapy, patient education, allergy testing, and spirometry evaluation. This group also answers some clinical questions and refill requests. In most allergy practices, the technical differences between LPN training and RN training are not a factor. However, some states have restrictions regarding the level of

qualification for treatment administration. (For example, only RNs can give immunotherapy injections in New York.) It is necessary to understand your state's rules and regulations before assigning tasks to clinical staff.

Medical assistants would be employed to help process patients. They can weigh, measure, and prepare most patients before physician visits, and clear the rooms when the visits are over. These assistants can also be trained to perform allergy testing and spirometry and provide patient education, freeing up physicians and other clinical staff to provide other services. It is also advisable to assign a clinical staff member to be present in the exam room to monitor and observe physician-patient interactions.

Respiratory technicians, blood-drawing lab technicians, research coordinators and radiological technicians are other positions that might allow for expanded services. These positions would most likely only be considered at an established practice.

Clerical positions can include receptionist, medical transcriptionist, bookkeeper, and medical records clerk. The receptionist's role is vital to the practice's public relations. Good telephone etiquette, efficient scheduling, and effective patient balance collection are all essential to the success of a practice. The receptionist in a smaller practice may also be responsible for medical billing to insurance companies and patients. The responsibilities of a bookkeeper include monitoring and payment of bills in an efficient fashion. A medical records clerk reviews and forwards medical information to other healthcare providers, facilities, patients, attorneys, and insurance companies, while ensuring the patient's privacy and compliance with Health Insurance Portability and Accountability Act (HIPAA) privacy practices.

A separate **medical billing department** may be created for the practice. This department may be established when the billing tasks become complex, or clerical staff becomes overburdened with the combined workload of receptionist and medical biller. Medical billers are specifically trained to process all patient encounters and send out bills to the appropriate insurance companies and patients. Accurate and timely data entry of payments received and adjustments to patient

accounts is essential. **Certified medical coders** can be employed, or employees can be properly trained to make sure that current procedural terminology (CPT) coding is properly carried out. The need to constantly monitor outstanding charges is a priority in every medical practice. (See Chapter 6 for more information on this issue.)

As a practice grows to become more complex, **administrative supervisors** become necessary. Supervisors should ensure consistency in the job performances of all employees. A **clinical supervisor** may oversee the training and performance of the clinical support staff, while an **office manager, billing supervisor, or front desk supervisor** oversees the clerical support staff in the individual departments. A practice administrator is a managerial position that oversees all practice operations. Again, it is important to remember that the development of such an organizational infrastructure is necessary when the complexity of the practice and the number of employees grows to a point where the physician/owner does not have the time or ability to oversee all practice operations.

Also, it might become necessary to create a separate position to monitor compliance with governmental guidelines, such as Occupational Safety and Health Administration (OSHA) regulations and HIPAA. These compliance officers may have additional job responsibilities, but it is essential that these individuals be non-owners of the practice, and that they can perform these monitoring tasks in an unbiased and unburdened fashion.

Once a staffing structure is established, it is helpful to create a **detailed, accurate job description** of each position established. This will help all employees understand what is required of them, and help in the future recruitment and retention of support staff. Job descriptions need to be comprehensive, but not so specific that they inhibit a worker from completing or even exceeding the requirements of their job.

RECRUITING GOOD APPLICANTS

Recruiting high-quality staff is a difficult process. Flexibility is one of the key factors employees

look for in a new employer—the ability to adjust schedules based on the life and family needs that may arise. In an allergy practice, scheduling flexibility (popularly known as “**flextime**”) for staff is crucial, but it must occur within the constraints of the practice needs. When flexibility is introduced into a staff schedule, the staff feels empowered. For example, if the practice is open more than eight hours per day, staff may be given a half day off during the week. This allows staff to meet personal commitments during that time, thereby avoiding disruptions to the patient and physician schedules. Taking this concept further, allowing occasional flexibility to reschedule the half day to another day of week gives the employee further autonomy and incentive not to seek employment elsewhere.

