

# Competent Admitting Process Creates Positive First Impression

BY SR. GERALDINE M. HOYLER, CSC

**I**n today's environment, healthcare providers know the importance of patient account collection. A stable cash position allows an institution to make prudent judgments based on a predictable cash flow. Providers often offer financial incentives to billers in an attempt to ensure that patient accounts are settled on a timely basis. They also take care with the dictation, transcription, and signing of medical records because correct and timely completion is essential for Medicare billing. Nevertheless, healthcare executives are often frustrated with the slowness of the cash collection process.

The admitting process is an area administrators often overlook when diagnosing problems in the collection cycle. In most institutions the admitting process is the source of all demographic and related information about a patient. But in many instances admitting is seen as a necessary evil, a process that must be endured to get the patient to the point of service. Because providers often misinterpret the importance of information gathering, the incentives they offer admitting personnel may be counterproductive to the desired outcome. These rewards are usually related to the speed with which an admission is processed, not the correctness and completeness of the information gathered.

## A WELCOMING SPIRIT

In many ways a healthcare provider's admitting function is similar to the same function in a hotel or restaurant. Service providers can do nothing for the guest until he or she is properly registered. Guests usually do not object to providing information when checking into a hotel. The patient and family who are checking into a healthcare facility should perceive the same welcoming spirit they expect to encounter in the hospitality industry. They will then be willing to provide all the necessary information to hospital admitting personnel.

Some significant differences exist between the



*Sr. Hoyler is  
president,  
Mercy Services  
Corporation,  
Denver.*

hospitality industry and healthcare organizations, especially in the amount of information the healthcare provider must collect. At times gathering such voluminous and personal information appears burdensome and inhospitable. However, correctly collecting and recording this information is essential to ensure the healthcare institution has a timely billing and collection cycle. The admitting process must be seen as the way the provider obtains the information necessary to serve the patient well, not just in the medical sense, but in the subsequent billing and collection process. Nothing is more irritating to patients and their families than being asked for additional information when they believe they have already provided enough.

## A SMOOTH PROCESS

How can healthcare providers ensure the admitting process flows smoothly and admitting personnel collect the correct information from patients and their families?

**Department Goals** First, the provider must clearly understand the goals of the admitting process—to gather all correct and necessary demographic and medical information needed to provide medical care to the patient and to bill and collect the account without having to contact the patient or family for more information.

**Single-Department Approach** Second, the healthcare provider must structure the admitting department to ensure that the admitting process accomplishes its goals. In today's environment, where the blurring of the line between inpatients and outpatients increases daily, a single department—one that assumes responsibility for all admissions, regardless of where the service is provided—may be the most effective way of ensuring that providers obtain correct, consistent information from patients.

A single-department approach provides the best supervision and training for personnel. With one department responsible for admitting all inpatients and outpatients, staff can shift as work

ebbs and flows with changing patient-service patterns.

However, a single department does not mean there will only be one registration site or point of entry for all patients. Rather, it means that the oversight and management of the admitting function rest with one well-organized portion of the organization. The single-department approach helps ensure employees are well qualified and flexible, as well as motivated to fulfill the admitting role. A well-qualified employee is one who has insight and training. This person can take independent action within predefined parameters and adapt language to the needs of the patient and family. Having all the healthcare facility's admitting personnel be part of that single function removes the temptation to ask them to do clerical tasks for ancillary departments, such as radiology and surgery.

The single-department admitting process can be helpful if, for example, an outpatient is converted to inpatient status because of a crisis during treatment. If the outpatient admitting personnel fail to gather information pertaining to all the patient's insurances, billing will be done incorrectly because information required for inpatient care is missing.

The same sort of situation can occur when it comes to pastoral care. Catholic hospitals are conscientious about providing pastoral care to inpatients and many outpatients. In many current admitting systems, however, the religion question is often bypassed or filled with a meaningless code for outpatients because some personnel believe this information is irrelevant. But if an outpatient encounters a crisis and becomes an inpatient, the lack of information concerning the patient's faith will be frustrating to both nursing and pastoral care staff.

**Staff Goals** Third, hospitals must change the goals set for admitting and billing personnel. Admitting department personnel should be rewarded for gathering *all* the required information correctly. This differs from the usual goal of

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quickly moving the patient and family through the process. Speed is desirable, but correct information and a welcoming spirit are much more important. Rewards may be financial or entail recognition or other forms of acknowledgment.

When admitting personnel make errors in gathering information, admitting personnel, not billing personnel, should be required to correct the errors. This conforms to the cardinal rule that the one who makes the error fixes it. If this occurs often enough, quality will either improve or manager intervention will be necessary. Now prohibited from correcting admitting information, all billing personnel can turn their attention to ensuring that they bill correctly. In turn, collectors should not correct bills; rather, inaccurate bills should go back to the person who made the mistake.

#### **ACCOMMODATING PATIENTS' NEEDS**

Admitting personnel must ensure that all necessary patient information has been collected during the admitting process. The process need not be lengthy, nor require the patient be present. Rather, a good system is to gather the information before the patient's arrival at the facility. Doing this over the telephone causes the least inconvenience to the patient.

Convenience for the patient is key. This may require increased admitting staff in the early morning and evening hours and reduced staff during the day. Gathering information by telephone after patients' normal working hours is usually the easiest. Healthcare, after all, is a service and must adapt its systems to the needs of those it serves.

Only when clear procedures, expectations and incentives are in place can timely cash collections be made. Managers cannot expect good employee performance when the structure does not foster it. The admitting function is important to timely cash receipts. Patients should be encouraged to view admitting as the entry point to a hospitable and helpful service provider. □