

**Effect of Change on Hospital Employees:
Anticipated Effect of Large Organizational Shift
on Genesys Health System Employees**

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TABLE OF CONTENTS

INTRODUCTION	2
DISCUSSION	5
Why a New Hospital? Why Not Existing Sites?	5
Why Patient Focused Care? Aren't We Doing a Good Job?	10
What are the Anticipated Elements of Change?	14
METHODOLOGY	20
Explanation of Employee Survey	20
Translation of Data	21
Indications	25
CONCLUSIONS	26
Implications of Survey Data	26
Implications of the Organization	29
REFERENCES	32
APPENDIX A	36
"I Am Your Patient" . . . An Open Letter to Hospital Employees	
APPENDIX B	37
Text from Employee Survey: "Change Perception Inventory"	
APPENDIX C	41
Text from Employee Critique Summaries for Genesys Regional Medical Center Job Exchange, St. Joseph Campus, Patient Registration and Corporate Patient Accounting	

INTRODUCTION

In 1997, Genesys Regional Health Care System (formerly the St. Joseph Health Systems of Flint, Michigan) sponsored by the Sisters of St. Joseph of Nazareth, Michigan, will open a new acute care facility in Grand Blanc, Michigan. This new hospital will be the focal point of a medical mall complex which will include comprehensive outpatient services along with specialty physician offices in a convenient, easy access structure. The new facility also will achieve the consolidation of the four acute care hospitals within the Genesys Health System (Flint Osteopathic Hospital, Genesee Memorial Hospital, St. Joseph Hospital, and Wheelock Memorial Hospital), and will fully integrate both the allopathic and osteopathic medical staffs from all hospitals (Kelly, 1992).

In addition, the proposed new hospital will be built around an entirely new care delivery system known as patient focused care. The guiding principle of this philosophy is "to never hand off a task that you can do yourself" (Townsend, 1993). Patient focused care also is built on the foundation of employee empowerment, team governance, and multi-skilling. Employees have the authority and responsibility for hiring, evaluating, disciplining, and many other conventional supervisory functions. The managers in this environment become coaches, encouraging and advising employees (Mauzak, 1992).

The Genesys Health System looks at this futuristic project as an opportunity to correct what is wrong within health care within our service area. Patient

focused care can be perceived as a panacea to all operating inefficiencies within compartmentalized departments and services (Mauzak, 1992). The new philosophy eliminates "handoffs" and time spent "waiting for action." It is an opportunity to do things right the first time -- to start from the ground up and build a facility which provides necessary space and resources with which to treat patients in a comfortable setting. Former building constraints, inefficiencies produced by "problem band-aiding" instead of system correction, will be eliminated. Suggestions gleaned from patient questionnaires which previously were not implemented due to lack of space or rigid job specifications will receive a positive response. Patients should be able to see their comments in action.

This paper hopes to pull together for discussion the analysis of multiple change agents within the Genesys Health System, investigate the outward effects of change, determine the readiness of staff to participate in this venture, and suggest some plan of action to assist employees through this monumental process.

Change is a painful process. The scope of change anticipated with this project is frightening. In truth, as will be seen in the following discussions, the Health System is a pioneer with no clear road map for future paths. Much of what is to be accomplished has not been done anywhere before. The "movers and shakers" of the Health System constantly are interacting with consultants, specialists, architects, and countless other experts to develop a premiere health care delivery process to meet today's needs, and more importantly, the needs of

tomorrow (Kelly, 1993). In the meantime, thousands of front-line employees are floundering as to their role in this vision. Many are grappling with the knowledge of their own current lack of skills and are uncertain of what direction to take for the future. Many employees with large amounts of seniority assumed they would be at their facility until retirement. They have been doing a good, efficient job according to the current guidelines and have no personal desire to change their routine or to expand their responsibilities. Through the seniority system, many have attained a certain status or job function enviable from short-term coworkers and comfortable for the individual. Long-term employees are seen as the "historical experts." Now their work life has been threatened, their position with their coworkers questioned, and the future turned into a vague "vision." These issues are the stimuli for this discussion.

It is a given that in five years Genesys Health System will open its doors at a new location. It is also a given that the facility will be built around and will be delivering patient focused care (Mauzak, 1992). The challenge lies in discovering how best to initiate, convince, and train employees of the importance and necessity of this change and the potential positive results which will be available to both patients and themselves. In order to address the challenges, discussion needs to take place on three important topics:

1. Why a new hospital? Why not use existing sites?
2. Why patient focused care? Why not use existing sites?

3. What are the anticipated elements of change?

An anonymous survey administered by a private consulting company involved with patient focused care implementation will be used to demonstrate actual employee needs identified with this change. Four key issues from this study include:

1. Transactions in the change process (understanding and identifying resisters to change);
2. The facilities' readiness for change;
3. The emotional cycle of change and at what stage of acceptance employees currently are in; and,
4. The implications of the change survey results.

From these findings, recommendations will be made for specific interventions to be implemented during the transition process. These interventions will be aimed at making the change as painless, smooth and successful as possible.

DISCUSSION

Why a New Hospital? Why Not Use Existing Sites?

The new acute care facility will be the consolidation of four area hospitals. These include the current Flint Osteopathic Hospital, Genesee Memorial Hospital, St. Joseph Hospital, and Wheelock Memorial Hospital. Together, these four institutions comprise a total of 908 licensed acute care beds. The Michigan

Department of Public Health (MDPH) and the Certificate of Need Commission (CON) have a methodology to limit the number of beds in each subarea within the state to reduce duplication and contain costs. This formula is referred to as the "Acute Care Bed Need Methodology" (ACBNM). The Genesee health planning subarea currently has 1,710 licensed beds. Through the ACBNM calculation, this subarea only requires 1,241 beds, a decrease of 469 beds from existing totals. Through construction of one replacement facility of 439 beds for the above named institutions, the number of subarea beds would be reduced by 469. This synchronizes with the MDPH calculated need (CON application, pg. 186, T-150-G-4.00).

In addition to the global problem of too many acute care beds within a region, another issue is the condition of the separate buildings themselves. The aging design and deteriorating state of these facilities have greatly hampered operational productivity. In recent years, the MDPH or state fire marshall has cited all but Wheelock Memorial Hospital for inadequacies. Efforts to correct these deficiencies have resulted in an "intra-facility domino match" requiring the relocation of multiple functions to accommodate others (CON application, pg. 185, T150-G-4.00).

The move from the city of Flint to Grand Blanc has been perceived by many Flint residents and officials as negative. It is seen as yet another corporate desertion during the crisis of a dwindling economy and shrinking job market.

During the initial planning process of the program, a complete analysis was performed to determine the cost of upgrading all mechanical, electrical, fire safety and structural shortcomings cited by various regulatory bodies. The total cost would be somewhere around \$89 million to renovate. The estimated cost of the new hospital is \$90 million. Another consideration to the expense itself is the anticipated life or service of the facility. If renovated, the existing buildings would have a life extension of 10 years. Renovation would also not accommodate flexibility for future needs. A new facility has an anticipated life of 40 years with the advantage of opportunity for future growth (CON application, pg. 198, T-150-G-4.08).

