First Impressions

The Patient Experience

OMA
ONTARIO MEDICAL ASSOCIATION

About This Series

"First Impressions: The Patient Experience" is part of a series of guides the OMA has made available to help physicians address a range of practice management topics. The guides walk you through issues and opportunities at various stages of practice, from opening up, managing, to winding down a medical practice.

Other titles in the series, which you can find at www.oma.org, include:

- First Impressions: Medical Facility Planning Guide
- First Impressions: The Patient Experience Guide
- Revenue Management: Prescriptions for a Profitable Medical Practice
- Starting a Practice: A Guide for New Physicians
- Closing a Practice: A Guide for Physicians
- Closing a Practice: When the Unexpected Happens

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This guide contains the following sections and appendices:

A. Introduction

Think of all the things that make a good first impression on your patients. Elements like the way your office space looks and functions, the telephone system, and how appointments are scheduled can have a profound impact on how patients view you. The Ontario Medical Association (OMA) has prepared this leading practice guide to help you create a work environment that supports your patients and your success.

Section two of the First Impressions guide is The Patient Experience Guide that focuses on the technology and personnel investments that add to the patient experience, and includes information on:

- selecting a telephone system
- selecting a patient scheduling system, and
- building your team.

Section one of the First Impressions guide is The Medical Facility Planning Guide, and includes information on:

- determining your space needs (patient care, equipment, personnel, etc.)
- translating your requirements into appropriate space planning
- creating an efficient layout and flow
- regulations, permits, and construction documents
- incorporating design elements that influence patient satisfaction
- deciding on and implementing your technical specifications
- building the appropriate project team, and
- following the design and development phases.

With careful planning, you can develop a cost-effective and efficient office space, one that's well-designed, well-staffed, and patient-centred – and always makes a positive impression.

For questions or more information, please contact us by telephone at 416.599.2580 or 1.800.268.7215, or by email at practicemanagement@oma.org.

B. First Impression

In 1989, Jan Carlzon wrote a book called Moments of Truth. He said, *"Anytime a customer comes into contact with any aspect of a business is an opportunity to form an impression."*

He called those "moments of truth," the chance to demonstrate your professionalism, service and excellence. As CEO of Scandinavian Airlines Systems (SAS), Carlzon recognized many "moments of truth" in his business – calling to make a reservation, arriving at the airport, being served at the ticket counter, the greetings at the gate, the performance of the on-board staff, etc.

All of these shape the customer experience.

Every workplace has its own "moments of truth." Think how this concept applies to a medical practice. Your customers do not make flight reservations, but they do make appointments. They call you. They interact with your staff. All shape the patient experience.

With the increased focus on patient-centred care, it is helpful to explore three systems that allow your office to function. These systems play a huge part in the impression you make: the phone system, the patient scheduling system, and the ultimate "information" system – your staff.

C. Telephone System

Assessing system requirements

Your telephone system gives a first impression of your office to patients and anyone else who contacts you. This is not just about answering calls; it is a strategic investment in your operational efficiency and perception, which influence how people value your services.

Costs can vary widely depending on the features and needs (a system that increases office efficiency may reap savings in the long run). You will have to determine a budget for purchase and implementation, weigh options, and select a vendor. To guide your search, ask yourself:

- How many employees require a desk phone?
- How many courtesy convenience telephones are required?
- How many offices?
- How many calls will I handle daily (inbound and outbound)?
- Do I require long distance? A toll-free number?
- How many telephone lines does the office need?
- Is the system compatible with existing equipment/ features (e.g., voicemail, conferencing)?
- How many new physicians and employees am I likely to add in the foreseeable future?
- How many lines will I need for fax machines, modems, and any other equipment that requires a telephone connection?
- Do I want any staff to be able to work remotely (home or travelling)?

Ideally, you want a system that not only meets current needs, but is easily adaptable if you want to add capacity (e.g. lines, extensions).

System features

Once you decide on the number of telephone lines and user extensions you require, the next step is determining the features you want.

This is all about your efficiency and accessibility. Can you meet demand with minimal delay? Can callers reach who they want quickly? What happens after hours? If you provide telephone health support, will the system integrate to meet your needs? Can staff easily handle the system? Can you track how the system is being used?

Among the features to consider:

Auto attendant: Voice response system that assists the human operator and directs callers to the appropriate extensions or voice mailboxes.

