

Only One Call Away: Keeping Remote Office Staff Engaged

Gone are the days when the office kitchenette served as the meeting place for all employees to do a quick stand-up on the day's activities, discuss the latest episode of *This Is Us*, or purchase Thin Mints from a co-worker's daughter. Almost overnight, employees began working from home with no date to return to the office. Many were simultaneously moonlighting as teachers for their children whose classrooms were now in their bedrooms. The novelty of a short commute from the bedroom to the computer slowly began to wane as households struggled with the diverging needs of the family.

While many employees slowly return to the office in some capacity, there has been significant debate on the benefits of a remote workforce. Some companies have reported increased productivity from their employees who no longer contend with long commutes resulting in more quality time at home, better eating and sleeping habits, extended time for exercise, and overall improved work-life balance. For others, having to work in the same space as other family members with limited resources provided its own set of difficulties, which made many yearn for the office water cooler.

Medical office managers, whose offices operated in-person and remotely throughout the pandemic, were challenged to stay connected with all employees. Some of the more creative ways to maintain company culture and engage with employees regardless of their location include:

Stay Connected with the Right Tools: It is easy to feel isolated when you are in an office of one, but a myriad of tools can help employees interact with others – video conference, phone calls, and email check-in, to name a few. Avoid remote members feeling disconnected by establishing frequent check-ins. There are so many tools that offer instant connections so there is no room for miscommunication.

Make Video Mandatory: While many have taken remote working to include a more lenient dress code, there is no reason to eliminate face-to-face interaction. Incorporate visuals such as backgrounds or guests (animal and human) as part of the conversation to encourage video usage.



Define Goals: While at the office, job expectation is transparent; however, it may become less so when employees are responsible for their time management. Remote work may change the rate of productivity, so employers are wise to set clear and measurable goals and efficient communications methods so that intentions are clear.

Reimagine Commute Time: Utilize the time traditionally spent traveling to and from work and catch up with co-workers. Whether through a one-on-one rotating schedule or in group form, spend this time discussing work-related topics or make it more social to regain the in-person time lost.

Share Mealtimes: If every Tuesday in your office was Taco Tuesday, there is no reason to change the schedule. Recreate the social connections that offices provide with shared lunches. If employees are used to celebrating milestone events together, let everyone know in advance the timing to celebrate those August birthdays and ask people to join the virtual celebration. For those out of the office, if finances permit, send them a cupcake if they are missing out on the cake in the break room.

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Be a Cheerleader: Pair co-workers to be each other's advocates and cheerleaders. Remote work should not limit our ability to recognize each other's accomplishments. Visibility buddies, which should not be limited to just remote workers, can sing each other's praises when we may not be able to blow our own horns.

Bring Your Kid (or Pet) To Work Day: Rather than hiding that we have a life outside the office, embrace it. Smile when the dog comes into the video frame, or when your child wants to share his latest artwork with your co-workers. Sometimes at work, we forget that we have outside lives, and it is nice to bring that to the office (within reason).

Office-Wide Initiatives: Ugly Sweater contest, Lego Building challenges, or even weekly questions like "Would you rather have a cat or dog as an officemate?"- encourage interaction amongst office staff. It doesn't matter what the initiative is as long as it's something that gets people involved, entertained, and engaged in something fun for a few minutes.

Company Retreats: Plan in-person get togethers to discuss office goals or initiatives or plan for year-end gatherings that will help strengthen team relationships and allow remote workers to feel connected.

"While we only had one employee working remotely through the entire pandemic, it was important to me that she knew that we cared about her and her well-being while working from home," said Valerie Sterlacchi, Practice Administrator, Internal Medicine/Movement Disorders. "To keep this employee engaged with the office, we spoke daily at a predetermined time and I communicated about the daily goings-on in the office, including patient care and the current trends related to Covid-19. I felt that by having this daily check-in, we created a sense of togetherness and made her feel like she was still a daily part of our office."

While many medical offices debated the merits of remote work and telemedicine, COVID-19 forced them to rethink the safest way to reach their patients. As a result, many of these initiatives have proven beneficial to both patients and staff and will remain as pandemic restrictions subside. The onus now falls on office managers to ensure staff remains connected in and outside the office.