Employment classified advertising is expensive, and practices must get the most return on investment for these dollars. Running ads for three consecutive days including Sundays (to ensure higher readership) in regional newspapers is often cost effective. Community newspapers are usually less expensive.

The internet is used by most job applicants since it allows them to filter the ads that meet their exact criteria. With this said, one needs to carefully word the ad to attract candidates with the desired qualifications and values. Online employment recruitment websites, such as monster.com, might also prove useful in attracting qualified candidates.

Professional organizations and publications, especially nursing publications, are valuable for attracting candidates. Regional and national societies (e.g., American Academy of Physician Assistants), and county medical societies may offer cost-effective recruitment tools. Encouraging other staff members to recruit friends, family, and colleagues can be fruitful. (Providing incentive bonuses for staff who refer new employees who stay beyond a three-month probationary period may improve recruiting results as well as staff morale.)

Use of **staffing services (employment agencies)** should be considered only as a last resort because of the high cost of such services. Also, employment agencies frequently have rules or policies for employees hired through their agencies that might differ from those of your own practice.

The availability of clerical job applicants far exceeds that of clinical staff. For this reason, it might be necessary to consider special measures to recruit clinical help. The availability of sign-on bonuses, flexible work schedules, and high salaries offered by hospitals makes it extremely difficult for the private allergy practice to compete with hospitals for trained clinical staff. Paying competitive wages, even though they may not be comparable to those of hospitals, is essential. Flexible work schedules are one of the main benefits sought by many nurses who are interested in leaving the hospital setting. Many also enjoy the patient contact they have in a private practice, and the ability to develop relationships with patients, and this advantage should be stressed in the recruitment of this group of staffers.

HIRING PROCESS

Careful review of resumes, telephone screening, and interviews will most frequently bring qualified candidates to your practice. Because of the scarcity of available qualified nurses, you should consider conducting formal interviews of all applicants for these positions.

An **employee application** is a valuable tool and each applicant should be required to complete one. Not only will the application provide a place to collect important job-related information about training and experience, it also provides a place for the employee to sign, attesting to the veracity of the information contained in the application. The application should also contain a statement signed by the applicant allowing the employer to contact references, former employers, and others.

The **initial interview** should be arranged with the appropriate supervisor, who will review the applicant's résumé and application. Look for gaps or short-term jobs; reasons for leaving jobs should also be discussed. Interviewers should ask open-ended questions and strictly avoid possible discriminatory questions. **Do not ask** about pregnancy, marriage, age, living arrangements, or religious affiliation. In order to avoid possible claims of discrimination, it is advisable to follow a script, so that each applicant is asked the same questions. The interviewer should try to get a "gut" feeling about the candidate and pay attention to verbal and non-verbal

clues as to how that candidate will fit into the practice culture. Avoiding conflict with existing staff should be a goal when evaluating prospective new employees.

References are important to the hiring process and should be checked completely after the initial face-to-face interview. Do not rely on family, friends, and former co-workers as the only references. Request the names of supervisors, including physicians who have served in this capacity. Previous employers must be called, with doctor-to-doctor, administrator-to-administrator, and nurse-to-nurse communication being most likely to result in obtaining candid, honest opinions. Although less information is provided than in years past, ask questions that are easy to answer by “yes” or “no.” This allows the reference to answer your questions but not be perceived as having divulged inappropriate information. Again, following a standard set of questions will protect against possible claims of discrimination.

If at this point an offer of employment is considered, a paid opportunity to spend at least a **half day shadowing current staff** may be arranged. This allows the candidate to see what the culture of the practice is like and how the workflow proceeds. A positive feeling among existing staff members frequently works as a selling point for many candidates. This opportunity allows both the candidate and the practice to better evaluate whether the hire would be a good fit for both parties. The exercise frequently saves time, trouble, and training resources if a mismatch is discovered.

Once a candidate is hired, a clearly defined **introductory** or **probationary period** (three months is recommended) should be established. This period provides for appropriate training and assessment of whether the employee is meeting the needs and expectations of the practice. Establishment of this consistent period allows the practice to more easily dismiss an employee who is not working out. It is important to note, however, that an employee dismissed in violation of federal or state law may still file a claim, even if the termination was during the first few months of employment.