- Call back: Allows you to request notification when a busy line becomes available, or enter a phone number where you can be reached.
- Call block: Prevents unwanted calls; caller may have to enter a code.
- Call convergence: Handles telephone calls, voice mail, email, instant messages, video conferences, faxes and other types of communication.
- Call hold: Put a caller on hold while a second call is answered or made.
- Call hunt: Several lines ring until the call is answered.
- Call recording: Records telephone conversations in a digital audio file format.
- Call routing/transfer: Transfers calls to mobile phones or another desired destination.
- Call queuing: Allows you to accept more calls than available extensions or employees capable of answering them.
- Caller ID: Provides the name and telephone number of a caller, which appears on a display.
- Conference bridge: Connects large numbers of people participating in conference calls.
- Conference call: Allows a call between three or more people in different locations.
- Cost features and reports: Provides reports on telephone usage, i.e. calls received and made, average call length, peak call periods, etc. This can be a valuable tool in monitoring the activity in your practice and helping you determine how to serve your patients in a timely fashion.
- Dialing option: By name, extension, and directory.
- Interactive voice response: Automates interaction with callers.
- Multi-site management: Gives offices with several branches a single extension list for all servers.
- Office directory: Provides an office directory and automatic dial up.

- Remote office: Use an office telephone or laptop software phone off-site over high-speed internet, working seamlessly from home office or while travelling.
- Voice mail: Records, saves and relays messages.
- Voice mail to email: Forwarding of voice messages to email address for quick access on smartphone.
- Operator console: Allows receptionist to process tasks such as call transfers, paging, conferencing, and speed dialing from a keyboard.

Types of systems

After selecting the features that best meet the office requirements, the next step is to select the type of system. There are several options, based on overall needs, budget, technical abilities of staff, and number of users and extensions. Some non-traditional systems also offer advantages.

Hosted, On-Premise or Managed Solutions

- Hosted: A medical office can have web-based access to configure the telephone system, access call data, retrieve deleted voice mail, and many more features. This system allows small but expanding offices to easily modify their telephone systems to meet new requirements such as additional extensions. A major benefit to a hosted system – you do not need expensive equipment such as a telephone server, as the system is located at the provider's premises. However, you do need some internal technical expertise to make updates and change to the system.
- On-premise: The traditional on-premise system provides total control over medical office communication. Benefits include low maintenance and operating costs, and the ability to customize the features.
- Managed solution: A medical practice can obtain a full-featured telephone system with little investment by using a managed solution. Basically, the office outsources the ownership of equipment, software, and technical support (updates and customizing) to a telephone system provider.

Hot Communication Applications — VoIP and UC

- Voice over Internet Protocol (VoIP): Some VoIP technology, which allow you to operate your office telephones on your data LAN, integrate remote workers, and seamlessly link multiple offices. Similar to traditional telephone systems, VoIP systems come in two types. With on-premise systems, hardware is installed in the medical office very similar to a PBX or Key system. With hosted systems, calls are processed at a data centre outside the medical office before forwarding them to an extension at the medical office.
- Unified Communications (UC): UC integrates fax, e-mail, voice and other systems into one infrastructure. For example, you can send voice messages and faxes to an email. This streamlines communications, and can offer the best return on your technology investment. Having a VoIP system makes UC implementation easier.

Selecting the vendor

It is a good idea to request a proposal from two to three telephone companies or dealers. Do a side-by-side comparison of products, features, and prices. Some questions to ask:

- Does the dealer provide a detailed, unambiguous Service Level Agreement (SLA) that addresses factors such as quality of service, application and network performance?
- Does the dealer provide a choice between a network overhaul and leveraging the existing infrastructure?
- Does the dealer have the products/services/strategy to address new communication requirements as the office evolves?
- Does the dealer provide clearly defined support policies for pre-installation, installation, and post-installation?
- Who will honour warranties if the dealer goes out of business?

Visit a few medical offices that have purchased telephone systems from the vendors. If you are making a substantial investment in communication products and a system, consider seeking assistance from an independent telephone systems consultant.

These experts can also protect you from (or help to minimize) "hidden fees," such as equipment replacement, unexpected license costs of supplementary software, unexpected labour costs in upgrading the system, technical support costs, unaccounted components such as insurance, taxes, etc.

