Hospital Proceeding With Site, Facilities Plans

Like schools that emphasize the "Three Rs" as the basis for a solid education, Lehigh Valley Hospital is focusing on three of its own -- Renovation, Rightsizing and Relocation -- as the foundation for the hospital's future.

This year, the hospital will initiate multiple, short-term projects that will coincide with the development of a master facility plan. That plan will be implemented over the remainder of the decade.

According to Ken Erland, vice president, Facilities and Construction, the primary objective of the structural and operational modifications is to prepare the hospital for ongoing and anticipated changes in the delivery of healthcare, including the shift toward outpatient services and procedures.

Among the hospital's impending projects is the consolidation of ambulatory surgery at 17th & Chew including the relocation of the Short Procedure Unit from Cedar Crest & I-78 to 17th & Chew. By offering these services at a single location, the hospital can provide a more coordinated and streamlined approach to ambulatory care.

The renovation of the Labor/Delivery/Recovery and Post-partum units at 17th & Chew is also scheduled for completion this year.

"As part of the master facility plan, we expect to shift the obstetric and neonatal units to Cedar Crest & I-78 in 1997," Mr. Erland said. "However, as the region's leading provider of infant and maternal services, we believe it is important to upgrade our facilities now to complement that volume and level of clinical care." (See related article.)

The relocation, renovation and rightsizing of service areas are not simply aesthetic measures. The size, layout, and location of different departments will be determined by their function and relationship to other departments.

For example, physical, occupational and speech therapy at 17th & Chew will be relocated to adjoin the transitional, or sub-acute care, unit now under review by the Pennsylvania State Department of Health.

Since the transitional unit will primarily serve elderly patients who have a greater need for rehabilitative

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services, it is appropriate that these services adjoin the unit.

The transitional unit will occupy the fifth floor of 17th & Chew which currently houses medical/surgical and pediatrics units. These units, in turn, will be relocated to Cedar Crest & I-78. Mr. Erland estimates that by the fall of 1994, all inpatient medical, surgical and dialysis services will be relocated to Cedar Crest & I-78.

Other projects scheduled for completion this year include:

- decor and functional improvements to pre-admission testing and admitting at Cedar Crest & I-78
- enlargement of the Emergency Department at Cedar Crest & I-78 to include a fast-track emergency service
- conversion of unfinished space on the third floor of the Anderson Wing into offices for senior management and a conference room for the Board of Trustees.

Meanwhile, the fourth floor of the Cancer Center, in accordance with the hospital’s original plans for the facility, will be finished to house many of the departments which now occupy the temporary trailers at Cedar Crest & I-78 as well as other consolidated departments. Plans call for the subsequent removal of the trailers.

The expansion and renovation of the Gastrointestinal Laboratory at Cedar Crest & I-78 will not begin until later this year.

"We have our work cut out for us," Mr. Erland said of the tasks that lie ahead. But, he is confident that the input and involvement of patients, employees, physicians and trustees in the planning process will help to guide the hospital through this period of transition.

Site, Facilities Plans Create Domino Effect

As certain service areas at Lehigh Valley Hospital are renovated and/or relocated, others have been scheduled to follow suit. If it sounds as if the domino effect is at work here, it is.

As an example, the Nephrology Unit relocated to 7C at Cedar Crest & I-78 in March. Subsequently, the medical/surgical unit on 4T at 17th & Chew moved to 4S, the former Nephrology Unit.

Renovations are now underway on 4T which will be occupied by the Mother/Baby Unit in June.

Following the relocation of the Mother/Baby Unit, the area it now occupies on 3T will be remodeled for 10 new Labor/Delivery/Recovery (LDR) rooms. Afterward, the existing Labor and Delivery Unit will be transformed into a high-risk antepartum unit for mothers who require hospitalization during pregnancy.

Meanwhile, Resource Utilization Management/Quality Assurance has relocated from 5 Tower to 6T at 17th & Chew. Renovations are now in progress on 5 Tower which will be occupied by the Physical, Occupational and Speech Therapy Departments. These rehabilitative services will adjoin the new transitional, or sub-acute care, unit for patients who no longer require acute care but are not well enough to be discharged or transferred to a nursing home.
OB Services To Take On New Look and Location

Lehigh Valley Hospital has initiated plans to enlarge and enhance its infant and maternal services, beginning with the relocation of the Mother/Baby Unit.

Renovations are now underway on 4T, formerly a medical/surgical unit at 17th & Chew, to accommodate post-partum mothers and their babies in predominantly single rooms with private bath facilities.

