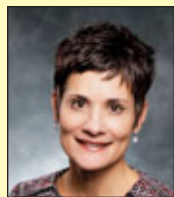


MAKING ROUNDS

Advocate Physician
Partners Names
New Vice Presidents

Page 12

Visit us online at www.chicagohospitalnews.com

**AROUND THE REGION**

Provena Appoints Lagger
to Chief Relations Officer

... See Pages 6-7

PSRST STD
U.S. Postage
PAID
West Palm Beach, FL
Permit #4595

January 2012 Volume 10 • Issue 5 • \$3.00

Chicago Hospital NewsTM and HEALTHCARE REPORT

THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS

LEGAL UPDATE

Internal Investigations

BY JUDITH S. SHERWIN,
ESQ.

In an attempt to monitor compliance with Medicare and Medicaid requirements health care organizations, including hospitals, engage in internal investigations in response to employee or even governmental allegations of misconduct or failure to comply with health care rules and regulations. Such allegations must be rigorously inves-

tigated through effective internal investigation.

What follows is a short precis on the steps which should be taken for such an investigation:

1. A determination must be made as to who will conduct the investigation. While some organizations may want to rely on their internal compliance officer the better practice is to engage outside counsel. After ascertaining the allegations as clearly and concisely as possible the compli-

ance officer or in-house counsel should determine who should be interviewed and what records, if any should be scrutinized. Outside counsel be engaged sooner rather than later to direct and conduct the investigation. This is important for several reasons not the least of which is to try to preserve the attorney-client privilege and to ensure the integrity of the investigation through having it conducted by

Continued on page 9



Judith S. Sherwin

RECRUITMENT

The New World of Recruitment

BY NANCY GUNNELL,
R.N., MS.

For a number of years as Nurse Recruiter, I repeatedly heard from Leadership: We need experienced RNs, PTs, OTs and Pharmacists! We can't be successful without them!

I consistently had to deliver this same mantra in response: Experienced health care professionals are in short supply. Unless we could offer exorbitant pay rates and benefits, far above the industry standards, and of

course we could not, then we must grow our own! Finally, it sunk in!

I am pleased to report that Vanguard West Suburban Medical Center now boasts of success, with minimal to no vacancies in any of these crucial patient care areas because we have embraced newly minted practitioners in all healthcare fields. In fact, we rarely turn to traditional or even newer advertising methods. Instead we look to colleges and universities to connect with new grads and get our message out to them.

My new message is simple: We Love New Grads! We embrace you! We welcome you! You are our future! We back this message up with actions!

Naturally, we must strike a healthy balance between experienced and new, in order to ensure our patient's safety, excellence in customer service and for employee engagement and retention. To that end, we accept new practitioners in waves, over the course of six- to 12-weeks. When we have openings, we recruit, on-board, precept and bring a

Continued on page 4



Nancy Gunnell

Ten Coding Recruitment Pitfalls

BY GERRI SMOTHERS,
MPA, RHIA, CSL, CPHQ,
FAHIMA

Hiring the best and the brightest is every organization's and recruiter's desire. If a great resume and well-dressed applicant were the only factors to be considered in the recruitment of medical coders, life at work would be great. However, there are other factors that must be considered and examined to ensure the best fit, thereby achieving satisfaction for the applicant, client and recruiter. Often, recruiters feel

rushed to fill positions immediately. Rushing to fill a job with the wrong candidate is not only a waste of time, money, and resources, but it is a detriment to the applicant and all those involved in the hiring process.

The best recruitment process involves clearly defined requirements for the position, the department, and the manager to whom the candidate will report. Recruiting for coders is no different from other types of recruiting. A position description is essential for every position that is in the hands of a recruiter. A copy of the position description

must be given to the coder. The recruitment process must also include the organization requirements i.e., drug testing, physical (TB testing), core competency, evidence of certifications, etc.

In this article, I will highlight ten pitfalls to avoid in recruitment of coders:

1. Failure to get requirements (from the client) that are not listed in the position description. Job descriptions are not intended to be comprehensive of every important factor. Some are merely very basic and cursory,

Continued on page 3



Gerri Smothers

INSIDE THIS ISSUE:

■ **IN THE 1ST PLACE**
The Power of Visionary Leadership **Page 2**

■ **RECRUITMENT**
Recruitment and Retention: Moving Targets **Page 4**

■ **A Hospital Opens a New Facility and Discovers Its Hidden Brand** **Page 5**



■ **A LOOK AHEAD**
A Look Ahead to 2012 **Page 8**

2012: Build a Solid ICD-10 Foundation **Page 8**

■ **WHAT'S NEW**
Wound Care Clinic at Ottawa Regional Opens **Page 10**



Vanguard West Suburban Medical Center Unveils New Joint Center for Excellence **Page 11**

■ **ACCOLADES**
Riverside's Social Media Initiatives Win 'Best in Class' **Page 13**

■ **REAL ESTATE**
Moving to an Unconventional Space: Key Questions Before Signing a Lease **Page 14**

■ **MONEY MATTERS**
Beyond Angry Birds: Using Technology for your Finances **Page 15**

Cover Story: Ten Coding Recruitment Pitfalls

Continued from page 1

not covering all requirements. A very important detail may be omitted. It is best to probe politely for as many specifics as possible from the client (such as what EHR system is used).

2. Failure to do homework about the coder before sending the applicant for the interview (not screening for behavior, personality, and a good fit). The habits of the coder should be in line with the expectations of the client. Work environments and work cultures do matter. A bad fit is uncomfortable for both parties - coder and client. Sometimes, a particular coder's work habits are just best suited for a particular client - not just any client.