System implementation and maintenance

Ask the dealer to provide you with a clear, specific and scheduled implementation plan (before you sign the purchase agreement). Work with the dealer to create a checklist of action items required for implementation.

The new system should be tested before implementation to give staff the chance to become familiar with it. The dealer should ensure that medical office operations are not interrupted or adversely affected during implementation.

Before buying, secure a written maintenance commitment that clearly states the post-implementation support to be provided. Get a single point of contact to work with your office.

D. Patient Scheduling System

Assessing system requirements

Most health care providers see scheduling as a problem to solve, rather than an opportunity to seize. In fact, a high-end scheduling solution can help build efficiency, patient and staff satisfaction, and revenue. Among the advantages:

- reduce costly no-shows
- enhance referral tracking and practice marketing
- fill open time slots with automated wait lists and recall functions
- enhance patient intake data for claims and other front desk best practices
- reduce patient wait times, by tracking the problem and making the front desk more efficient
- enhance productivity
- manage a practice with better visibility through real-time reports
- improve the workplace environment (greater efficiency, less human error).

Create two columns to list your requirements: need-to-have and good-to-have (see features in the next section). You may want to form a project team and have them list the issues that scheduling software could resolve. Share these issues with staff – e.g. receptionist, medical assistant, nurse, manager, etc. – for their input. As part of your research, seek advice from other medical offices that have implemented patient scheduling software.

If your practice has an electronic medical record (EMR) system, it is important to ensure that it is compatible with the new patient scheduling system. Incompatible systems force staff to constantly log in and log out from one system into another, increasing operational inefficiencies.

System features

After determining your initial needs and goals, consider how they mesh with the features available in most scheduling systems.

- Colour coding schedule
- Visit status
- Reason for visit
- Option to send letters
- Waiting list options
- Daily and weekly reports
- Print patient information
- Detailed patient intake (you want to have enough custom fields to handle any scenario)
- Easy scheduling to make and edit appointments quickly
- Recurring appointments, i.e. scheduling a series of appointments at once
- Advanced scheduling, to define and automate the scheduling of complex procedures and protocols common to radiology, oncology and clinical trials
- Front desk management, i.e., tools that mark patients as arrived, seen, cancelled, and/or no-show
- Automated wait list, so when a patient cancels or a time slot opens for any other reason, the system automatically displays a list of patients who have requested an appointment and are available at that time
- Automated appointment reminder messages.

Types of systems

Usually, small medical offices choose a web-based model, while large medical offices have their own information technology staff and resources to manage scheduling software in-house. Here is a look at both models and the pros and cons of each.

Web-Based Model

- What it is: Provided by software companies to medical offices over a network. The database is stored outside a medical office, and maintenance is provided by the vendor.
- Pros: Low upfront cost compared to the cost of purchasing hardware, software, and installation. Saves time and money on upgrades and maintenance requirements.

- Cons: Control and reliability. For example, if the internet connection fails the scheduling data may not be accessible. Security may also be an issue with any web-based software.

On-Premise Software

- What it is: Installed and run on the computers of the medical office rather than a vendor's computers and facility.
- Pros: Gives control to the medical office over the entire software. It can be more reliable than a webbased model, with less downtime, less system failures, and less server overloads.
- Cons: Upfront cost and implementation expense. Need for in-house software technical support (occasionally).

Every few years, periodic upgrades may be required.

Sourcing the vendor

With a list of product requirements on-hand, you are ready to contact vendors. Beyond searching for patient scheduling software vendors online, you can find candidates by:

- Seeking referrals from colleagues and other medical offices that have had a positive experience working with a specific vendor
- Contacting OntarioMD for a list of recommended EMR vendors (if you are looking at investing in an EMR system)
- Contacting health information technology review organizations offering vendor surveys
- Hiring an information technology consultant.