STAFF RETENTION

A solid retention plan to ensure long-term staff satisfaction is essential once the energy is spent recruiting, hiring, and training staff. The retention process starts with training. Training is best when it is employee-specific. Not all staff members are the same, and consideration for personal needs in training goes a long way in building staff loyalty. Review of staff benefits and salary structure should be done annually to ensure that valuable employees are not lost because the practice has not kept pace with the marketplace.

All employees want to be recognized for the contributions they make to the practice. This is very difficult to do on a day-to-day basis. Periodic unexpected expressions of gratitude are much appreciated (e.g., annual staff appreciation day, ice cream sundaes on a warm summer day, or an annual holiday party or picnic). Personal remembrances on birthdays and for weddings and baby showers are also simple opportunities to remind staff that the practice cares about them as people. Developing a “family atmosphere” can be essential in helping staff feel they are an integral part of the practice’s success.

Encouraging staff development and growth through educational opportunities is also very helpful in increasing productivity, creating staff loyalty, and maintaining job satisfaction. Clinical staff members generally respond extremely well to opportunities to attend clinically relevant educational programs put on by regional and national allergy societies. Periodic in-service training sessions with the practice physicians are also beneficial and bring a unique perspective to the clinical staff member’s work. Clerical personnel can benefit from enrollment in local courses that are frequently provided by local medical societies or insurance carriers. Recurring staff meetings to update all staff on practice plans and objectives allows the staff to feel personally vested in the success of the organization. These meetings often allow staff to ask questions and offer suggestions on operational issues.

In general, establishing an approach that demonstrates that you are considerate of the needs and desires of your staff is the most valuable approach to improving staff retention.

HUMAN RESOURCES

Many practices fail in their dealings with human resources issues because little long-term preparation or consideration is given to it. Dealing directly with employee complaints without taking personal offense to the complaints is extremely helpful. Physicians should not be frightened by the prospect of dealing with human resource issues. Understandably, people have increased anxiety when dealing with issues for which they have no formal training. However, knowing what you do not know and seeking out and listening to good legal advisors go a long way in protecting your interests. Know the federal and state labor laws and follow them.

The simplest advice is to use common sense in establishing consistent rules in this area. Be honest, fair, and above all, **consistent** in dealing with all staff. This approach will generally protect a practice from any potential prolonged legal entanglements that might come up when dealing with employees. It is essential to clearly document how any complaint was raised and how the review was handled.

A physician/owner of a practice would be wise to create an unbiased employee position to be the **human resources officer** for the practice. This position creates an opportunity for staff to voice their complaints without fear of reprisal if they feel they are being treated unfairly. This officer can obtain appropriate training fairly easily from a variety of sources, such as locally sponsored labor attorney practices and local medical societies.

Staff need to feel that they will be treated fairly and equally, with no perception of favoritism. Personnel issues and performance issues are best dealt with early and directly. A conversation between the human resource person and a staff member may eliminate the problem immediately. Procrastination is detrimental to the resolution of any performance issue. Rigidity is not advised either. Many times a staff member may be experiencing a difficult time in their personal life. Exercising understanding and patience during these difficult times will allow valued staff to work through their problem while remaining employed.

As mentioned above, a proactive approach to human resource issues is essential. Clearly defining

your expectations and goals is necessary to avoid confusion or conflict. This is another area where having clearly defined written job descriptions will be helpful.

Another way to establish long-term expectations and employee rules is by creating an **employee handbook**. This is a document that clearly states all practice policies and expectations and is essential for every medical practice. It is not an employee contract, but rather a guideline that outlines the practice's expectations for professional standards and behavior of all staff members. It should clearly state what the employee benefits are and when an employee qualifies for those benefits. It should state the practice's obligation to the employee in any anticipated circumstance, such as practice closings due to weather and employee disability, illness, or pregnancy. The employee handbook must be reviewed and revised periodically to maintain relevance for a growing practice.