The Mother/Baby Unit, which now occupies 3T, will move up one floor to 4T in June.

With its homelike atmosphere and appearance, the new Mother/Baby Unit will afford patients a more pleasant and comfortable hospital stay.

The new unit will also include a nursery next to the nurses' station, convenient to the staff for monitoring infants and for mothers who want to look in on their little ones.

The proximity of the nursery to patient rooms supports the concept of mother/baby nursing since most infant care takes place in the mother's room.

Following the relocation of the Mother/Baby Unit, the area it now occupies will be remodeled for 10 new Labor/Delivery/Recovery (LDR) rooms. Meanwhile, the existing Labor and Delivery Unit will be transformed into a high-risk antepartum unit for mothers who require hospitalization during pregnancy.

The Neonatal Intensive Care Unit will remain at its current location.

"We are not only changing the look and layout of our facilities but the processes by which we provide our services," said Robert V. Cummings, M.D., Chairperson, Department of Obstetrics and Gynecology.

"For example, labor and delivery may not always be a pleasant experience and, afterward, many women want to receive post-partum care in a different environment," he said. By providing these services at two different locations, we can achieve a higher level of patient satisfaction."

Much like the Mother/Baby Unit, with its recessed lighting and cabinets (for concealing monitoring equipment), the new LDR rooms will be designed with patient comfort in mind. Most of the rooms will be adjoined by a storage area with portable delivery equipment and a supply cart. The cart will be wheeled into the room for labor and delivery and wheeled back into storage afterward to restore the LDR room to its homelike atmosphere.

"By initiating these changes, we can accommodate our patients in facilities that complement our clinical capabilities," Dr. Cummings said. "That, to me, is an ideal environment for bringing a baby into the world."

"God could not be everywhere, and therefore he made mothers."
- Jewish Proverb
One Office Manager's System of Checks and Balances  by Eva Ritter Levitt

Every office needs a system of checks and balances for accuracy and office security. There are six key areas to consider: patient registration at the front desk, patient discharge with check out receptionist, checks or cash that arrive by mail or "walk ins," hospital billing, payroll, and payment of invoices.

- When a patient registers for an appointment, he/she should have a router (superbill) attached to the chart. The router should have a number, the date, and the patient's name. The receptionist needs to check this information and list the previous balance on the router.

- At the conclusion of the visit, the doctor must mark the router with the diagnosis, and check the appropriate CPT code(s) to be charged. The patient proceeds to the check out receptionist who enters the charges into the computer and collects payment if the patient is a self-pay or if there is a co-pay or deductible and refers the other charges to insurance. The check out receptionist places the payment in a bank envelope and completes the bottom of the router with the amount collected and what was billed to the insurance company. The patient is given a copy of the superbill or a computer equivalent. At the end of the day, the check out person will count up all the routers and fill out a cover sheet where she marks the number of patients seen that day and the number of routers entered. The two numbers should match. She runs a total of the checks and cash received. This packet is then given to a person in the billing department who must verify that a charge was generated for each patient listed in the appointment book. If a patient's visit was cancelled, the router should appear in the packet with "cancelled" written on it. Thus, if 20 patients are on the daily list, there must be 20 routers at the end of the day.

- Hospital charges should be entered by the billing section. The doctors should provide the hospital charges to the billing section as soon as each case is completed, thus enabling the billing staff to process the bills in a timely manner to the proper sources. The billing section should maintain a record of all hospital consults listed and check the charges against this list to verify that every inpatient gets billed.

- Checks received in the daily mail must be opened by a person different from the one who posts the payments in the computer or on the charge cards. Ideally, this individual should make a list of the patient name and the amount received. The office manager should review the incoming checks to verify which accounts are being paid and which accounts need to be reviewed. The checks are then given to a member of the billing staff, preferably an individual other than the one who enters the hospital charges.

- The daily deposit should be processed by someone in the billing section. This individual must collate

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the payments from the discharge receptionist and the daily mail. All checks should be copied and stapled to a copy of the deposit slip as supporting documentation in the event that questions arise regarding the checks. This individual must confirm that each check received by mail has been posted. Verification can be made against the list that was prepared by the receptionist who opened the checks. The totalled checks and cash must equal the total payments for the day according to the computer or the peg board sheet. Ideally, the deposit should be reviewed and made by one of the doctors on a daily basis.