Build a list of vendors, especially those who offer specifically designed for your medical specialty or primary care office. Once you have about ten vendors on your list, send them a request for proposal (RFP) with your requirements and ask for a rough estimate. Among the questions you want answered:

- How long has the vendor been in business?
- How do you license your product?
- What are your support fees? What do you cover?
- What are your service guarantees?
- Are your products certified by an independent certifying organization?
- Will I need to purchase third party products to make your product perform as demonstrated?
- Do you offer a free trial to let us get the feel of the system before we buy?
- Can we access the schedules of all of the doctors on our system from a single screen?
- Does the software provide a common database and single log-in shared by all of our office locations?
- Is the scheduling software easily compatible with electronic medical records?
- Does the software provide automated pop-up memos to alert staff of any number of patient issues that need attention?
- How easy is it to manage patient demographics?
- How pleasant/easy is it to view and manage the software screen? (For instance, a screen with logical colour coding can make medical appointments simple to view and manage.)
- What is the scheduling capability of the software?
- How easy is the system to learn?
- Does the vendor provide initial and continuing training? At what cost and for how long?
- What can you do to help me bring in new patients and fill open time slots?
- Can we schedule all medical providers and locations without being restricted to the number of columns in the scheduling system?
- Can physicians access the schedule without having to go to the office? (Web-based software would allow full capabilities and features to change and update the schedule just as you would at the front desk, no matter where you are located.)
- Does the software create a series of regularly scheduled or repeating appointments all at one time, based on medical need?
- How would the software eliminate or reduce patient wait time and patient over booking?
- What can you do to increase practice revenue, reduce losses and accelerate my Accounts Receivable?

Ask to speak to five of the vendor's customers as well about their products and services. Review the vendor responses and customer feedback, and have the software selection team document their questions, concerns, and comments next to each vendor. The team should vote, and the top four vendors should be invited for an onsite demonstration.

Selecting the vendor

During the product demonstration date, the members of the software selection team should write down their impressions, and address their previously documented questions and concerns to the vendor's representative. (Other staff could be invited to the demo as well.)

Based on how well the software meets essential requirements of the practice, and the level of ease/difficulty to learn and operate the software, team members should rate the product as ideal, acceptable, or not acceptable.

Ask the remaining finalists to provide the selection team with final pricing and four references (including recent customers). The price should include training, support during and post-implementation, software licenses, and other fees. It is important to purchase the right number of licenses for the software, as each user will need a license for it.

Ask the references about the vendor's post-implementation support. There are many vendors who fail to provide adequate post-sale technical support.

It is always a good practice and highly recommended to have a lawyer review a contract or a purchase agreement before you sign it.

E. Human Resources

Assessing staffing requirements

In a medical setting, staff have enormous influence on the patient experience. Every interaction is an opportunity for caring, support and compassion. Moreover, with the appropriate staff makeup and performance, physicians can devote as much time as possible to patient care.

Staffing is the process of selecting and training individuals, and charging them with specific responsibilities. In a medical office or clinic, consider these four questions.

1. What is the medical specialty? The type of services that you offer may require a specific number or types of employees for adequate support.
2. How many providers do you have? Whether you have two physicians or 25, medical providers need adequate staffing to support them in delivering quality services. Research other offices to get a sense of the typical number of employees per physician to help ensure that you are not understaffed or overstaffed.
3. What is the patient volume? The number of patients treated on a daily, weekly, monthly, and annual basis factors into the workload, and can dictate the staffing level required.
4. What kind of productivity do you want to achieve? The ratio of staffing to services rendered, as well as the roles you have assigned, will affect your efficiency.

Beyond the answers to these questions, staffing will be shaped by factors like the type of organizational structure you prefer, and how much responsibility you want to delegate. There is no single correct approach. But in assessing your staffing requirements, the goal is to have a team in place that can meet your expectations for serving patients.