Two other considerations for the new location are the demographic trend of a southward shift in population and the need for unification of a diverse health system into one identity. First, there is an obvious exodus out of the Flint area toward the southern part of Genesee County along the I-75 corridor. A facility being designed to serve needs for a future 40 years should be located near the population it will serve. The decline of the Flint economy cannot be discounted or ignored when making the relocation decision. Second, regardless of which current campus could be chosen, it would always retain some of its previous identity. In order to attain neutrality and quality within the merging components, it is argued that a new site is needed. A new name for the Health System itself was recommended to encourage camaraderie among the campuses. On November 5,

1992, during a special ground breaking ceremony at the new site in Grand Blanc, the new name for the St. Joseph Health System was announced. The health system will now be known as Genesys Regional Health System, with existing campuses identified as Genesys Regional Medical Center, Flint Osteopathic Campus; Genesys Regional Medical Center, St. Joseph Campus, etc. The name Genesys was chosen for definite symbolic purposes. Genesys represents "new beginnings" (from Genesis, the first book of the Bible), and a commitment to Genesee County to provide a futuristic health system (Genesys). Hence, the name Genesys.

Construction on an existing site would also have resulted in higher capital costs because of maintenance of services during the transition phase. Each campus has less than the ideal 100 acre campus needed for the medical mall concept. To accommodate less space, the new facility would need to be more vertical versus horizontal, thereby increasing the cost of a new facility on existing sites by approximately 18% (CON application, pg. 199-201, T150-G-4.08).

It is interesting to draw similarities between issues of today and health care, specifically the Genesys project, and with yesterday, in the 1940's, and the Tennessee Valley Authority (TVA) Project. Research documents that during the TVA inception, several key organization principles were applied regarding leadership, breaking new ground, and employee change. Even then, leadership was identified with a doctrine, and those using that doctrine in action were faced

with tension between the idea and the act. Ideology is useful in communicating goals, but an act entails responsibility, alliances, and commitment (Selznick, 1953). The tradition and outlook of an established organization will resist goals which appear foreign (or new), and an initiating organization may tend to avoid difficulties by limiting their own proposals to those which can be completed by the "grass roots" organization. A "grass roots" policy creates nucleuses of power which can be used to influence interests outside the system (Selznick, 1953).

Along with the above mentioned disorganization and nonsupport in a common vision, similar questions to those being heard at the new Genesys Regional Health System were asked of the TVA, "Who are we? What shall we become? With whom shall we be identified? Where are our roots?" (Selznick, 1953, pg. 181). To pose these questions is to acknowledge more than resources, methods and objectives of an organization restructure. It is to validate the presence of long run implications and consequences of daily behavior that are visible signs of loyalty and effect (Selznick, 1953).

The TVA wrestled also with the established identity of local agencies. The character of the organization develops through preservation of custom and precedent. When integrating, the selection process rejects those individuals who do not fit in. Those employees remaining or recruited are shaped through personal orientation. The character (general commitment and attitude) of an organization expands around value problems present in the current environment (Selznick,

1953). The breakdown of corporate unity will be reflected when administrative coordination is no longer a mechanism for resolution of conflicts, but a vehicle for the primary prize: the evolving character of the organization as a whole (Selznick, 1953).

A need identified in the TVA project was the "security of the organization as a whole in relation to social forces in its environment." (Selznick, 1953, pg. 259). Translate this into 1992 terms and you see Genesys trying to stay viable and survive in an arena where acute care facilities are downsizing and health care in its entirety is under intense scrutiny.

Part of this scrutiny for movement from urban sites to suburban sites is the criticism voiced by Burda (1993). It is his contention that the primary motivation is financial. Hospitals are trying to improve their payor mix and decrease the amount of uncompensated services. Looking closely at the health system's mission and its past practices, it is apparent there is a 73-year history of serving the indigent. This is not going to be "abandoned overnight" (Burda, 1993).

Why Patient Focused Care? Aren't We Doing a Good Job?

As alluded to in the discussion of why a new hospital, the hospital structure claims some responsibility for the inefficiencies in health care delivery. Technology has advanced in leaps and bounds while buildings remained confined within "support" walls and limited campuses. In addition, due to scientific

advancements and medical specialties and sub-specialties, a delivery system has evolved that has excessive layers of clerical functions and paperwork trails. Third party payers have gone from paying for charges and days to paying one sum for all charges. This means service must be done quickly and correctly the first time. Elimination of all redundancy is critical to survival. Every step must count and be done only once (Labow, 1993).

Supporting literature confirms that "redundancies in organizations should be avoided because they are presumed to engender a waste of resources" (Pilarz, 1990, pg. 173). In a hospital setting, this lack of redundancy would move staff from specialization of a task to a generalization which would encompass knowledge of a process.

During a typical hospital stay of five days, a patient may see 50 to 60 different care givers. These various actors represent specialists from different departments. Due to multiple job classifications and the ensuing job boundaries, a significant portion of an employee's time is classified "ready for action." For example, a laboratory employee (phlebotomist) may receive an order to draw blood for certain tests. The phlebotomist would go to the nursing unit. Upon arrival in the patient's room, it is not unusual for the phlebotomist to find the patient has been taken to another ancillary department (radiology, CT, nuclear medicine, etc.) for other tests. The phlebotomist then goes to that area to see the patient there or goes to draw another patient's blood. Either way, the tests and

results are delayed due to inadequacies in scheduling and coordination.

Responsibility for these instances is no one's fault, but a result of a very specialized detail-oriented system. Unfortunately, the patient is the ultimate loser in this situation. The employees, too, are frustrated as they try to do their job functions as productively as possible. It is estimated that only 16% of total time is spent in actual hands-on patient care in a traditional hospital/acute care setting. The other 84% is spend on documentation, idle "ready for action" time, hotel and patient services, and transportation (Lathrop, 1991). Given this scenario, it is obvious that in order to make significant changes, a complete change in patient care delivery philosophy is required.

Patient focused care has patient-centered units with multi-skilled care providers spending virtually all their time in the patient's room (Coile, 1992). In the previous example, blood drawing can be done by a group of several people, not just the phlebotomist. This is true of most other ancillary services (e.g., EKG, pulmonary function, I.V. therapy, etc.). In this care delivery system, the services and structure are engineered around the patient. The patient is not expected to adapt to the facility and the facility structure. By multi-skilling employees, the number of unfamiliar faces introduced to each patient will decrease from the traditional confusing system in existence today.

For years hospitals have tried to correct their systems, increase productivity, and decrease cost. Management and staff cutbacks, flexible staffing,

computerization, and group purchases are but several "band aids" on a long-term situation. However, these measures have only slowed the rise in patient care cost. They have not changed the cost structure or had any long-term impact on the hospital performance (Coile, 1992).

The hospital environment is a world entirely different from outside arenas. Some very pertinent and inspirational excerpts are listed below from an anonymous "Open Letter to Hospital Employees." This will demonstrate very clearly the necessity and purpose of changing our current care delivery system.

" . . . Everything is new and strange to me. Yesterday I was in familiar surroundings and was happy planning my tomorrows. Today I am in an alien world, trying hard to adjust. The little familiar things of my own world seem to take on great importance. I may complain to you. I rebel against the strangeness. You see, I don't want to be in the hospital. I want to go home . . .

. . . I appear normal, but I have left normalcy outside your door. Though I am mature, I have suddenly become a child, frightened of the long, dark nights . . .

. . . It may be that my sensitivity is exaggerated, but when I show the admitting clerk my hospital identification card, make me feel welcome. Let me know you're glad I've come to your hospital. Tell me by your attitude that you respect me as an individual.

