Strategic Focus On Workforce Development Takes Hold

LEADERSHIP DEVELOPMENT PROGRAM HELPS UABHS EXECUTIVES JUMP START NEW INITIATIVES

UAB Health System (UABHS) physicians and executives are participating in the University of Michigan Ross School of Business Global Leadership in Health Care program, designed to help health care leaders optimize management of the business of medicine.

The eight-member team, representing several UABHS operating entities, includes UABHS Associate Vice President and Chief Nursing Officer Cynthia Barginere, UABHS Executive Director of Human Resources Reba Belcher, UABHS Executive Director of Human Resources Marty Box, University Hospital Assistant Vice President Hans Donkersloot, Associate Professor of Surgery Paul Matz, MD, University Hospital Associate Vice President Anthony Patterson, Director of Clinical and Systems Integration Penny Phillips, and Assistant Professor of Anesthesiology Albert Pierce, MD.

This is the third team UABHS has sent to the University of Michigan to take on health system-wide strategic issues. Prior teams' objectives were quality improvement and primary care delivery, while this latest team is focusing more on operations — strategic initiatives designed to maximize leadership and developmental training and enhance employee satisfaction and retention, Donkersloot says.

“The Health System has made great strides in quality improvement, information technology, and financial initiatives. Despite all this progress, we have not taken a strategic, system-wide approach to organizational development and workforce satisfaction,” he says.

“UABHS CEO David Hoidal, who sponsored the 2005 team’s participation, is making these issues a priority. With the new University Hospital expansion, we face an ever-increasing need for top-quality staff, and employee recruitment and retention have never been more critical,” he says.

“UABHS has grown into one of the premier health care institutions in the
nation by combining excellence in clinical care, significant financial achievements, and a world-class faculty and staff,” Hoidal says. “Investing in employees by helping them reach their maximum performance levels is imperative for our continued growth and ultimate success.”

FOUR INITIATIVES FOR POSITIVE CHANGE

The leadership development team, who first went to Michigan last February to attend a series of workshops, has completed the initial steps in a project to identify strategies that will ultimately form a road map for future UABHS cultural change at the work unit level. Team members are using results of a Press Ganey employee satisfaction survey, conducted in February among ABHS, University Hospital, and TKC Press Ganey employee satisfaction team members as a major case for change.

The survey revealed significant variability among various UABHS work units, with several work group satisfaction scores in the 90th percentile in the overall vendor database, which consists of more than 1,200 hospitals. Donkersloot says, “Clearly, we need to gain an understanding of forces driving variability to enable everyone to achieve high levels of satisfaction. The methodology was pure and simple: go and talk to the staff. Through this process, referred to as pilot unit interventions, the team identified issues specific to the units that needed to be addressed. The team also identified more global issues, leading to the formation of four health system-wide teams.”

The four teams will address:

◆ Management training/development
◆ Performance evaluation process and format
◆ Employee selection and recruitment methods
◆ Physician/staff relations

“The survey revealed a number of issues, including a lack of avenues for expressing concerns and participating in decision making, and performance evaluation processes that are inconsistent and lack transparency,” says Donkersloot, who heads up the management training and development initiative.

“Managers often enter supervisory roles without specific training in management techniques. We’re working on the logistics of instituting formal management training to help supervisors understand their duties, better instill corporate values, counsel and motivate staff, recognize high-achieving employees, and reward them appropriately.”

The employee evaluation process and format team, headed by Box, is addressing issues of consistent and fair employee evaluations that produce valuable feedback staff can utilize to grow and advance in their jobs. “We want our evaluation process to be more than a task checked off a list. While it is easy for managers to let this responsibility become routine and mechanical, our employees deserve more,” says Box. “As managers, we should never forget that our performance assessments could mean the difference between whether someone’s child participates in an extra-curricular activity or determine whether a family buys a new car or a used one. The decisions we make affect people’s lives. If we want more meaningful evaluations, we’ll need to make sure our managers know how to plan and conduct effective performance reviews and we’ll need to look at ways to streamline the process. That is what our group will be focusing on.”

Belcher is heading up the employee selection and recruitment methods team. “Our employees are our greatest assets, as well as a big investment. Managers need training and resources to effectively select the right employee for the right job,” Belcher says. “We want the best fit: not always the person with the most experience or training, but rather someone with the knowledge and skills we are seeking that will complement our organization and reflect our vision and values, as well as our culture.”

“The Press Ganey survey revealed that employees found the current application process rather onerous and inefficient,” Donkersloot says. “We plan to institute more recruitment-friendly standards, such as personally greeting potential employees and immediately offering brief pre-screening interviews,” he says. “We would also like to take a more active role helping potential employees find the right job — for example, if someone applies for a job in critical care but nothing is available, we could point them toward other ‘fits’ within the system.”

Led by Phillips, the physician/staff relations team aims to reduce nursing and staff turnover rates by improving communications between physicians and staff.

Donkersloot says that the key learning from the Global Leadership project was that even though quality initiatives can start at the top levels of the organization, they can only be actualized on the front lines, where care is delivered. “We learned that our employees know best how to achieve high quality and that we must continually empower and engage them in order to be successful. That, in a nutshell, is what the project is all about.”
and UAHSF employees involved in patient care.