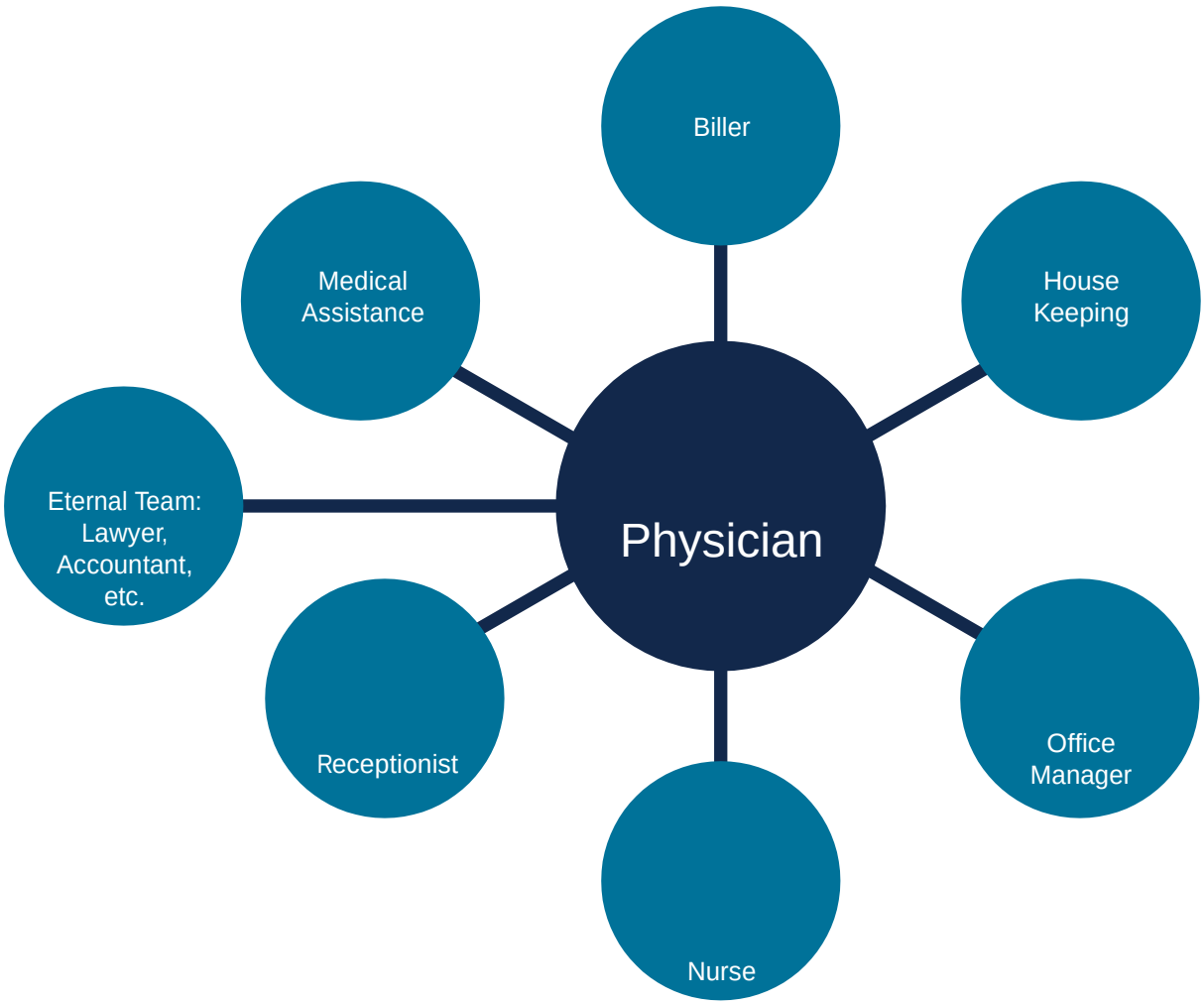
Organizational structures

Prior to hiring any staff, you should have an idea of what kind of framework you want to use. This framework should clarify the lines of authority and communication, and allocate duties. With an established organizational structure, a medical office can effectively determine the manner and extent to which:

- roles, power, and responsibilities are delegated, controlled, and coordinated
- information flows between levels of management and employees.

The two basic options are to centralize or decentralize. In a centralized organization, the leaders maintain the decision-making power and exercise tight control. In decentralized organizations, decision-making is distributed and staff have varying degrees of autonomy.

The following charts show how centralized and decentralized structures could look in a medical office context.



Building the team

The type and structure of your office determine the development of various positions at each level. Keep in mind that in some settings, staff perform multiple roles. In fact, cross-training can be advantageous to allow proper coverage in cases of sick days, holidays, etc. On the other hand, specialization allows for undivided attention. The precise definition of roles is up to each office.

You can think of your structure in terms of three levels: leadership, management and direct service providers. But those labels can be broad. For instance, at any given time, a solo practitioner in a small medical office may need to fill all roles. The larger you get, the more delineation between the levels.

Yet it is important to recognize that leadership is not just a position – it is a trait. It is up to every member of the team to exercise leadership in a way that promotes excellence – in the service of the office/clinic, each other, and patients. (See Appendix A for more on leadership.)