You may tell me that what I expect is impossible, that some "discomforts," and some "fears" are part of any hospital stay. I will tell you that I understand this perfectly when I am not a patient, but from the minute I enter your hospital as a patient, my outlook changes . . .

. . . Assure me that I am never alone or abandoned even on the busiest hospital day. Reassure me that my struggle is not a private one -- that my feelings, frustrations, resentments and emotions are

simply a part of being a patient . . .

("Open Letter to Hospital Employees, author unknown, complete text found in Appendix A.)

Patients entrust a health care provider with their physical welfare for the duration of that encounter. When patients arrive at a hospital, it is their minimum expectation that all technical and clinical needs will be met. Qualified care givers have received an education and passed licensure requirements in order to be employed. Therefore, while a patient's concern is focused on health, the expectation of good medical care is a given and the anxiety level is centered around personal needs and fears. They are fragile and vulnerable during this time. They have lost control over some portion of their body function or they would not be at the provider. It is the health care worker's responsibility to focus on the patient and to adjust routines to the individual's needs. These issues are the cornerstone of patient focused care, and is why the patient focused care delivery system makes sense both to the patient and to the care giver.

What Are the Anticipated Elements of Change?

People are not afraid of change itself; people fear the unknown, the impact of change. In work life, fear comes from self-doubts about new skills or new environments. To be successful, change must be introduced and fears addressed directly and with confidence (Bassett, 1985). The emphasis should be on "creating a process of informal participative change rather than on creating or enduring

formal participative structure" (Dunphy & Stace, 1990, pg. 92). This method appears to be conducive to true employee participation and creative brainstorming.

Bassett describes the greatest barriers to change as emotions which focus on fears:

1. Fear of the unknown.
2. Fear of the unexpected.
3. Fear of feeling stupid or inadequate.

Management must be proactive in their assurances to employees. Managers need to be close to the scene and available for constant affirmative interventions. Once change is implemented, employees need to know there is no turning back; there is no alternative (Bassett, 1989). With continual encouragement and rewards (both intrinsic and financial), employees stop looking back and begin accelerating toward the new vision. Management needs to remember that success breeds success. As individuals, as confidence grows, fear drops and the acceptance of change increases (Bassett, 1989).

What needs to be acknowledged by health care leaders is that profound changes have already taken place. The world is entirely different from a few years ago. Continued change is necessary, not only to thrive but to survive (Bassett, 1989).

According to Bridges (1985), there are five different types of losses associated with organizational restructuring. These issues include:

1. **Loss of identity.** Who am I now in the transition? Who will I be in the "new world?"
2. **Loss of control.** This isn't my idea! I'm satisfied with what I've got! What will they do to me next?
3. **Loss of meaning.** Why is this happening? I've worked here for a long time -- doesn't that count for anything?
4. **Loss of belonging.** I don't know who my new coworkers or supervisors will be.
5. **Loss of future.** I've worked hard to be recognized for promotion. Now I'm at the starting line again.

All of the above feelings represent true expressions of insecurities during change. Answers to these issues are the best defense. Perhaps what seems obvious to management and organizational leaders is not so apparent to the front line staff employee. Communication is the key to successful change.

Hunsaker (1982) suggests that regardless of job function or title, there are four primary ways a person can act as a change agent. These include:

1. **A Catalyst.** The primary function of this agent is to upset the status quo and energize the problem solving process.
2. **Solution Giver.** The primary function of this personality is to share ideas about what organizational change should be. This person must have a knowledge of how to offer suggestions, to whom, and if the idea is feasible within

the organization.

3. Process Helper. This person helps other employees to:
 - a. Recognize/define their needs.
 - b. Diagnose problems. Set objectives.
 - c. Acquire resources.
 - d. Create/select solutions.
 - e. Implement solutions.
 - f. Evaluate solutions.

These roles are not mutually exclusive. The presence of each type, however, does increase the chances of successful change implementation.

When comparing the change process to the grieving process, it is apparent there are many similarities. The cycle of "holding on, letting go, and moving on" is an appropriate description of the phase employees must work through to accomplish satisfaction with a work related change. According to Tannenbaum (1985), too often the issues of "holding on and letting go" are ignored, with the concentration being instead on the "moving forward." This causes immature and eventually problematic change.

The need to hold on to the existing order is very strong and embedded in human conditioning itself. It is reflected in folk sayings such as, "Better safe than sorry," "A bird in the hand is worth two in the bush," etc. All human systems have boundaries. Within these boundaries lies identity (Tannenbaum, 1985).

While reflecting on identity and self-image, it is important to reiterate, as does Tannenbaum (1985), basic facts of change once more in slightly different terms:

1. Change is loss.
2. Change is uncertainty.
3. Change dissolves meaning.
4. Change violates scripts.

There are many roots that anchor patterns of seeing and doing things. In order to begin the process of "letting go," one needs to raise their consciousness of what and why they are "holding on." Once this can be acknowledged, the process of "letting go" can begin and clear the path toward "moving on." It is unfortunate that visible signs of change insecurities are sometimes interpreted as resistance to change, not as an emotional need (Tannenbaum, 1985).

A very real fear of all employees, from top management to the lowest paid hourly wage employee, is the elimination of their job. As stated earlier, there are many long-term employees at Genesys with very limited job skills. Given the fast pace of change in our environment today, there is great concern of each individual's ability to accommodate the demands of their new roles. The mental transition from performing as a specialist to the new generalist role is perhaps the most challenging single goal.

While it is true that the health system must "right size" to serve the

community while remaining fiscally stable, it is also true that there has been a commitment from leadership to provide opportunities for those employees wishing to be a part of the Genesys vision. No employee will be functioning in the same capacity in 1997 as they are now. The true dilemma for employees is a personal one. Do they believe in patient focused care? Will they be able to function in this environment?

Training will be provided to employees to orient them to team training and new roles. The fact is, some people may choose to seek employment elsewhere. Some employees will reach retirement age between now and 1997. This is where the attrition will assist heavily in "right sizing." However, as stated by Pilarz, "We are dealing with conceptual indications which could help us to consciously construct alternative organizational realities" (Pilarz, 1990, pg. 169).

Employees need to be introduced to areas outside of their expertise. In order to help staff gain a perspective of what the patient focused care process is all about, managers from two overlapping departments planned a job exchange for their employees. It was anticipated the staff would begin to see the product of their individual areas.

METHODOLOGY

Explanation of Employee Survey

At the St. Joseph Campus of the Genesys Regional Health System, a job exchange was implemented starting in September 1992, and concluding in November 1992. The exchange was between the Patient Accounting Department of the Health System and the entire Patient Registration Department (which includes inpatient, outpatient and emergency patient registration and patient placement). The goals of the job exchange was to identify for the front line employees the continuous process of billing and to eliminate the "my job - your job" syndrome, while also educating everyone of the difficulties of each function.

The program was evaluated by the 71 participants who were actively involved. A free-text critique was the survey tool utilized. Management from both departments collaborated to develop the critique. The primary purpose of the critique was to provide a non-threatening mechanism for employees to express opinions of departments with which they had frequent interaction while also allowing formal documentation of suggestions for improvement. Employees were given the critique at the beginning of their visit to another area and instructed to complete the form before returning to their own department. Comments were recorded verbatim onto a master list and distributed to all participants at the formal conclusion ceremony of the job exchange.