A general but clear outline of each policy must be written in the handbook. This allows the practice to work within the guidelines when an issue arises. Too many details in a policy should be avoided. If it is too specific, flexibility in enforcing the policy is lost. Many medical management organizations have generic manuals of this type that can be used as outlines for a personalized manual, but remember that in this case "one size does not fit all." Policies must be customized to fit the needs of your individual practice.

Every personnel policy manual should include:

1. An acknowledgment page signed and dated by each employee and filed in their personnel file.
2. A statement that employees are hired "at-will," if the practice is located in a state that allows this type of employment (most states do), because the practice reserves the right to terminate any employee with or without cause.
3. A statement that you reserve the right to change policies at any time.
4. A statement that violation of policies will subject the employee to discipline, including termination.
5. A statement that the practice is a non-discriminating employer.

6. A statement that establishes an introductory period (probationary period).
7. An “open-door” policy to deal with grievances and an established grievance protocol.
8. A clear statement that the practice mandates that all employees observe patient confidentiality as an essential criterion for employment. (In other words, the employee will follow HIPAA rules without exception.)

In addition, the manual should include payroll policies, employee benefits, legal holiday policy, weekend or night schedules, meal policy, parking and travel expense policy, office closing policy, attendance policy, personal behavior policy (including expectations for presentation and attire, personal phone calls, smoking, sobriety, and a statement regarding the “desire for harmony”), and the leave of absence policy (including maternity leave). Lastly, the manual should establish a consistent staff review process, grievance protocol, and a step-discipline protocol. It should be made clear, however, that any step-discipline protocol is not required and that employees remain (to the extent allowed by your state) “at will” employees of the practice. It is important that the employee manual not give rise to a claim of “implied contract.”

Committees made up of both staff and physician/owners to review staff and physician behavior issues are essential and will help deal efficiently with these issues when and if they arise. Also, annual employee reviews with clearly stated goals and criticism of job performance should be established. It is advisable that salary increases be clearly linked to performance as well.

If a grievance committee is established to address physician/owner performance or behavior issues, the practice owners must ensure that the committee members’ recommendations are unencumbered, with no effect on the committee members’ employment.

OPERATIONAL PROCEDURES

In addition to an employee handbook, providing other written operational policies and procedures helps assure efficient, consistent services, and reduces confusion and redundant management interventions. This documentation is also important if and when disciplinary action is necessary to maintain practice order and enforce practice standards. The structure for writing

policies and procedures is well established in medical practice. Policies are organized by category for easy reference. Each policy states the practice issue or objective to be addressed in a simple phrase, which is followed by a brief sentence or two that clearly states the practice policy. The procedures that enable staff to meet this policy are then listed as short and concise guidelines. Each guideline should contain one idea per sentence. If referenced in the policy, any relevant documents or checklists utilized by the practice should be attached.

Suggested categories for a policy and procedure manual are provided below, as well as some of the common policies that should be addressed in writing. This is not an exhaustive list of all situations or circumstances that will be encountered in your practice, but it should provide a fairly comprehensive framework of required guidelines for practice management.

Appointment Scheduling

- Patient classifications
- Schedule templates
- Required information for new patients
- Benefit eligibility check
- Referrals and insurance authorization
- Appointment confirmation
- Delinquent account appointment scheduling

Registration

- New patient registration
- Established patient registration
- Benefit eligibility confirmation
- Referrals and insurance authorization
- Cancellations/no-show patients

Communication

- Telephone communication practices
- Telephone call documentation and transfers

- Patient complaints and concerns

Medical Records/Transcription

- Patient medical record identification
- Medical record organization and documentation
- Dictation and transcription
- Medical record confidentiality
- Medical record storage and retrieval
- Medical record release and access
- Active patient status
- Medical record purging
- Chart reviews and audits

Clinical Care

- Patient intake and preparation
- Informed consent forms
- Testing
- Training and teaching
- Medical emergencies
- Problem patient discharge
- Prescription management
- Ancillary test ordering/recording/reporting

Information Systems

- Secure electronic environment
- Disaster management

Financial Management

- Daily payment tracking and reconciliation
- Bank deposits

- Month-end closing
- Monthly bank reconciliation
- Petty cash transactions and control
- Reimbursed expenses
- Check signing