To help ensure a smooth process as you hire members of your team, please consult the OMA guides called Starting a Medical Practice and Managing Your Medical Office Staff. They include valuable information on job descriptions, policies and procedures, interviews, evaluating candidates, assessing performance, and much more. In recruiting, managing and rewarding members of your staff, remember that in order to deliver care and service your team needs to feel cared for as well.

Among the roles on your organizational chart:

- Owner/leader: The individual who has the ultimate responsibility for the direction of the office/clinic, and exercises overall supervisory or management tasks. Leaders determine, guide and communicate the vision of any organization. As such, their own behaviours and values set the tone for the implementation of patient-centred care.
- Nurse Practitioner, nurses, and other licensed clinicians: The regulatory authorities have undertaken the responsibility to assess the clinical skills and ethics of individuals who receive licenses to render these services to the public. Assuming the clinical competency of candidates, you should assess whether they have the other qualities you want to be productive members of your team.
- Office manager: Responsible for day-to-day operations. While doctors and nurses take care of the clinical side, the office manager is responsible for the administrative/business side. Duties can include enforcing office policies and procedures, hiring and evaluating staff, budgets, scheduling purchasing, dealing with patient satisfaction issues, and more. (See Appendix B for list of essential management skills.)
- Medical secretary: Essential skills include attention to detail, patient scheduling, medical report transcription, medical records management, medical billing, and an ability to work independently.
- Billing specialist: Responsible for managing the information related to OHIP and uninsured billings. He/she has to make sure the patient's medical visit is accurately coded so that the office is reimbursed accordingly.
- Receptionist: In small medical offices, the receptionist answers the telephone, makes patient appointments, and is often the first point of contact with patients. The job requires excellent communication skills. In larger offices, a receptionist's role may be limited to answering the phone and welcoming patients.
- Housekeeping: When contracting cleaning services, medical offices should require the vendor to produce an updated proof of health care facilities training certificate and liability insurance. Housekeeping staff should not have any contact with patients or work in the presence of patients. Administrative staff can also take on a general cleaning task.

Employee code of conduct

For all members of the team, employee behaviours should reflect organizational values. These values can be conveyed in a code of conduct.

Essentially, a code of conduct is a business performance tool. It sets out the rules and standards for employees. In a medical setting, that means the conduct that promotes quality patient care, and that reflects the expectations of the public for the employees who provide and support such care.

(A code of conduct can also be an important document from a legal standpoint. For instance, if an employee's conduct violates the employer's code of conduct policy, the employer can reduce, if not eliminate, the potential liability by arguing that the employee's conduct was not sanctioned.)

Everyone in the organization must comply with a code of conduct. Strict adherence by senior managers and the owner/leader sends a powerful message to all members of the team.

There are no guidelines for developing a code of conduct specifically for a medical setting. Each office has to create one that meets their specific requirements for employee behaviours. (See Appendix III for a sample code of conduct.) Involving a wide range of staff in development or periodic reviews can improve implementation and adherence.

Conclusion

In a medical setting, care is not just about health. It is about attitudes, gestures and processes that show care towards the people you serve.

Every interaction represents a chance to demonstrate that care. The phone and scheduling systems you use might seem like just technological tools, but they are also ways of conveying your efficiency and professionalism. That has an impact on the patient's perception and satisfaction. Above all, staff can add positively to that, whether through a direct point of contact or a supporting role that helps the office to run in a patient-centred manner.

By delivering care and showing care in all your systems, and all you do, you can enhance the patient experience.

Appendix A:
Leadership Qualities

Leadership is something that can be demonstrated in any job, at any level. While medical office leaders should possess the following qualities, these are also traits that every employee should try to develop, for the sake of continual improvement and service to patients.

- Character – treat others as you want to be treated; provide ongoing moral support to ensure trust and confidence.
- Credibility – be sincere; your actions and words should match the values of the medical office.
- Vision – influence the future positively.
- Optimism – trust your abilities and that of other team members.
- Planning – start each project with the outcome in mind.
- Communication – express vision clearly, convey a message that is heard and understood by all, and listen attentively and respectfully to different views and opinions.
- Modesty – lead by example.
- Courage – keep the principles, values and vision true.
- Flexibility – be able to modify plans and change course to still reach the initial goal.
- Diversity – stay committed to broadening cultural and social horizons, and valuing all backgrounds and experiences.
- Empathy – display a sense of compassion and responsibility towards others.
- Praise – give credit and promote a sense of achievement.
- Responsibility – be accountable for your actions.