Following compilation of all remarks, a non-judgmental system was needed

to measure the responses. Comments have been separated into five categories. These are negativism, departmentalization, personal gain, neutral comments, teamwork, and respect for the individual. Based on program goals, points have been assigned to each comment to determine these areas' readiness for change.

Definitions of categories are as follows:

Negativism - Negative comments with no evidence of having learned/gained anything; nitpicking of other employees' work or job function.

Departmentalization - Evidence of assumed responsibility of distinct departments with no concept of the "billing process" as a whole; definite division lines in scope of responsibility.

Personal gain - Evidence that employee was only looking at their own particular "piece of the pie" and not even at their department.

Neutral comments - Opinions are neither good or bad; there is no significant evidence of any other category.

Teamwork - Evidence of recognition of the billing process; statements which do not refer to "my work" or "their job."

Respect of the individual - Evidence of appreciation for another person's work is the strongest characteristic of their comment.

Translation of Data

A "plus" point was assigned for comments determined to be in the

following categories: teamwork and respect for the individual. A "negative" point was assigned for comments determined to be in these categories: departmentalization (including personal gain) and negativism. Zero points were given for those comments determined to be neutral.

The determination for the positive points given to the above characteristics is based on the premise that a cooperative environment had been established through participative leadership. Those employees who felt threatened regarding their job or job function would look to blame for errors versus problem solving.

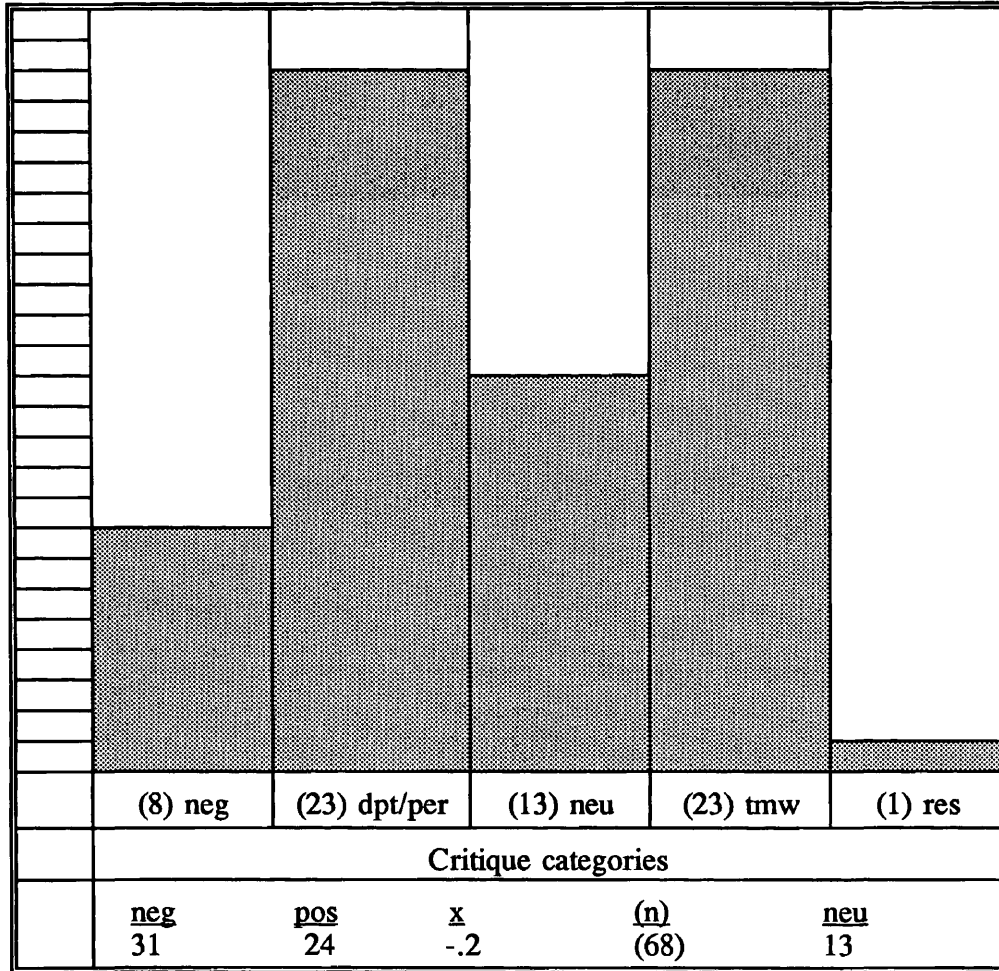
While neutral comments normally may seem neither negative or positive, there tends to be added significance in this study. A detachment from the change process will prove to be a difficult barrier. Planned change requires a concentrated interest in altering the status quo. Apathy will not contribute to the spirit of improvement and therefore could very well inadvertently hinder progress. It will be important for leadership to concentrate on converting neutral staff to positive.

Negative points were assigned using the opposite philosophy of positive points. Negativity is counterproductive and a waste of energy. Departmentalism exhibits the symptoms of "your job" and "my job" instead of "our" job. Departmentalism comments show no ownership of the entire process and exhibits tendencies toward unspoken accusations. This behavior is definitely undesirable in the change process.

The completed critique document may be found in Appendix B. The individual free text comments are separated in paragraph form. Next to each comment is the abbreviation for the category assigned. Table 1 shows graphically the cumulative results of the scoring.

Table 1

Data Translation for Group Readiness for Change



Key: dpt = departmentalization (-); neg = negativism (-); neu = neutral comments (0); per = personal gains (-)*; res = respect for the individual (+); tmw = teamwork (+)

*Due to the extremely low number, this is included with departmentalization for graphing purposes.

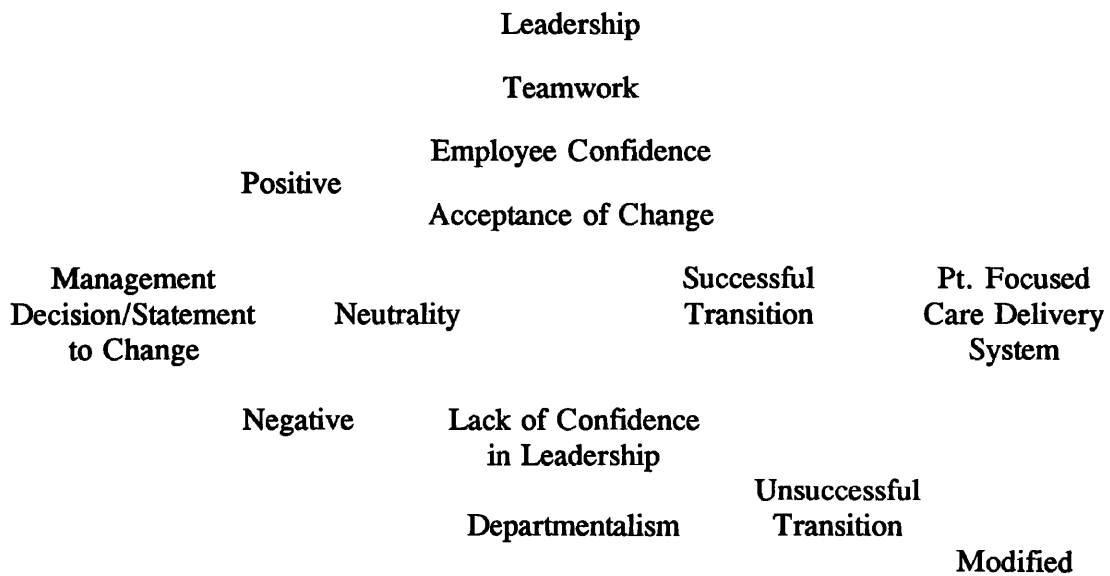
Indications

Cumulative data show heavier results on the negative side of the graph. There is strong identification in departmentalization and negative (blaming) behavior. Referring back to the earlier text and the discussion regarding fears of change and perceived losses, it could be interpreted that a significant challenge facing management is the dissolution of territorial (departmental) walls and the change of philosophy from negativism (and blame) to process correction and validation (or continuous quality improvement).