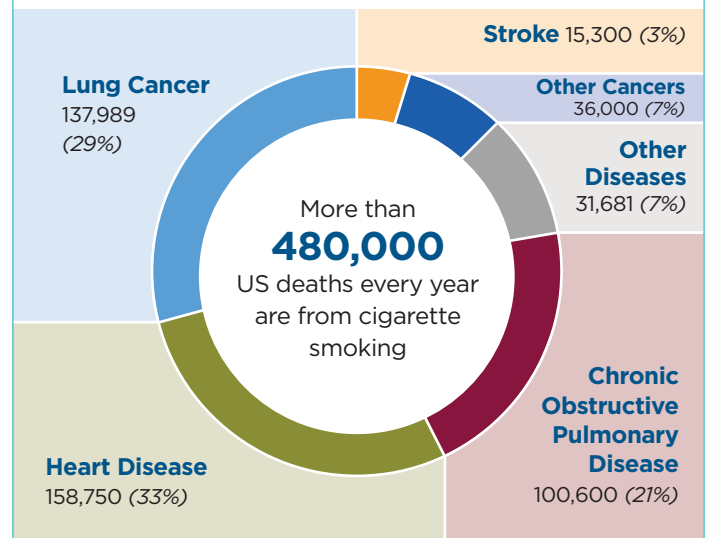
You Can Stop...With Our Help

In what may be the greatest oxymoron of the COVID-19 pandemic, a disease that attacks the respiratory system, cigarette sales increased 1% in 2020 after dropping 4 to 5% annually since 2015, according to U.S. Treasury Department data. Additionally, fewer people sought help to quit smoking last year as more Americans struggled with stress, boredom, and other mental issues, according to a survey conducted by the Center for Disease Control last summer. In the early days of the pandemic, efforts to stop smoking were hastened by reduced cessation clinics, face-to-face support, and postponed or canceled appointments with general practitioners. As people spent more time at home and often alone, old habits resurfaced with more opportunities to smoke due to lack of a routine and judgment from others.

During a recent, and timely, virtual webinar for members of the RWJBH Office Managers Association, Monica Hanna, MPH, CHES, NCTTP, Assistant Director, Nicotine and Tobacco Recovery Program of the RWJBarnabas Health Institute for Prevention and Recovery (IFPR), and Laura Gallo, Program Director, Community Outreach, Cancer Services at Monmouth Medical Center, talked about tobacco and nicotine use, preventative measures to quit, and the importance of early lung cancer screenings. The IFPR has over 30 years of being a leader in New Jersey for substance use disorder-focused prevention and recovery support services.

Tobacco Leading Cause of Preventable Death in US

Annual Death from Smoking, United States



Note: Average annual number of deaths for adults aged 35 or older, 2005-2009

Source: 2014 Surgeon General's Report, Table 12.6, page 660

Gallo informed the virtual audience that the United States Preventive Services Task Force (USPSTF) updated its recommendations for lung cancer screenings so that more individuals are eligible to be tested earlier. The age eligibility was lowered by five years to 50 years old and a pack-year threshold of a 20-year history rather than 30. These two changes will nearly double the number of people eligible for screening and will prove highly beneficial to African-Americans and women who tend to smoke fewer cigarettes than white men but could still be at increased risk.

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Lung cancer often does not cause any symptoms until it has reached an advanced stage. When lung cancer is diagnosed at an early stage (Stage 1A), and treated, the survival rate increases to more than 70 percent. The greatest benefit of a low dose computed tomography or LCDT is to detect possible lung cancer in an early stage for high-risk populations and begin treatment sooner if needed.

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– Laura Gallo, Program Director,
Community Outreach,
Cancer Services at Monmouth Medical Center

Hanna concluded their presentation by listing the nicotine and tobacco services offered through RWJBarnabas Health. The Institute for Prevention and Recovery's Nicotine and Tobacco Recovery Program will help:

- Establish a realistic quit date and provide support and guidance throughout each individual's quit experience.
- Provide information and individualized recommendations on utilizing prescription and non-prescription smoking medication, including Zyban, Chantix, nicotine aids (patch, gum, lozenge, inhaler, and nasal spray).
- Connect individuals with one-on-one or group sessions that accommodate their schedule.
- Identify practical tools to reduce withdrawal symptoms.
- Understand the impact of e-cigarettes, electronic nicotine delivery systems, and vaping.
- Offer informational presentations in the community or workplaces about how staff and others can utilize our services.

New Jersey residents now have access to 11 Quit Centers across the state through individual and group counseling. Quit Centers provide residents with the resources to stop or reduce their use of tobacco products.

For more information about any of these programs, visit rwjbh.org/NicotineRecovery, call **833-795-QUIT**, or email the Quit Center at quitcenter@rwjbh.org.