- A part-time bookkeeper pays all invoices with checks which are signed by one of the doctors or the office manager. Payroll is done by a computerized payroll service which provides a print-out of cumulative total of salaries and deductions for each pay period.

In summary, for office accuracy and security, it is important to have several distinct members of the staff involved in the handling of the monies generated by a practice and in the payment of bills. A system of checks and balances with office manager and physician oversight should prevent problems from arising.

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Cost Containment in the Medical Office
by Joan Rissmiller, Practice Administrator, General Surgical Associates

Employee Salaries

Estimated as the largest percentage of expenses, staff costs for a specialty practice range from 15 to 25% of practice revenues. If personnel costs approach 35%, there may be cause for concern. Components of staff costs which may need to be addressed include what percentage of these costs are benefits, overtime, and temporary help to fill in for staff on vacations. What is the ratio of medical assistants versus R.N.s or L.P.N.s?

Examine ways to measure the effectiveness of each job. Document what each person does. Review job descriptions. Have ways of keeping staff accountable for their job.

Look at performance of employees. Are some staff cutting corners on hours worked, using time for personal business, or coming in late and leaving early?

Is there a full staff when the physicians are not seeing patients? Is there a lot of "down time" in the office?

Are there extended personal conversations regularly during the work day?

If these problems exist in your practice, then you may be able to decrease the number of staff or the hours worked by your existing staff without sacrificing productivity or patient care.

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Minimize turnover of good employees. It is cheaper to pay more and thus retain existing staff if they are doing their jobs well than to replace and retrain new people.

Reduce or totally eliminate overtime work. Stagger shifts instead of scheduling one employee to work nine to ten hours a day. Hiring a part-timer may be cheaper than paying regular overtime, and a part-timer can give you more flexible job coverage.

Supply Costs

Centralize the purchasing responsibility. Having one person buy and verify all supplies helps avoid lost and duplicate orders and allows you to look to that person for pricing. Maintain a log book of quantity of supplies ordered, date and price. This helps to control inventory and gives you an idea of your volume of usage.

Shop around for the best prices, but continue to review the invoices to confirm that the promises that were made to you are being fulfilled. Some distributors have a tendency to fluctuate the prices on merchandise. National warehouse distributors offer tremendous savings with overnight delivery and no shipping costs.

Look for bulk purchase arrangements. You can get better prices for large one-time buys, which saves money if you can store the bulk and use it all up. Local warehouses, such as BJ’s and Sam’s Club, offer savings, and you will always have an employee volunteer to leave the office on a nice day to purchase the supplies.

Stationery costs can be reduced by eliminating "image" while still maintaining professional reflection. Embossed letterhead and envelopes are not a necessity. Eliminate customized statements, recall calls, etc. Utilize your computer equipment to the maximum -- statement mailers versus one sheet statements. These eliminate employee time needed to stuff and stamp the envelopes. These can be purchased in large quantities from your computer company. Use message mailers to handle recalls and to inform patients of normal test results.

Equipment

Buy equipment that will help you make or save money. Don’t refuse to buy office equipment which makes your staff more efficient by possibly reducing or avoiding overtime work. New and improved copy machines with collators reduce employee time spent on a project.

Reconsider equipment service contracts. For equipment that occasionally breaks down, a service contract may be a bad deal. You should keep an accurate record on maintenance of equipment to judge the need for a good service contract.

Be very critical about purchasing expensive lab equipment. Lab services may not be high-profit items. Check the reimbursements with Blue Shield, Medicare, and commercial insurances before making this decision. Also, keep in mind, the government intervention. You need to be licensed and comply with government regulations.

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Professional Expenses

Reconsider society memberships and subscriptions. Some of them tend to be paid year after year although you no longer benefit from them. If you are tossing newsletters aside simply because you don’t have time to read them, you may want to consider eliminating this expense.

Physicians need to get involved as well. A company car should be purchased for good use rather than for image. A Mercedes is a great car, but so are the Lexus, Acura, and Accord. The price difference affects the physicians’ incomes. Physicians need to eliminate conventions and meetings. Select only those which truly benefit the practice and eliminate the "family vacation" conference at the expense of the practice.

Advisory Fees

Monitor regular legal and accounting fees. Evaluate what your advisors really do for your practice and request their services wisely.

Bring routine accounting service in-house. There are numerous computer programs available designed specifically for the medical practice and are very user friendly. Make your CPA your trusted independent advisor, while a bookkeeper, manager, and computer system handle the mundane chores.

