Is Your RHC Running on Auto Pilot?

We work hard to obtain our initial RHC certification. Our policies and procedures are perfectly organized in a binder. You could eat off our floor. Our patient forms— registration forms, financial policy disclosure, privacy & security notice, HIPAA disclosures--are newly created and crisply printed. Our HR and credentialing files are immaculate. Our MSDS sheets are in a new red binder above the eye wash station clothed in sheet protectors arranged in alphabetic order. (Insert here any other things that we totally obsessed about until nary a surveyor one could find a deficiency.)

Then, a year or two or five or more goes by. It's is easy to let things fall by the wayside, right? Having lost the original master copy, we have now copied the patient registration form so many times that it is crooked on the page and the type is faintly visible. The other disclosures have also been copied and re-copied without anyone reviewing them to see if they are still compliant. If we were to thumb through our MSDS binder, we would find seven products that we don't use now, two of which aren't even manufactured anymore. We would not find a sheet for the generic lavender multi-purpose detergent that the office manager picked up at the dollar store last week or the germicide from the new supplier. And, even though we have signed attestation pages in the front of the policy and procedure manual for each year, the policies haven't really been completely, formally reviewed at all. In fact, our medical management policy for lab protocols hasn't been updated to include new CLIA-waived testing that we do. To top that off, the clinical staff files don't include copies of current licenses even though they are somewhere in the big stack of papers on the back table. Sound familiar?

The devil is always in the details. It is easy to set things in motion and get busy with the daily tasks of taking care of patients. That is what we do after all. Consequently, we fail to realize that we are getting further and further behind on minding the store until we are taken by surprise, called on the carpet, or find that our work flow is negatively affected by obsolete practices. Wouldn't life be a little easier if the patient registration form was redesigned in the same order as the input screen in our new practice management system? Wouldn't the annual evaluation go smoother if everything was updated as we went along? The best way to stay on top of business is to have specific employees overseeing certain areas. Assign the responsibilities based on the nature of the task and the employee's skill level related to the task.   Have a tickler system in place as a reminder of when routine updating should occur. This may or may not correspond with your annual evaluation date. For example, medical licenses or insurance may renew at the beginning of the calendar year or at the beginning of the birth month or original service date.   Develop a system that works for your clinic's size, practice patterns and general organization. Don't fall into the "that's the way we've always done it" trap. Performance improvement applies to all areas of clinic operation. Be proactive. Be systematic. Switch off the auto-pilot.

By the way, wasn't it our grandmother who always said, "A stitch in time saves nine?"

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