In an attempt to visualize the outcomes possible given the critique results, Table 2 diagrams the negative and positive results simultaneously.

Table 2

The Process of Successful Change



Negativism

Status Quo

As has been discussed, neutrality can become negative or positive. Positive leadership will make the difference.

The reader must be cautioned at this point that while it is obvious that the leader (or manager) does play a vital role in the success of any change implementation, staff members must also have a willingness to cooperate and succeed. Excellent group performance rests on clear two-way communication (Gonzales, 1992).

There is a hesitation about going out on a limb to change things. A new mix of employees coming from different management practice, uncertain of their role in their new world, and an inability to effectively speak their mind or honestly express their insecurities can dampen their enthusiasm (Burriss, 1992).

CONCLUSIONS

Implications of Survey Data

Comparing where the organization wants to be in 1997, the direction from the survey for readiness of acceptance with patient focused care and the results of the critique comments, it is clear where the most work needs to be done.

Employees need to have the vision of their own role broadened to include the whole process. Cross-training will assist in this by developing multi-skilled

employees. As knowledge of "the whole" is increased, understanding or problems will replace traditional blame.

The anonymous survey administered by a private consulting firm involved with patient focused care implementation provides insight into the necessary direction that must be taken to develop and implement the new delivery system with a minimum of change resistance. In the survey mechanics, two sets of answer options were provided: one to reflect current situations and one to indicate future preferences. Answer choices ranged from "great extent," "somewhat," and "not at all" (Appendix B).

As can be seen in the consulting firm's survey, questions focused around what information was shared, what voice employees have, how employees like their job, and how their job relates to other departments. A separate section addresses leadership concerns. If one was to answer "great extent" to all questions, it would be apparent there would be no room for improvement. What the questionnaire does suggest is that teamwork, respect for individuals, and commitment to a common purpose are necessary and ideal. That common purpose for all in healthcare could probably be reflected in the following statement made by Allawi, Bellaire and David (1991, pg. 41), "Patients would be treated with no errors, the best outcomes, and at the lowest cost."

To quote Chester Barnard from his book, The Functions of the Executive (1938):

By definition, there can be no organization without persons. However, as we have urged that it is not persons but the services or acts or actions or influences of persons which should be treated as constituting organizations, it is clear that willingness of persons to contribute efforts to the cooperative system is indispensable.

That willingness is what Genesys is seeking to make the transition from a traditional care delivery model to patient focused care. According to Manter (1989), as we have moved from the Industrial Age to the Information Age, we now work for ourselves rather than a corporation. Employees are looking for work they prefer, not just what an employer wants. This phenomena is demonstrated very clearly in the increasing numbers of independent consultants. Former corporate executives desire more autonomy and creativity with their work life and work product (Manter, 1989).

According to Likens (1992), organizations must develop a learning climate that allows employees on all levels to see "the big picture" and their role in it. The hidden power of any culture is apparent when management attempts to adopt new work methods. Management apparently knows why change is necessary. Why can't employees see it? (Kilmann, 1989). Management must realize they can no longer expect to always be on top of every situation. The traditional values of self-sufficiency and independence must be replaced with reciprocity and interdependence (Kilmann, 1989).

The critique from the job exchange defines the key issues identified as significant measures in the introduction of this paper. Resisters to change are

identified as those staff members with characteristics of departmentalism and negativism. The emotional cycle of change and employee acceptance stages are measured in the five categories graphed to page 24 (Table 1). As can be seen, employees are at varying levels toward assent. The implications of the critique are consistent with the conclusions. There are positive employees ready and eager for change, and there are negative employees apprehensive and fearful of any alteration with their current tasks.

Implications of the Organization

As stated by Henderson & Williams (1991), successful and enduring change requires more than emotion. It requires intellectual understanding of the reason for change. This translates for Genesys that change leaders need to communicate clear comprehension of the vision. It also means some direction must be given to staff. Even in the absence of existing road maps, there are definable expectations for 1997. These must be repeated constantly and continually to staff.

According to Weber (1991), an organization may expect to experience six phases of the transition project. These are "enthusiasm, disillusionment, panic, search for the guilty, punishment of the innocent, praise and honor for the participants" (Weber, 1991, pg. 27). Clearly, leadership must be committed to maintain quality service and assist in an organized, systematic transfer from traditional care models to patient focused care. Through clear, logical actions,

employees' fear of the unknown diminishes.

Henderson & Williams (1991) give ten steps for restructuring. These very succinctly identify what is needed to help address the concerns stated in the Job Exchange Critiques. They are:

1. Agree on the overall vision, goals and processes.
2. Review existing information.
3. Identify pilot units.
4. Communicate and discuss plans with staff.
5. Gather and analyze additional detailed information.
6. Discuss findings.
7. Develop initial diagnosis for change.
8. Develop recommendations and action plans.
9. Review the unit's plans with top management.
10. Implement action plans and evaluate.

While each of these steps was written for the purpose of directing a large corporation, it is feasible to narrow the scope to traditional departments and units. If each work group participated in the above process, the "big picture" would be understood. Inclusion of the neutral and negative components of the staff would offer opportunity for those staff members to learn and accept the new ideology. The extra amount of time required to involve all staff members would be balanced

by the increased creativity, morale boosting, and employee buy-in for all individuals.

The Genesys project is an exciting opportunity for health care provider participants to correct many of the failings of our current delivery system. There is no automatic panacea. Employees voice skepticism that this is just another "band aid" on an "old wound." Through the steps identified above and using the resources committed to this massive project, the very best health care delivery system will be developed and implemented by 1997.

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APPENDIX A

"I Am Your Patient"

An Open Letter to Hospital Employees —

You've seen me a hundred times ... with many faces ... many forms ... many reasons for being in your care.

I am the frightened, middle-aged woman waiting at your admitting desk, nervously opening and closing my purse.

I am the impersonal, sheet-covered form you see through the partly opened door as you patrol your hallway.

I am the shuffling, stoop-shouldered figure in faded flannel you encounter at every corner as you go about your daily work.

Everything is new and strange to me. Yesterday I was in familiar surroundings and was happy planning my tomorrows. Today I am in an alien world, trying hard to adjust. The little familiar things of my own world seem to take on great importance. I may complain to you. I rebel against the strangeness. You see, I don't want to be in the hospital. I want to go home.

From the moment I walk up to your admitting desk, I am a mass of fears. I am fearful of the unknown, I am alarmed over the prospect of pain, disfigurement ... even death. I fear financial distress or catastrophe. More than anything else, I am lonely.