Use consultants for special purposes, more than routine services. Draw on experts for ways to help you organize for greater profitability and to deal with one-time problems and rely on the physicians and manager/administrator to carry them out.

Telephone Expenses

Monitor long distance phone bills, especially by your staff. Occasionally have your bills reviewed by a competitor for long distance coverage.

Evaluate your Yellow Page advertisements. Compare each ad’s cost against the importance of that phone book’s territory. Track the patients who came to your practice as a result of your Yellow Page advertising. This is a very costly item.

Involve your staff in the battle. Discuss your concerns and invite them to introduce cost saving ideas. Offer incentives like small dinners for two for useful suggestions. Your staff is your greatest resource!

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Employment Law - A Guide for Pennsylvania Physicians, a valuable reference designed to help physicians and their staff find their way through the maze of rules which impact upon the employment relationship, is now available through Pennsylvania Medical Society.

The cost is $45 for physician members; and $75 for non-member physicians.

For more information, call the Pennsylvania Medical Society, Department of Physician Services, at (800) 228-7823.
Isolation Update
by Elaine Walz, R.N., C.I.C.,
Infection Control Nurse Specialist

Lehigh Valley Hospital maintains two types of isolation precautions. First, Universal Precautions involves all patients and is utilized to protect healthcare workers from bloodborne viruses such as Hepatitis B, C and D, HIV, and other viruses transmitted via blood and other body fluids. Protection is achieved through use of barriers such as gloves, gowns, and facewear. In addition, control measures are implemented to increase awareness and prevent puncture wounds from needles and other sharps.

For communicable diseases other than those caused by bloodborne pathogens, Category Specific isolation measures are used. Categories of isolation are derived from groupings of communicable diseases that can be spread in a similar fashion. The measures outlined in each category must be followed by all personnel who have contact with the patient and/or the infective body material.

Examples of Category Specific isolation include placing a patient on Respiratory Isolation if Tuberculosis is known or suspected, Contact Isolation if there is a draining wound or a drug resistant organism, and Enteric Isolation if one has diarrhea.

When a patient is admitted to the hospital, communication with office personnel is an important element in quality of patient care ensuring appropriate patient placement as well as protection of other patients and healthcare workers.

The Infection Control Department of the Lehigh Valley Hospital is available to assist you whenever a question of isolation arises. For more information, contact the Infection Control Department at 402-2413.
Reform of Capital Blue Cross Major Medical System
by Loretta Kowalick, Administrative Assistant, Allentown Anesthesia Associates

Currently, Maryland, Delaware, and New Jersey have wrap-around programs which means that the primary carrier and the major medical carrier pay the physician directly at the same time.

In Pennsylvania, however, Capital Blue Cross does not pay physicians. Although you may be a participating physician with Pennsylvania Blue Shield, major medical checks are paid directly to the patient. In most cases, the physician never receives that money. In some cases, the patient receives a lump sum and pays the physician only $5 or $10 per month.

At the April meeting of the Lehigh Valley Chapter of PAHCOM, I expressed my concern to the group and encouraged those in attendance to band together to change the system.

If you are experiencing this same problem and wish to voice your concern, please write to the following individuals. A sample letter may be found on page 11 of this newsletter.

Joseph Ricci, M.D.
Sr. Vice President, Professional Affairs
Pennsylvania Blue Shield
P.O. Box 890089
Camp Hill, PA 17089-0089

Mr. James Mead
President
Capital Blue Cross
2500 Elmerton Avenue
Harrisburg, PA 17110

Upcoming Meetings and Seminars

Lehigh Valley Chapter of PAHCOM

At the March meeting of the Lehigh Valley Chapter of the Professional Association of Health Care Office Managers (PAHCOM), it was decided by majority vote to change the meetings from bimonthly to monthly. Beginning in April, meetings will be held on the third Tuesday of each month at the Spice of Life Restaurant, 1259 S. Cedar Crest Boulevard, Allentown, beginning at 6 p.m.

Topics for the next few meetings include:

May 17 - Office Safety Concerns
June 21 - Tuberculosis in the 90's

If you have not yet paid your 1994 Lehigh Valley Chapter dues of $25, they may be paid at the May meeting or you may send your dues to: Kathy Iceman, c/o Family Pediatricians, 401 N. 17th Street, Suite 109, Allentown, PA 18104. Checks should be made payable to: Lehigh Valley Chapter of PAHCOM.

