On Your Mark, Get Set, Hello: Implementing a New Training Strategy with Patient Access

By Janell Madonna and Stephanie Lunde, CHAA

How well is your staff prepared to welcome patients into your organization? Remember the Tom Cruise movie when Renee Zellweger says, "You had me at hello"? Does your staff have your patients at hello? Hear what happened as we implemented our Patient Access Training Program.

Session Title: On Your Mark! Get Set! Hello! Implementing a New Training Strategy with Patient Access
Presenter: Stephanie Lunde, CHAA; and Janell Madonna
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Background

Kootenai Health is a 254-bed hospital located in the beautiful city of Coeur D'Alene, Idaho. The organization has just under 100 registrars working in a partially decentralized model. Patients are registered in a number of locations throughout the organization, such as Patient Access, medical imaging, the lab and the heart center, to name a few.

While decentralized registration is patient friendly, it creates challenges related to maintaining registration quality and consistency. Registration staff in the decentralized locations generally has other duties in addition to registration, and may register only a few patients per day, making it difficult to develop expertise, maintain skills and keep abreast of changes.

Another challenge faced by Kootenai Health's Patient Access Department was staff retention, a problem not uncommon to Patient Access departments everywhere. At Kootenai Health, turnover in Patient Access tends to be higher than in other areas of business services. It is not uncommon for experienced staff to promote or transfer to other positions within the organization for pay increases or more desirable work hours. Quite often, existing staff shift into the more desirable schedules, leaving the manager with open positions for on-call, part-time, evening or night shifts, which makes recruitment of candidates with healthcare experience a challenge.

You Have to Start Somewhere

The Executive Director of Revenue Cycle, Kathleen Dahlgren, had a vision for improved collaboration and communication between decentralized registration areas. In May 2014, an interdepartmental work group, the Registration Advisory Council (RAC), formed. The RAC workgroup has members from each registration area within the organization. The group meets every four to six weeks and is charged with providing direction and support for the development, implementation, documentation and staff adherence to standard registration policies and quality expectations for registrars throughout the organization. To meet this charge, the workgroup recommended the creation of a training program and the creation of a registration trainer position.

The Training Program Takes Shape

As the group worked on the nuts and bolts of what the training program should look like, there was much discussion about the current challenges related to training. Some of these are probably on your own list of challenges:

- Decentralized registration, in which every department does something different
- Because of turnover, a department may or may not have an experienced registrar
- Experienced registrars may or may not be good trainers
- New hires may or may not have any previous experience with healthcare
- Information overload at the offset, as there is no way a new person can absorb all knowledge in a few weeks
- Staffing demands may limit time a new hire can be in training before he or she deploys

- Inconsistency in what is being trained
- Training materials are not always complete or up to date
- No shared source of truth for all registrars across departments
- Lack of understanding related to revenue cycle, regulatory issues and impact of activities
- Difficult to assess comprehension

The group agreed that all newly hired registrars would have one day of instructor-led classroom training to learn registration system functionality. New hires would receive training materials, access to shared documentation, policies and procedures. Next steps would involve orientation to the department and additional training and coaching from the assigned registrar in the department.

The challenge the group faced was how to fully train the registrar, and the initial day of training was only the tip of the iceberg. New hires would receive reference materials, policies and procedures, and would be mentored in the department, but that didn't solve the issues with consistency and comprehension. The group wanted to improve the learning experience.

The "hello" moment came when the group started discussing the development of Web-based training modules. Kootenai Health's coding team had great success with ICD-10 Web-based modules. The group liked that the modules were fully narrated, interesting, interactive and included a competency assessment.

As a result, the group contracted with the same company to develop 15 Web-based learning modules. The modules were designed with the expert guidance of the vendor's representative and Kootenai Health subject matter experts. The modules can be completed over the course of a new hire's introductory or probationary period.

Modules range from 30 minutes to 45 minutes in length, and all are fully narrated, interactive and include practice questions, in addition to a scored competency assessment. Certificates of completion are awarded with scores of 90 percent or above. Department leadership and the registration trainer can easily monitor employee progress, and reports show which employees have attempted or completed modules. All competency assessment scores are recorded. Data is available to show what questions are being answered incorrectly.

In addition to implementing the instructor-led training and the modules, the group focused on analyzing the top registration errors for training, system optimization and registrar feedback. The group will continue to monitor these performance reports and will tackle the issues as they present. ●

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Janell Madonna is currently an educational director with the Haugen Consulting Group, and she served as the interim Patient Access Services manager at Kootenai Health. Prior to joining Haugen Consulting Group, Madonna was the director of Managed Care Contracting for University of Utah's Medical Group in Salt Lake City, Utah.

Stephanie Lunde, CHAA, has worked at Kootenai Health for over 10 years, where she is currently the supervisor of the Pre-Authorization Team. Lunde is responsible for 11 staff members who obtain authorizations and referrals for all scheduled and unscheduled admissions and services. This includes three cancer center locations, authorizing chemotherapy, imaging, retail pharmacy, and genetic testing.