If I tell you my coffee is cold, it may be because coffee is more than a breakfast drink to me. It has a deep symbolic meaning. Through years of experience, I have come to associate it with congeniality, friendship, the warmth and security of home. And just as hot coffee symbolizes these good things to me, cold coffee reminds me that I am among strangers, antiseptic and somehow frightening strangers.

When I object to early morning awakening, I often mean that I am insecure. —

When I report that my nurse is indifferent, I often mean I feel forsaken.

Please understand that often in my complaints about little things, I am trying to tell you of far deeper needs.

Will I lose my identity? Will I be exposed to all sorts of indignities? I'm afraid that I'll be treated, not as a housewife ... father ... banker ... but as a fascinating gall bladder ... an interesting thyroid ... a stubborn kidney.

I appear normal, but I have left normalcy outside your door. Though I am mature, I have suddenly become a child, frightened of the long, dark nights.

And ... oh, how I want you to be warm and friendly! I want you to know that I bring with me a personality, not just another problem in surgery or internal medicine. I want you to know I am much more than a name typed on the band welded around my wrist.

I am suddenly hypersensitive.

In spite of your modern equipment, your electric call boards, your mahogany inlaid admiring counters, I can be devastated by a blunt word from the admitting clerk.

Admitting procedures may be routine, but I've never been exposed to them before. In three minutes, the admitting clerk can wipe me out as an intelligent person, strip me of privacy, turn me into an impersonalized case history, build an animosity from which I will never recover.

It may be that my sensitivity is exaggerated. But when I show the admitting clerk my hospital insurance identification card, make me feel welcome. Let me know you're glad I've come to your hospital. Tell me by your attitude that you respect me as an individual.

You may tell me that what I expect is impossible, that some "discomforts," some "fears" are part of any hospital stay. I will tell you that I understand this perfectly when I am not a patient, but from the minute I enter your hospital as a patient, my outlook changes. Minor things take on abnormal importance ... such things as conflict between you and my doctor ... or between doctor and nurse ... between one nurse and another. These simple things loom large in my confused mind.

Much of my fright as a fledgling patient comes from lack of understanding on my part. All too often you take for granted that I know these things and I'm left to grope for my answers alone.

How can you help me through this twilight period?

Warn me about such things as the post-operative depression that is so likely to torment me. Assure me that this is normal and temporary.

Help me bridge my initial feelings of embarrassment. Assure me that the bed-pan is only temporary and that as I improve I'll be able to look after myself to a greater degree.

Assure me that I am never alone or abandoned, even on the busiest hospital day. Reassure me that my struggle is not a private one — that my feelings, frustrations, resentments and emotions are simply a part of being a patient.

Never forget, you've been a symbol to people like me ever since the Samaritan traveled the road between Jerusalem and Jericho two thousand years ago.

The equipment and the methods have changed. But the concept continues unchanged. You're the beneficent healer. You cannot ... you dare not ... change!

APPENDIX B

TEXT FROM EMPLOYEE SURVEY

ADMINISTERED BY A PRIVATE CONSULTING FIRM

"CHANGE PERCEPTION INVENTORY"

Survey Mechanics:

Two sets of answer options were provided. One to reflect "current situations .. how it is now", and one to reflect "in the future, how would you like it. Choices of answers include: "great extent", "somewhat", and "not at all".

Survey Sections:

Organizational Issues

Leadership Issues

Open ended Questions. (Space provided for text answers, not simply "choices" as above.)

"What is your biggest fear when change is made in this hospital?"

"What good usually happens when the hospital implements changes?"

"Other Comments"

Organizational Issues:

"Your perceptions regarding current issues about the organizational climate and structure are very important. We would also like your input on the future of these issues. Please mark the following items in terms of your perception of current conditions and how you would like these conditions in the future."

"To What Extent..."

1. Is information widely spread so that those making decisions have access to such knowledge?
2. Are decisions discussed with those affected to gain their commitment?
3. Are decisions made at the top and implemented firmly?
4. Are staff asked for input to help solve problems?
5. Does the staff manage the daily activity in your department?
6. Do people in positions of authority (i.e., hospital administrators) control actions?

Survey Text
Page 2

7. Is cooperation between your unit and other departments encouraged by the behavior of your supervisors?
8. Is team work regarded here?
9. Are team effectiveness skills taught and promoted?
10. Is individual performance rewarded more than teamwork?
11. Does upper management do a good job of communicating its decision to everyone in the hospital?
12. Is there confusion within the hospital; one unit does not know what the other units are doing?
13. Do the physicians and the administrators understand how people below them feel?
14. Is management trusted?
15. Do you have fun doing the actual day-to-day duties that make up your job?
16. Does your job let you do a number of different things?
17. Does your job allow you to learn new skills?
18. Is the hospital quick to use improved methods for patient care?
19. Are work activities organized in the hospital for efficient patient care?
20. Are decisions made at those levels where the most adequate and accurate information is available?
21. Are all the current health care specialties necessary for the delivery of
High quality patient care?
Efficient patient care?
22. Does your unit receive cooperation and assistance from other departments?
23. Are problems across units and/or departments resolved quickly?
24. How often do you have to wait for professionals from other departments?

Survey Text
Page 3

25. Is the success of your unit affected by the problems of other departments?
26. Is cooperation between your unit and other departments encouraged by the actions of upper management?
27. In this hospital, is there active interest in your career development?
28. Do you get referred from person to person when you need help?
29. Do you have to go through "red tape" to get things done?
30. Do you get hemmed in by long standing rules and regulations that no one seems able to explain?
31. Does the hospital hold you personally accountable for patient care?
32. Is the waiting time in central areas, such as radiology, under one hour?
33. Should turnaround time for routine tests and therapy be reduced?"

Leadership Issues:

"Your perceptions about current hospital leadership and what hospital leadership needs to be for a future of excellence are particularly important. Please rate each of the following items in terms of how well it describes "the best" current hospital leaders both at the department and top management level, and what you believe is important for hospital leadership in the future."

"To What Extent Does Leadership....

34. Sit on problems until the last possible minute?
35. Press for action, immediate results?
36. Act decisively in high pressure situations?
37. Look for problems and solutions?
38. Have a vision of the hospital in the future?
39. Seize new opportunities; continually reaching for new and

Survey Text
Page 4

- better ways to do things?
40. Have a good sense of the big picture; the hospital's strategy?
 41. Have strong convictions and demonstrate commitment?
 42. Appear consumed in work, driven to success?
 43. Show charismatic energy levels?
 44. Appear ambivalent about important issues?
 45. Coerce and manipulate to engage others in their work?
 46. Utilize staff well; strong relationships, good planning and scheduling?
 47. Appear stubborn; stuck in current ways of doing things?
 48. Listens well?
 49. Ramrod plans into implementation?
 50. Share responsibilities and authority with others?
 51. Seem astute in terms of "politics"; streetwise?
 52. Bring out the best in others?
 53. Negotiate toughly; cool under fire?
 54. Successfully provide resources required for projects (people, funds, space)?
 55. Manage long-term projects effectively?
 56. Reward people, formally and informally, for their work?
 57. Manage the process of decision making effectively; knowing who to involve on what issue? "

APPENDIX C

GENESYS REGIONAL MEDICAL CENTER
JOB EXCHANGE
ST. JOSEPH CAMPUS PATIENT REGISTRATION AND CORPORATE PATIENT
ACCOUNTING DEPARTMENT