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Also, the Lehigh Valley Chapter of PAHCOM will be conducting a salary survey (Lehigh Valley area). Any office interested in participating should contact Pat Skrovanek at 402-9859 for a copy of the survey. Surveys should be completed and returned by May 31 to Gerry Malloy at Allen Anesthesia Associates, 400 N. 17th Street, Suite 205, Allentown, PA 18104.

If you have any questions regarding the Lehigh Valley Chapter of PAHCOM, please contact Colleen Burgess, President, at 433-3143.

Pennsylvania Medical Society Seminar

Employment Law and Employee Benefits: How to Comply with the Regulations Affecting Your Practice will be presented at a number of locations during the month of May. This seminar can help you better understand complex state and federal regulations concerning many different employment issues. The seminar will be held on May 17 in Pittsburgh, May 19 in Harrisburg, and May 24 in the Philadelphia area.

Topics to be covered include wage and hour laws, employment discrimination, privacy issues, employment-at-will and terminating employees, Pennsylvania unemployment compensation law, OSHA regulations, employee benefits and pensions, and family and medical leave.

Faculty will include Mark A. Fontana, Esq., and John G. Ferreira, Esq., experienced attorneys in the Employee Law and Benefits Department of the law firm of Reed Smith Shaw and McClay.

All registrants will receive a free copy of Employment Law - A Guide for Pennsylvania Physicians, a $75 value.

Cost of the seminar is $225 for member physicians or their office staffs and $315 for non-member physicians or their office staffs. Discounts are available for multiple registrations from the same practice.

To register or for more information, call the Pennsylvania Medical Society, Department of Meeting Services at (800) 228-782.

May: Mental Health Month, National Arthritis Month, Older Americans Month

May 8: Mother’s Day - The one day of the year that Mom can hope to escape at least some of the usual grind. A little pampering, breakfast in bed, flowers, and other tokens of affection are welcome expressions of appreciation.

May 8-14: National Hospital Week - A time to focus public attention on the many contributions hospitals make to their communities. “Building a Health Tomorrow Today” is the theme for this year’s observance.

June: Iced Tea Month, National Fresh Fruit and Vegetable Month, Dairy Month, National Rose Month

June 19: Father’s Day - First proposed by Sonora Louise Smart Dodd of Spokane, Wash., in 1909. After hearing a Mother’s Day sermon, Mrs. Dodd wanted to honor her father who had raised six children after her mother died. Although the idea was publicly supported by President Calvin Coolidge in 1924, it was not officially signed into law until 1972.

June 21: First Day of Summer
Sample Letter

Date

Dear :

As a member of a group of Pennsylvania Blue Shield participating physicians, I wish to vocalize my concern and discontent with the present Capital Blue Cross Major Medical system.

Presently, as a participating physician, I am obligated under contract to accept Blue Shield allowances for fee schedule type patients, providing they fall under the income guideline set by their plan. The patient must provide us with the information, such as a 1040 form or a notarized statement of verification of under income. If the patient is over income, we are presented with numerous problems which include:

- Patients rarely contact us to inform us that they are over income and responsible for the balance of the bill;
- It is difficult for patients to obtain a major medical form to complete and submit for our balances;
- Capital Blue Cross will not pay the Provider;
- Capital Blue Cross will not release any information to the Provider regarding payment made to the Subscriber.

In order to pursue a balance legally, we must give Blue Shield the opportunity to contact the Subscriber for said information. It takes 90 days from the date Blue Shield sends their letter. In reality, a minimum of 120 days waiting period.

A wrap-around major medical contract facilitates the receipt of benefits for Subscribers. Subscribers usually find it difficult to complete forms because of lack of understanding and/or finding time to do it.

The above existing problem is becoming monumental due to the fact that the number of Subscribers covered by fee schedule plans has increased over the past few years and will continue to rise.

Several states have incorporated their major medical plans into a wrap-around type coverage. This means the primary plan has the Subscriber’s financial information on file and if he/she is over income, the major medical portion is remitted to the Provider at the same time as the primary plan payment.

If we are to continuously be the target for decreased reimbursements, we must find ways to protect the revenue due us. I am asking for your cooperation in formulating a plan that protects rather than opposes our position.

Sincerely,
FOCUS is published quarterly for the office staffs of physicians on the Medical Staff of Lehigh Valley Hospital. Articles for the next issue should be submitted by July 1, 1994 to Janet M. Laudenslager, Physician Relations, Lehigh Valley Hospital, 1243 S. Cedar Crest Blvd., Allentown, PA 18103. For more information, please call Janet at 402-9853.