Fagerström Test for Nicotine Dependence Assessment

The Fagerström Test for Nicotine Dependence is a standard instrument for assessing the intensity of physical addiction to nicotine. The test was designed to provide an ordinal measure of nicotine dependence related to cigarette smoking. It contains six items that evaluate the quantity of cigarette consumption, the compulsion to use, and dependence. The Fagerström Tolerance Questionnaire was developed by Karl-Olov Fagerström. This instrument was modified to the Fagerström Test for Nicotine Dependence by Todd Heatherton, et al. in 1991. If you or someone in your office is concerned about nicotine addiction, the Fagerström Test is a great first step.

- 1. How soon after you wake up do you smoke your first cigarette?**
 - a. Within 5 minutes (3 points)
 - b. 5 to 30 minutes (2 points)
 - c. 31 to 60 minutes (1 point)
 - d. After 60 minutes (0 points)
- 2. Do you find it difficult not to smoke in places where you shouldn't, such as church or school, in a movie theater, at the library, on a bus, in court, or in a hospital?**
 - a. Yes (1 point)
 - b. No (0 points)
- 3. Do you smoke more during the first few hours after waking up than during the rest of the day?**
 - a. Yes (1 point)
 - b. No (0 points)
- 4. How many cigarettes do you smoke each day?**
 - a. 10 or fewer (0 points)
 - b. 11 to 20 (1 point)
 - c. 21 to 30 (2 points)
 - d. 31 or more (3 points)
- 5. Which cigarette would you hate most to give up; which cigarette do you treasure the most?**
 - a. The first one in the morning (1 point)
 - b. Any other one (0 points)
- 6. Do you still smoke if you are so sick that you are in bed most of the day, or have a cold or the flu and have trouble breathing?**
 - a. Yes (1 point)
 - b. No (0 points)

Scoring: 7 to 10 points = highly dependent
4 to 6 points = moderately dependent
less than 4 points = minimally dependent



COVID-19 Standards Added to OSHA Program

Office safety took on even greater importance this year as more people are concerned with COVID-19 and ensuring greater precautions are being taken, so that office workers and patients feel comfortable for in-person visits. In April, the Office Managers Association hosted its annual OSHA “Is Your OSHA Program Up to Date” webinar for more than 135 registered members addressing this issue and providing additional updates to current OSHA regulations.

Marylou Morano Kjelle, MS, MA, a healthcare compliance consultant with P.O.C. Consultants, LLC, for 28 years, posed questions to OMA members about their office’s compliance. In her presentation, Kjelle defined the Bloodborne Pathogen Standard as protection against exposure to any potentially infectious body fluid – not just blood. Each office must have a written “exposure control plan” or “infection control plan” that is reviewed annually and includes task-specific policies. Additionally, offices must have a policy for post-exposure and provide initial and annual safety training to all employees. Offices should also review their universal and standard precautions, including work practice controls (common-sense safety), engineering controls (antibacterial soap, eyewash, spill kit, safety needles and devices, sharps containers, hospital-grade disinfectants), and personal protective equipment (PPE) like gloves, goggles, clothing cover, etc.

Kjelle broke down the standards even further for specific COVID-19 guidelines, although these are subject to change. Currently, as it pertains to COVID-19, OSHA requirements include:

- Mandatory, written infection control and respiratory protection policies
- Defined risk level (found in OSHA guidelines)
- Plan, selection of PPE, and engineering controls that are specific to risks
- Administrative controls for patient and visitor screening
- Screening plan for employees
- Work practice controls specific to COVID-19
- Safety training specific to facility plan

In addition to the COVID-19 guidelines and relating Bloodborne Pathogen Standard, there are several additional OSHA standards for offices to follow, including:

- Revised Global Hazard Standard
- Occupational Exposure Standard
- Tuberculosis Guideline
- Ergonomic Guideline
- Fire and Electrical Standards
- Workplace Emergency Plan Guideline
- Workplace Violence/Harassment Guideline

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Often my clients see complying with OSHA regulations as extra work. In reality, compliance provides a safe and healthy workplace for their employees, which was why OSHA was created in the first place. Whether it's exposure to blood, TB, chemicals, COVID-19 or the potential for a fire in the workplace, OSHA's goal is to protect employees. It's worth the extra effort to create a safe work environment. Plus, by law, employers must do so.

