

Photograph by Gerty Images



STAFFING

How to Hire Employees Who Live the Mission

As reimbursement changes, adding the right staffer takes on new importance

It's easy to talk about setting a standard of excellence and dedication to quality care, but it's another thing to deliver it to every patient every time. The stakes are high. Starting in 2012, Medicare reimbursement will be based on clinical outcomes and patient perception of care by today's patients. Never has it been more important to hire and retain high performers. Here are two tools to help:

- **Use employee interview tools that dig deep.** When Scottsdale (Ariz.) Healthcare opened 64-bed Thompson Peak Hospital in 2007, administrators debuted a set of nine guiding principles and interview questions to support their vision for setting a standard of excellence for personalized care. An example: For the principle "We deliver exceptional service as an integrated team," applicants are asked to "Define teamwork. Identify at

least two expectations of your colleagues while working together on the shift."

"Sometimes applicants self-select out at the final selection meeting that the administrator and I hold," explains Associate Vice President Mary Kopp, R.N. "That's great because it reduces turnover that otherwise would occur in the first few months of employment." Employees also are held accountable for living the principles through training, disciplinary action, and ultimately, de-selection.

"It was a rigorous interview process, but worth it," says Susan Metzger, a nurse at Thompson Peak. "Everyone shares the same values, pulls their weight, and there's no complaining." Last year, turnover at the hospital was just 5 percent for all employees and Press Ganey patient satisfaction is currently in the 90th percentile.

- **Create a service DNA assessment.**

"The most important thing a leader will do is hire the right people," says Randall Carr, vice president of learning and leadership development at eight-hospital Covenant Health in Knoxville, Tenn. "All of the problems with quality and safety are downstream from that. If health care continues to accept quantity over quality due to chronic staffing shortages, we'll never succeed at quality."

Covenant's new Service DNA assessment works like this: Hiring managers play a 20-minute video on the Intranet that follows a patient—from the patient perspective—through hospital arrival, the inpatient experience, various procedures, and ultimately discharge. The video shows subtle signs of patients who are satisfied and dissatisfied with the level of service; for example, a lost patient looks around the lobby to see chatting employees walk past unaware. The manager asks questions designed to see if the applicant's service DNA mindset picks up on the clues.

"People either have it or they don't," says Carr. "Sometimes managers tell me they don't have 20 minutes to show the video so I ask, 'You're going to invest the next 20 years in this person instead?'" —CHRISTINA ROMÁN ●

LEGAL

Experts Debate the Impact of Antitrust Suit Against Michigan Blues

Common contract language with hospitals is under the microscope

Hospitals, insurers and consumers are keeping a close—and anxious—eye on the recently filed lawsuit against Blue Cross Blue Shield of Michigan. The suit accuses the Blues plan of antitrust violations and is a clear indication that the federal government has its antenna up.

"This cannot be allowed in Michigan and, let me be clear, we will challenge similar anti-competitive behavior anywhere else in the United States," Christine Varney, assistant attorney general in charge of the Justice Department's antitrust division, said Oct. 18 after filing the suit.

At issue is the commonly used "Most Favored Nation" clause employed by health plans and hospitals. It essentially guarantees that no other health plan can obtain better reimbursement rates than the MFN recipient. The Justice Department and the Michigan attorney general, who joined the suit, allege that the Blues plan used MFN clauses with more than half of the state's acute care hospitals, requiring them to charge competing plans sometimes 30 to 40 percent more. That stifled competition and drove up health care costs, the government claims. The suit seeks a judicial order preventing the Blues from enforcing any MFN contract clauses. The Blues plan controls more than 60 percent of the commercial health insurance market in the state.

Blue Cross Blue Shield of Michigan officials deny the allegations and claim the suit restricts it from providing "the most deeply discounted rates from Michigan hospitals. Negotiated hospital discounts are a tool that Blue Cross uses to

[QUOTABLES]

While putting on my scrubs during my surgery clerkship, an attending surgeon looked at me with disgust and sarcastically bellowed, "Hey, hey, hey, it's Fat Albert!"

Joseph F. Majdan, M.D., in his essay, "Memoirs of an Obese Physician," which appears in the Nov. 15 Annals of Internal Medicine.

People who buy maternity benefits are people who believe they're going to use maternity benefits.

America's Health Insurance Plans spokeswoman Susan Pisano in a Kaiser Health News article about maternity coverage in individual health plans.

There's a lot of tricks up our sleeves in terms of how we can dent this, kick it, slow it down to make sure it never happens.

Presumptive Speaker of the House John Boehner Nov. 4 on Fox News referring to the health reform law.