Appendix B:
Management Skills

Along with possessing leadership qualities, office managers need to demonstrate a wide variety of skills. Some of the essential ones:

- Financial and accounting management. A manager does not need to be an accountant, but does require knowledge of accounting principles (e.g., bachelor of business administration) or college-level accounting courses (depending on the complexity of the medical office and the accounting system in place). In addition, an office manager should have at least two years of direct experience managing a medical practice's accounting and finances.
- Human resources management. These skills develop over time, but can be built on a foundation of being tactful, diplomatic, patient, reliable, trustworthy, and a "people person."
- Operations management. This comes down to optimizing productivity. Ideally, a manager is a facilitator who can assist each member of the team in performing their work. The manager should also be highly organized, ensuring the timely filing of all license renewals, tax payments, permits, payroll cheques, etc.
- Clinical operations management. Qualified managers with a clinical background are in short supply. One without clinical training and appropriate licensing would need to delegate supervision of the clinical operations to a head non-physician clinician. The manager should have the skills to effectively meet the administrative needs of clinical operations through delegation.
- Information technology management. Office managers need to be computer savvy enough to learn changing IT requirements and keep up with new technologies.
- Risk management. An office manager is responsible for preventing organizational liability. This will require full knowledge of all relevant laws, regulations, and requirements. A manager's primary role is to monitor performance of employees, and that includes reducing risks ranging from theft to neglect.

Appendix C:
Sample code of conduct for medical practice staff

A Code of Conduct is a business performance tool that sets out the rules and standards for staff. Each medical office has to create a code that meets their specific requirements for their employees' behaviours, as there are no guidelines for developing a code of conduct specifically for a medical setting. This is an example only, and would not be applicable to all medical offices.

_____ Code of Conduct

(Practice Name)

I. PURPOSE:

To provide standards for employee conduct that promotes quality patient care and reflects the expectations of the public for medical practice employees who provide care to patients.

II. POLICY:

All practice employees are expected to conduct themselves both on and off the job in accordance with the definitions and standards set forth in this policy. An employee who violates the expectations for conduct set forth in this policy will be subject to disciplinary action, which may include dismissal. Not every situation that may arise can be anticipated and included in policy. Employees are expected to understand the fundamental expectations governing conduct and apply them to situations that may arise.

III. DEFINITIONS:

Guiding Principles: The practice has established the following guiding principles as a fundamental basis to guide business and employee behaviour:

- Keep people safe
- Treat people with respect, trust, and dignity
- Consider all patient needs with sensitivity
- Support informed choice and decision-making
- Advance the mission of the practice through teamwork
- Ensure public trust through personal and professional integrity

On-the-Job Conduct: The employee's response to any assigned duty, responsibility, expectation, obligation or behaviour required of the employee by the employer or the position.

Off-the-Job Conduct: The employee's off-duty behaviour, which maintains expected ethical and conduct standards and does not discredit or adversely impact the practice's image or public trust.

Public Trust: The holding of health-care employment is a public trust, created by the confidence that the patients have in health-care employees. That trust requires adherence to integrity, responsible performance, and correctness in conduct both on and off the job.

IV. RESPONSIBILITIES:

Employees are responsible for their conduct and behaviour both on and off the job.

Supervisors are responsible for ensuring employees understand the expectations for conduct outlined in this policy and appropriate follow up action is taken if expectations for conduct are breached.

V. PROCEDURE:

The following is a partial list of guidelines for conduct. It is not intended to be exhaustive or to anticipate any situation that may arise. Employees are expected to rely on their training and knowledge of practice policy, and when possible should consult with their supervisor or co-workers to address questions about whether a behaviour is acceptable.

A. Expectations for Employee Conduct

1. Be cooperative with others. Demonstrate good teamwork principles. Recognize that our practice is only successful if we are successful as a team.

2. Demonstrate initiative. See things that need to be done, do not wait until you are told to do something.

3. Use practice-guiding principles as a basis for decision-making.

4. Always be respectful of patients and their families. Respond to patients in a caring, empathetic manner no matter what their behaviour. Display a welcoming and hopeful attitude towards those we serve. Remember, patients are our customers, and while they may present challenges, they are never a burden.

5. Always adhere to principles of patient confidentiality. Only share patient information with those who have a "legal right to know." Never discuss patients in public places at work or away from work.