“Our goal is to satisfy this educational requirement with the least disruption to your busy schedules,” UAHSF President Ray Watts, MD, explains on the video, which is presented in 6 segments and is available through the UAHSF Compliance Web site, http://compliance.hs.uab.edu. Sign-in and completion of the program are tracked by the UAHSF Compliance Office.

**STEPS TO ACCURATELY BILL PATIENT CARE CHARGES**

- Identify type of clinical trial
  - National Coverage Decision (NCD)
  - Category B device trial
  - Other
- Develop billing plan / budget
- Delineate patient care services provided by UABHS
- Identify which services are standard care and which are performed only for research
- Identify party responsible for paying for each service
- Complete the clinical trial billing notice for each patient and each protocol-driven visit.

“Although billing rules don’t always make a lot of sense, we must follow them in good faith,” Dr. Watts says. “We expect all employees to adhere to applicable laws and regulations in their everyday duties. Failing to do so can result in serious personal ramifications and financial risk to our Health System.”

UAHSF established Alabama’s first health care compliance program in 1995. “Our job is to help employees understand and fulfill their ethical and legal obligations,” UAHSF Corporate Compliance Officer Steve Brannan, MA, CHC, says. It is essential, according to Brannan, that physicians select the level of clinic service supported by their notes.

“If you code too low, you are losing revenue; if you code too high, you are at risk for repayments with penalties,” he says. “You don’t want to have to return a hard-earned fee because of a billing technicality.”

Using Medicare criteria, RN auditors from the UAHSF Compliance Office routinely conduct sample audits of physicians’ work so they will be prepared for external audits. “We make sure, for example, that you understand coverage and coding variations, following the rules for consultations and correctly using modifiers,” Brannan says.

The video also covers correct coding for patient care services during clinical trials, including developing a billing plan or billing grid. Patient care costs should be billed in compliance with relevant laws and regulations. UAB Research Compliance Office Manager Carolyn McDowell, MBA, acknowledges that this is easier said than done.

“A clinical trial protocol may include standard care services for a patient’s medical condition and services performed solely for research. Often, charges for standard care services may be billed to third-party insurers. However, when the trial sponsor provides funding for any patient care services – whether standard care or research only – these charges cannot be billed to Medicare, Medicaid, other third parties, or the research subject,” McDowell explains.

Among UAB experts weighing in on the video’s weighty subject are University Hospital Compliance Officer, Karen Pugh, Stephen W. Stair, MD, who discusses common documentation errors uncovered by UAHSF audits, and Birmingham attorney Anthony Joseph, a former federal prosecutor familiar with the legal implications of noncompliance.

**COMPLIANCE RESOURCES**

University Hospital and UAHSF offer a number of resources, including 24-hour hotlines, Web sites with compliance program details and relevant legal and regulatory information, and quarterly clinical trials billing classes. For guidance, educational offerings, and legal information, call the 24-hour hotlines of UAHSF Compliance Office, (205) 801-8080 or University Hospital, (205) 975-5600.

For details about the Research Compliance Program and information about relevant federal and state laws, regulations, visit: http://compliance.hs.uab.edu/

For classes on clinical trials billing, visit: http://main.uab.edu/show.asp?durki=55742.

“**Our most important duty is to provide quality care with compassion, but we must also follow the rules of compliance to the best of our abilities,”**” Dr. Watts concludes.
Deaths of persons incarcerated in penal institutions. “In these cases, family authorization for an autopsy by the Coroner’s Office is not required,” says Robert M. Brissie, MD, director of the Division of Forensic Pathology. “To avoid confusion, physicians should not approach families for permission in such cases until the coroner/medical examiner has declined to perform an autopsy.”

It is also important to note that, if an individual is injured as a result of a situation that occurs in Jefferson County and that person then travels to another county and subsequently dies there as a result of that injury, the case still falls under the jurisdiction of the Jefferson County Coroner’s Office,” Dr. Brissie says.

Similarly, if the injury occurs in another county and the person travels to Jefferson County for treatment and subsequently dies in Jefferson County as a result of that injury, the Jefferson County Coroner/Medical Examiner’s Office does not have jurisdiction.

The Jefferson County Coroner/Medical Examiner’s Office conducts its examinations and autopsies at Cooper Green Hospital. “However, in the event that a UAB physician desires an autopsy examination to be performed, the Jefferson County Coroner’s Office should be contacted first,” says Dr. Brissie. If an autopsy is not authorized by the Coroner’s Office, the body can be released back to the university for autopsy following the external examination, if proper authorization has been obtained from the next of kin.

Organ donation may still be possible when an autopsy is performed, but physicians should contact the Coroner’s Office at 930-3603 prior to approaching family members, so that proper arrangements can be made. “We always try to allow family members to make organ donations,” says Dr. Brissie. “However, our office should always be called first. This saves time, as well as a potentially embarrassing situation if the county cannot allow donation.” For more information on death certificates, visit the SCR Web site, https://scr.hs.uab.edu/, click on UAB Health System and enter “death certificates” in the search box.

EMERGENCY NUMBERS—

HOSPITAL
MEDICAL 934-1010
FIRE 934-0001
MAINTENANCE 934-6181