CRITIQUE COMMENT SUMMARIES BY AREA
(Including suggestion, strengths and weakness')

CASHIER AREA

NUMBER OF EMPLOYEES PARTICIPATING: 23 Employees
Employees who felt they benefitted from the program: 23 employees

- neu Not enough time to answer all the questions... learned more about information needed/some not needed. Need FAX machine so would have to give information over the phone.
- dpt Both departments call for authorization numbers and get the same insurance forms signed..... During this hour I found out we duplicate several procedures.... We should get a billing clerk located in Patient Reg.
- res Computer changes should be so when you update one system, it should update through the whole computer system... I understand the importance of getting insurance even more than I did.... Strength: getting to see another side of the fence..
- dpt Cashier's do not need small hard copy we staple to large hard copy on IP's.... Should get more information on trauma admits for billing, -- also in case of deaths.... Found out what my information in Patient Reg is used for in Cashier... Strength: knowing where the flow of information goes and what it is used for.. Weakness: not enough time (called back to dect.)
- dpt Why not have a meeting with our department and Cashier's? I was filled in with things I was not familiar with which I am sure will be beneficial not only to me but to the whole department... Allows one to see the many steps people in other departments have to go through in order to accomplish the set goal of their work....
- dpt It gives you a better understanding when you know what other departments are doing... I did not know Cashier department did no billing.
- tmw Need to discuss the top sheet of the patient account copy... I think Pt.Reg.-UR-Cashiers all need to be together - there is too many duplications. They could all work together.
- neg Stapling the little hard copy to the large insurance ledger. ... informed me she only throws it away - we could save her time and we could save some staples and time; also she state on the wellness plan she contact, we contact, also ER. Maybe just one department should notify them.

Cashier
page 2

- tmw ...You see why the information you get is so important to Cashiers.. try to get as much information as possible. Getting as much information on address and insurance...
... also said it's important to get the commercial insurance signed. If not, then the patient gets the check from the insurance company. If we get it signed by the patient the hospital gets it direct...
- dpt I was wondering where our comments go when they are out in the computer if I update. I can't find them anywhere? I found out a lot about their job description.... Gives us a chance to explore different areas of jobs...
- tmw On Wellness Plan, Admitting, Cashier and UR are all contacting them for the same thing... The importance of getting as much information as possible on insurance and employment so they can be more easily contacted... As a Patient Registration employee, you see where and why the information you get is so important. I'll try to get more information from patients.
- tmw New insight to credit function. Update some incorrect codes for alcohol and drug abuse for conn general.
- neu Cashier office needs a FAX machine also.
- neu Several issues and procedures clarified. Very good ...
- tmw None that I can see at this time ... Because with this exchange we get to see what they have to do and get to see what we have to do first hand. Then maybe we can work together to be a help to each other. Gathering information is important but not always possible.
- per Gave me some ideas on how to do my job better.
- neg- Not enough time to absorb all the information.
- tmw I think they do very well with the enormous amount of paper work ... Was very informative and we easily discussed insurance billing procedures... .. is very organized - I'm sure the program benefits from the organizational skills. Human patient factors - people unsure of their own coverage - especially auto insurance.....
- neg Would rather go for more time
- dpt The only comment I have is that I enjoyed the exchange (Pt. Acct. and Cashier) very much. It made me realize more the importance of our job. Thank you for the opportunity to do so...

Cashiers
Page 3

- neu Just trying to understand how correct information is so important.
- tmw I feel it help us to learn more about the billing process...
- dpt I really enjoyed going to the Cashier's office but I wouldn't want their job for anything.

PATIENT ACCOUNT AREA

NUMBER OF EMPLOYEES PARTICIPATING:27

Employees who felt they benefitted from the program: 27 employees

- dpt Between 8am and 4:30pm. send self pay ER patients to the Cashier for payment plan... Third party memo entry would help avoid duplications... comments or remark screen in computer is helpful re: claim reference... strength: communication and understanding... weakness: up front program ?
- dpt If everything we put into SHARE transposed on our IP & OP forms it would help Pt.Accts?... To learn the flow from Pt.Reg. to Cashier to Pt.Account helps to understand ...
- neg When Patient Accounts puts update on patient information, it should come across to Pt.Reg computer also... can see for yourself why we need some information - when we might think it really doesn't make sense to answer questions on the computer. Strength: Interoffice exchange of information was great !!! Weakness: Just one person for the whole department should walk you through the different areas in Pt. Reg and ER program. You are interrupting too many people in a day !!
- tmw Understanding what billing had to deal with and how important our information is to them. Strength: to help one another understand each job. Weakness: What will be changed ??
- tmw I felt that the areas were explained very well to people not familiar with their jobs... It was overwhelming to me all the steps taken at the end of the patient stays or visits to OP/EP and why everyone's input counts in getting a smooth program.
- neu Information from Medicaid card should be available in the computer ... we put information in SHARE...I had no knowledge

Patient Account

Page 4

of patient accounting... Very enlightening. Thank you for the opportunity. Strength: knowledge, understanding...

neu Thanks

dpt Information we get from patient and put in computer makes it a lot easier for the billing department to get their reimbursement back faster...

tmw It is nice to have met the individual people of Pt.Accounts.. Now when I think of Pt.Accounts I will think of the people, not a department.... Strength: Everyone was friendly; I did not feel rushed...

tmw Information very knowledgeable in helping our jobs.. Better in what to get or not to get ... Better understanding why so much information is needed.

neu Informative ... Strength: Insight into the other side... Weakness: Patient Reg had to continue with many interruptions... unable to give employees full attention.

tmw I feel it benefits us to learn how the billing is done, and why it is so important to get as much information as possible.

neu Very helpful to learn the different functions....

tmw It shows me how the bill is paid and what happens to the bill after the patient leaves the ER ...

dpt It gave me a sense of what goes on with a chart once it leaves ER. I got to see why we have to copy charts and get certain information... Strength: It gives us a chance to meet people who's work is related to what information we may or may not get on our ER Reg. chart... Weakness: Not enough time spent in certain areas that pertain to our ER work.

dpt Driver's License number to print out on the Pt.Account slip to allow for collection.... Make the SHARE system more accessible to collectors so they do not have to leave their area... I feel this program was very beneficial.....

dpt Make computer program compatible... information entered in each system - charges, etc - instead of duplicate charges in account department

neu Speaking for myself, it would be nice if we could do this maybe twice a month, or maybe part-time people could pick up some extra days if they wanted to do this. I really did enjoy it !!!