6. Uphold and reinforce the rights of patients.

7. Maintain self-control and utilize appropriate conflict resolution strategies when confronted by people who are angry.

8. Refrain from sharing significant personal information about yourself, your family, or your co-workers with patients.

9. Maintain therapeutic boundaries with patients and former patients. Do not engage in any type of socialization or relationship that maybe outside of the professional role of care provider. If in doubt, seek advice from supervisors or treatment team members.

10. Inform supervisory personnel of any patient with whom you have had a relationship with outside the practice. Request a modification in your assignment if a personal relationship with a patient may compromise your ability to provide quality, objective care.

11. Provide care for patients using the techniques and procedures taught in orientation and in-service education programs.

12. Report to work on time and as scheduled. Only leave your work area when properly relieved and with your supervisor's approval.

13. Promptly report safety hazards and take prompt action to prevent injury to others until the problem can be corrected.

14. Follow the practice's policy on tobacco use, and encourage others to do so as well.

15. Use telephones, radios, computer, and copier equipment in accordance with practice policy. Keep personal use of telephones to a minimum and do not let it interfere with practice business. Essential personal long distance calls must be collect, charged to a personal third-party number, charged to a personal credit card, or made using a calling card. Internet use must adhere to practice policy.

16. Always use proper telephone etiquette whenever answering the telephone or when calling others. Identify yourself and your work area, be courteous, offer assistance, write down messages and repeat names and numbers back to the caller to check for accuracy.

B. Unacceptable Conduct

1. Neglect or failure to properly carry out duties, responsibilities, or assignments.

2. Abuse, mistreatment or neglect of any patient.

3. Theft, willful damage, misappropriation or neglect of patient property or property of the practice.

4. Insubordination or refusal to follow verbal or written instructions of a supervisor.

5. ny conduct such as use of alcohol, or use or sale of drugs, either on or off the job that adversely impacts the employer's operation (including absence from work) or brings discredit upon the employer's mission or public trust.

6. Willful, intended or threatened harm to patients, family members, co-workers, or others.

7. Falsification of practice records (e.g., time sheets, patient records, travel expenses, omission of pertinent data, giving false testimony, etc.).

8. Behaviour intended to harass or threaten patients or co-workers.

9. Failure to report or disclose information concerning allegations of possible patient abuse, neglect, or other wrongdoing.

10. Improper disclosure of confidential information.

11. Wilful violation of law, contract, policy, or directives. Failure to carry out assignments or responsibilities.

12. Improper or illegal use of the practice's telephone, radio, or computer network system. Improper use of the practice's copy machines.

13. Unauthorized use of work time, equipment, or facilities for private business or personal use.

14. Sleeping on the job.

15. Failure to abide by the practice's dress code or maintain personal hygiene in a manner acceptable to the practice environment.

16. Failure to appropriately respond in an emergency situation.

17. Unauthorized duplication or inappropriate use of keys. Loaning or providing keys to others without authorization.

18. Developing a relationship with a patient that violates expected patient-staff boundaries and therapeutic principles. Failing to report a personal relationship with a patient or former patient outside of the work setting.

19. Performing special favours for patients that are outside the medical treatment process, without authorization from the patient's treatment team.

20. Failure to treat patients, visitors, co-workers, and the public in a courteous, productive, respectful, and otherwise acceptable manner.

21. Failure to follow safe work procedures.

22. Failure to dispose of bio-hazardous or infectious waste in designated containers.

23. Failure to report defective equipment or unsafe conditions.

24. Reporting to work under the influence of illegal substance. Using, selling, possession of illegal substances during work hours or on the practice's property.

25. Failure to perform essential job functions.

26. Off-the-job conduct that may discredit the practice's image and the public trust.

27. Use of profane or vulgar language (as commonly considered) in a manner that others find offensive.

28. Conducting business on behalf of the practice without the permission of senior management.

C. Discipline

Discipline and corrective action procedures for violations of the employee conduct policy will be handled in accordance with practice policies and procedures. Discipline will be commensurate with the severity of the violation, particularly the impact upon patients. Serious infractions, whether occurring on-the-job or off the job may result in dismissal from employment.

This document was prepared by the OMA Practice Management & Education department.

We value your feedback! Let us know what you think of this resource.

Please contact us for more information.

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