Materials Management

- Ordering supplies and equipment
- Purchasing control
- Receipt and tracking of ordered supplies and equipment
- Capital expenditures
- Capital asset inventory control
- Maintenance/leasing contracts

Compliance

- Exposure control plan
- Hazard communication program
- Universal precautions
- Disposal of syringes and sharps
- HIPAA plan

Facilities

- Fire control and evacuation
- Fire safety training
- Security measures
- Facility cleaning and maintenance

Billing and Collections

- Encounter form
- Payments at time of service

- Non-covered services
- Transaction posting
- Claim submission
- Payment posting
- Billing follow-up
- Claim denials
- Patient balances and statements
- Collection letters
- Collection accounts
- Chronic collection account/non-payment patients
- Check returns
- Fee schedules
- Cash drawer balance
- Patient balance write-off
- Patient refunds

EMPLOYEE DISCIPLINE

If it becomes necessary to discipline an employee, it is essential to establish a clear pattern of how the discipline is carried out. This “step” approach does not mean that an employee cannot be fired if their actions are egregious (e.g., cases of employee theft or breach of patient confidentiality); however, for most infractions, a clearly defined approach will be accepted by most employees. A suggested step approach would be as follows:

1. Verbal warning, with an established review period
2. Written warning, in which the issue is addressed formally in writing with a clear expected goal of resolution and an automatic formal review after 30 to 60 days
3. Termination

It is essential to document all employee discipline matters. The documentation should be objective and specific. For instance, if tardiness is the issue, the documentation should include

the dates the employee was tardy and the number of minutes the employee was late. In cases of an oral warning, the supervisor should document that such a conversation took place, the date and time of the conversation, and the substance of the communication. Written warnings should reference the disciplinary issue in objective and specific language, and should also reference the previous oral warnings given.

Remember, all similar problems must be handled in a similar way. Treating different employees differently can give rise to the perception that one particular employee was treated differently for an illegal reason, such as the employee's race, gender, religion, or the fact that the employee recently returned from leave under the Family and Medical Leave Act.

RISK MANAGEMENT

Risk management is defined as a process of evaluating potential risks, implementing steps to reduce or eliminate those risks, and obtaining financing to help pay for losses that do occur. There are a variety of potential legal risks in the management of personnel. An understanding of employment laws is therefore important, but an in-depth analysis is outside the scope of this chapter.

There are both federal and state laws governing employment. In general, federal laws prohibit discriminating against an employee on the basis of race, gender (including prohibition of disparate treatment and sexual harassment), national origin, age, disability, and religion. There are federal laws setting standards for wages and overtime pay, and laws that require unpaid time off for employees with a serious health condition. Most federal laws apply to employees with a certain number of employees and do not apply to small employers.

States have enacted their own laws governing employees, which can vary widely from state to state, and may impose additional duties. State laws can give rise to claims for wrongful discharge even in "at-will" states, if the termination violates an implied employment contract or public policy. It is essential that the employer is aware of these laws.

One of the biggest risks facing employers is legal action as a result of their treatment of their employees. In some cases, violation of the law may result in government action. In others, the employees themselves may bring a lawsuit in court claiming the employer engaged in unlawful discrimination. The best way to minimize the risk of such action is for the employer to consistently follow its policies and procedures in addressing human resources issues and to be consistent in its treatment of employees. Before an employee is dismissed, it is important to review the steps leading up to the decision to terminate, and to make sure the decision is fair and supported by objective evidence. In questionable cases, it may be best to obtain the advice of an experienced attorney before proceeding with the termination.

Financing the risk of human resources claims can be accomplished by obtaining employment liability insurance. This coverage can be expensive, however, and may not be feasible for the small employer.

SUMMARY

Staffing an allergy office can vary based on the wishes and needs of the individual allergists organizing the practice. Careful planning and preparation in recruiting and training the staff, and once assembled, treating that staff honestly, fairly, and consistently, will go a long way toward ensuring that the staff will function as a coordinated team for both the physician and the practice.