Patient Account
Page 5

- tmw MIS putting in questions to be asked about notification people (ie spouse) should be helpful... Possible for Medicaid they need to know where patient was admitted as if they have been in the hospital in the last 15 days.... Able to see where more information is needed and why... and to see where the information we get is being used... Weakness: realize that some people won't give information to you (patients) no matter what the questions you ask...
- tmw Need one computer system so when information is put in at Patient Reg all information is available for billing clerks and any added information can be put in by Pt.Account be available to Pt.Reg, etc..(corrected address, insurance, etc.)
- tmw Why are we accepting CHSD and Medicaid as separate insurance but only CHS is billed ... then they refuse and Medicaid is billed.... It's nice to see the other side of the situation and how it all comes together...
- tmw It would be nice if the billers could pull up some of our screens to see what we have for information... Because I see how much work it is for someone else to have to get the information we don't get... Strength: computers; organization skills; good tempered employees.. Weakness:human errors....
- dpt Learned a lot about why they need extra information put in the computer. It actually does help someone else down the line... Weakness: Need to combine computers so we are able to correct... Found out that a lot of information we put in the computer doesn't always come up on their computer over here.
- dpt Have commercial insurance address print on chart - check with MIS... Weakness: It helps us in ER to see how our information is important to billing - but still does not help the matter that our patients are primarily very ill or elderly in the ER. It is almost impossible to get this information from some patients at this time.
- dpt Genesee Memorial has a great code book...our codes and their's don't always match for diagnosis... It made me realize how important certain information is needed such as SSN, relatives, phone no., address. Also coding is very important to them and the right codes make their jobs a lot easier or much more difficult if they are wrong.....
- dpt Pt.Reg and ER need the same ICD code book I found out the reason why I might be asking a question...

Pt.Reg.
Page 6

PATIENT REGISTRATION AREA

NUMBER OF EMPLOYEES PARTICIPATING: 21

Employees who felt they benefitted from the program: 21 employees

- tmw Suggest an update for cheat sheet in ER, especially children with colds seem to get the same diagnosis... interesting to see registration from the front end... to be able to see what actually happens from start to finish... Strength: departments working together to achieve a goal... Weakness: relaxed atmosphere...
- neg Preop calls to get information.. why would secondary admit need to ?? A lot of these 2 areas for information could be combined... If the patient that did not know about appointment was called from preop testing we would have correct information on the patient... See the pace they work, understand their work area better... Strength: Everyone works together well to cover for each other... Weakness: Just because information is in system, it does not mean it is correct and still should be called...
- tmw We should update the changes in the system at Genesee Memorial when we get them.... I enjoyed seeing the different areas. I got a better insight of how the information is received and distributed down to our area... Strength: I hope this will enable everyone to know we need TEAM work... Weakness: Some areas unaware I was coming...
- tmw Yes, it has been several years since last exchange - makes me appreciate my job and understand why we get some of the information we get... Strength: Lets you see the other side and what they have to deal with (People in person who want to be dealt with quickly - not an hour later.) Weakness: Not enough time available to allow in depth analysis of patient reg flow - but maybe just as well as it makes you appreciate your own job when you have time to plan your day instead of it planning yours ... Discovered many people unaware of what we do and why we need information. Employees that have been patients are confused about all of the different bills they receive and where they come from.
- neu I think it would help to have a procedure book so registration could open to a certain payor and see what kind of information is required. I was told while having someone in my area they did not have anything like this and sometimes are unaware... I can see how different jobs affect mine... Strength: I thought this was a very positive program & I enjoyed being part of it... Weakness: Some areas I felt too much time allotted. Other areas I felt I could have spent more time..
note: I fell the drinking fountain in the ER waiting room

Pt.Reg.
Page 7

should be easier to use. As I was watching with the job exchange, an elderly lady could not press the from part to have the water come on...

dpt We learned the process of admitting and processing accounts.

dpt What a different job Pt.Reg.has...

neg Need to receive update ICD9 code book yearly... pt.reg. needs to have one person answer the phone for the gals - very hectic! Very informative... Strength: getting to know your fellow employees better. They are so friendly and very professional... Weakness: Takes a lot of time out of work time when you have to set with exchange person for a months time....

tmw I feel we would all benefit from the SHARE system ... The attitude of everyone was great. They explained as thoroughly as they could and were great to listen and learn from... Strength: The ability to work together as a team... Weakness: SJH needs MPAC & Billing could benefit from SHARE

dpt Had to stay well over 4 hours in department... I feel this exchange has been very interesting to actually be in admitting,ER and see hands on what goes on and how busy and crowded each area gets at different times. I give people in these areas a lot of credit for patience & to be able to get what needs to be done and have a lot going on around you...

neu I found admitting very informative. The girls were willing to explain their jobs as best they could. They were friendly. They made me feel welcome, not in the way...

tmw It helps me understand what Pt.Reg. does that links up with our job in Pt.Accounting... Strength: Lets me see how easily information can be missed due to busy work loads. I found it very interesting. A lot of detail in Pt.Reg.area... Weakness: not enough time for much explanation as the areas very rushed.

neu Don't use the word guarantor for subscriber... I have learned this area is very busy and we should appreciate how well your people do their jobs. We should be more considerate of other areas... Strength: There were a few people who really explained things and were very helpful. This department is not as easy to do a job exchange as the area has a lot more interruptions that Pt.Accot does.. Weakness: We needed someone to explain the different areas when we first come in so we know where these areas are and will know where to go at the correct time. I have never been in these areas of the hospital which made it hard....

Pt.Reg.
Page 3

- neu Strength: Asking for the current information is very organized in everyday duties... Weakness: Not enough explanation for easy flow through for job exchange... not a specific routine to follow everyday ...
- dpt Xerox copies of insurance cards would help Pt.Accounting. It gives you a better background as to how everything is put together. This really made me see that Pt.Reg. is at the front end (verifying insurance & getting authorizations) and how their job has an important impact on Pt.Accounting. Strength: The program as mentioned above really illustrates how the two jobs are inter-related... Weakness: not enough time allowed...
- neg No time to do suggestions... Everyone needs to know what the other person has to go through in order to understand and appreciate each other... No time given to fill this out at the end of the visit. I feel time should have been set aside for this... I feel rushed...
- tmw I feel I could have spent at least double the time in each area... So much to absorb... Helped me to better understand how our two departments are directly related, where and how information is obtained....
- neg Dr.'s diag (not patient) need to be put on ER accounts. If patient is retired, need to find out if spouse works. Pt. Reg. needs new more updated diagnosis books... Didn't realize how much is involved... Strength: Did learn that Pt.Reg. has a lot involved... Weakness: Most people I went to acted like they didn't know I was coming. I had to ask a lot of questions to get any information.....
- dpt Bed assignment - once a bed is assigned have one bed log and also enter into the system. Possibly reduce all paperwork which is not duplicated. Also assign one person to only answer the phones... Too many interruptions... If Pt.Reg. didn't ask the questions we do, Pt.Account wouldn't get claims paid. Or I should say we'd be doing more phone contact with the patient to get up front information needed to bill correct insurance.... Strength: Allows Pt.Acct. to see what registration goes through to get information from the patient. Patients are not always willing or capable (due to illness) of giving correct information. Weakness: Many of the areas of registration were repetitive. Have procedures for different types of admits.
- neu Stop attaching half sheet to top of long IP ledger... Pt.Reg. UR, & Cashiers/Credit should somehow combine a lot of what us are doing the same data collection... I feel/think Cashiers/Credit should work from computer sheets, not ledgers

Pt.Reg
Page 9

neu Exposure to what my fellow coworkers do and how it relates to my job... Getting to know who my fellow coworkers are and conversing well with them... Strength: Exchange of ideas... Weakness: Wish we had more time to exchange ideas...

note: The participant totals were calculated on the number of critiques returned... Since everyone from both areas did participate, these numbers in actuality should have been higher.....

Abbreviation Key

dpt = Departmentalization
neg = Negativism
neu = Neutral comments
per = personal gains
res = respect for individual
tmw = teamwork