3. Assuming that all coding programs are the same. Recruiters should look at the profile of the coding program and find a way to talk to persons who know facts and figures about the coding program. While a great reputation of a coding program is a good indicator, coder's competency still must be validated.

4. Failure to ask the right questions about the coding applicant's coding experience. Even when faced with a time crunch, it is best to meet the coder and conduct a detailed interview. While online recruitment may be a quick and convenient process, it is preferable to meet the candidate face-to-face. There are certain things the recruiter just cannot know from a phone conversation with a coding candidate. Coding experience should be discussed in detail. You can't assume that an outpatient coder knows every type of outpatient coding. A coder may be able to code ER records but not have experience in coding same day surgery cases.

5. Assuming that credentials alone validate competency. Credentials are a good starting point. But they mean more when backed up by strong prior experience, good test scores, solid references, impressive quality outcomes, and intangibles like a pleasant demeanor.

6. Assuming that credentials are valid and up-to-date. Again, here haste makes waste. As a policy, it is good to retain paper proof of a coder's credentials. Most coders have easy access to their paper credentials and can deliver them to you either by facsimile transmission or by emailing a scanned image. Recruiters should verify credentials to make sure that a coder's credentials are still current. Also the recruiter should inquire about continuing education to make sure the coder is current and up-to-date with CE.

7. Assuming that coding at a community hospital is no different from coding in a university setting. These two environments are quite different. Someone from a small community hospital may

have difficulty coding in a university setting, especially with very complex cases and high-tech procedures. University hospitals will often require more experience from coders than will community hospitals.

8. Assuming that testing alone is an indication of a good coder. Recruiters should discuss potential assignments and potential clients with any coder. Test scores alone do not guarantee that a coder will produce high quality work in a new environment, nor do low test scores indicate that a coder could not be successful in a new environment. They are worth noting and may be one predictor of success or failure. Test scores do not cover personality traits and work habits.

9. Not paying attention to a coder's patterns and work ethics. When placing a coder, it is good to take into account whatever you (as the recruiter) may know about a coder's personal habits. It is essential to be confident that a particular client will be happy with the services of a particular coder.

10. Assuming that success or failure at one organization is a valid indication of the coder's performance. The success of a coder depends on many factors. Most organizations do not have time to train coders. Coders are expected to hit the ground running with a new job. However, all coders need training and orientation to every new facility at which they are employed. Coders must have on-going feedback from on-going audits. Coders must have on-going education to ensure high quality work. Coders must know what is clearly expected of them (not just their performance, but every rule in the organizations that could cause failure if they are unaware). Coding Managers are as unique and different as individual coders. It is in the best interest of the recruiter to understand clearly the needs of the client and the do's and don'ts of the facility.

In summary, don't assume anything. Instead, verify all things. Even when time is short, don't rush so much that important details are not properly factored into the recruitment equation. In the end, you will have a satisfied customer, a satisfied coder, and you will be a well satisfied recruiter.

Gerri Smothers, Professional Dynamic Network, Inc., can be reached at (708) 747-4361.

Source: "Recruitment Pitfalls & How to Avoid Them" by Dickinson Smith Buss LLP and taken from <http://www.dickinsonsmithbuss.co.uk/articles.php>



When your independence is what matters,
There's only one option...

LifeStyle Options, Inc.
Home Health Services

Looking for convenient, affordable services to help you stay at home? We are right here when you need us. Bathing, Medication reminders, escorts—whatever you may need. For more information, call our toll-free number or just stop by our on-site office at your community.

1-888-342-4636
www.lifestyleoptions.com



CHICAGO HEALTH EXECUTIVES FORUM 36th Annual Meeting



LEADING AND MOTIVATING A MULTIGENERATIONAL ORGANIZATION

Wednesday, February 8, 2012

5:00pm – 9:00pm

Crystal Garden Room, Navy Pier, Chicago

Join us for our 36th Annual Meeting featuring esteemed healthcare leaders who will address looming physician and nursing shortages and the challenge and opportunities associated with a multigenerational work force.

| | |
|-------------|----------------------|
| 5:00 – 6:00 | Networking |
| 6:00 – 6:15 | Welcome & Awards |
| 6:45 – 7:30 | Dinner |
| 7:30 – 8:30 | Keynote Panel |
| 8:30 – 8:45 | Passing of the Gavel |
| 8:45 – 9:00 | Networking |

| | |
|-------------------------------------|-------|
| Members (ACHE, AMA, AHA, AAN): | \$90 |
| Students: | \$60 |
| Non Members: | \$115 |
| Prices increase \$15 after 1/15/12. | |

Register at www.chefchicago.org.

Sponsor packages are available.

Contact info@chefchicago.org for more information.

This program has been approved for 1.0 Category II ACHE credits.

Fawn Lopez
Publisher
Modern
Healthcare/
Modern
Physician



John R. Combes,
MD, American
Hospital
Association,
Senior Vice
President/COO of
the Center for
Healthcare
Governance



Thomas C.
Dolan, PhD,
FACHE, CAE,
President and
CEO, American
College of
Healthcare
Executives



Joanne Disch,
PhD, President
American
Academy of
Nursing

James Madara,
M.D., Executive
Vice President
and Chief
Executive Officer,
American Medical
Association



PDN's Centralized Remote Coding Labs

An Innovative Approach to Inpatient & Outpatient Coding Solutions

- Cost Savings (FTE's/Benefits)
- Eliminate Coding Backlogs
- Enhance Revenue Cycle with Faster Turnaround Time
- Built-In Coding Auditing and Education
- Coding Services Available 24 hrs a Day - Including Holidays



708.747.4361
www.pdnseek.com