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*- Marylou Morano Kjelle, MS, MA
P.O.C. Consultants, LLC*

The most significant OSHA change in recent years is the Revised Global Hazard Standard, which replaced the old standard in 2012 and focuses on any potentially hazardous chemicals found in the workplace. While the Occupational Exposure Standard is specific to chemicals found in the laboratory, many of the safety requirements for these two standards are similar, including manufacturer labeling rules, additional classifications for health and physical hazards, and additional “pictograms” (picture labels). Many of the standards went unchanged, including the basic framework for chemical safety, work practice controls (safety policies), engineering controls (safety equipment), personal protective equipment (PPE), identification of hazardous chemicals or pharmaceuticals that are not exempt, labeling products not in manufacturer containers, and chemical training requirements.

As in previous years, several OSHA documents must be posted for employees. These include:

- Job Safety & Health Protection “It’s the Law” Poster (updated in 2016)
- Poster on how to read a color-coded (NFPA) chemical label (if applicable)
- Poster on “pictograms” (if applicable)

The OSHA 300 injury and illness log are no longer required for most physician offices, but office managers should check OSHA guidance for logs that may differ by state.

OMA’s virtual webinar on OSHA compliance provided general information about OSHA regulations; however, Kjelle recommends checking OSHA’s website, osha.gov, or calling the local OSHA office for specific questions

OSHA
Occupational Safety and Health Administration
U.S. Department of Labor

Job Safety and Health IT'S THE LAW!

All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

This poster is available free from OSHA.

Contact OSHA. We can help.

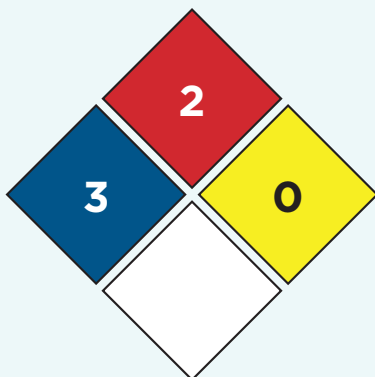
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OSHA Poster, Courtesy of OSHA, U.S. Department of Labor



**Health Hazard
Blue Diamond**

- 4 - Deadly
- 3 - Extreme danger
- 2 - Hazardous
- 1 - Slightly hazardous
- 0 - Normal material

**Fire Hazard
Red Diamond**

- Flash Points:**
- 4 - Below 73°F
 - 3 - Below 100°F
 - 2 - Above 100°F not exceeding 200°F
 - 1 - Above 200°F
 - 0 - Will not burn

**Reactivity
Yellow Diamond**

- 4 - May detonate
- 3 - Shock and heat may detonate
- 2 - Violent chemical change
- 1 - Unstable if heated
- 0 - Stable

**Specific Hazard
White Diamond**

- ACID - Acid
- ALK - Alkali
- COR - Corrosive
- OXY - Oxidizer
- ☢ - Radioactive
- ☞ - Use no water

NFPA Poster, Courtesy National Fire Protection Association

Ask the Practice Management Expert

“Ask The Experts” is a question-and-answer forum featuring leading practice management experts.



Our Expert:

Kelley Fairbairn

Kelley has spent her life in customer service. After 15 years in Manhattan as a client services manager with Goldman Sachs and Cravath, Swaine & Moore, LLC., Kelley moved her family to New Jersey and began her new role as Practice Manager at Garden State Bariatrics in 2017. Although she is new to the medical field, her experience with teams that deliver premium customer service is a perfect match with Garden State Bariatrics.

Q: *Your practice has an ongoing relationship with its patients. How do you keep the communications flowing and your patients engaged?*

A: Bariatric surgery is different from many other medical practices. We have a continuous relationship, almost familial, with our patients due to the life-changing nature of the surgery. Most people think about surgery for about 12-18 months before they even make their first appointment for a consultation. Once they have taken the hardest step of making that first appointment, we want to make moving forward as simple as possible for them so we handhold the patients through the entire process. We check their insurance so they are 100% informed on the cost of surgery before they even get to the office. Our surgical coordinators manage every detail of the pre-surgical testing and documentation insurance companies require. Our in-house dietitians educate them about their current and post-surgical diets. Our physician assistants and our doctors spend endless hours with every patient educating them on bariatric surgery and what procedure is best for them. What I just described is all pre-surgery and takes months. Post-surgery, the relationship continues with the PAs, doctors and dietitians serving as an ongoing support system. We stay engaged with our patients through support groups (in-person and virtual), associations with hospital-related support channels, our website, newsletters, podcasts, and events.

Q: *Your newsletter and podcast highlight patients. Why is it important to spotlight patients who want to share their weight loss journey?*

A: Patient stories are my favorite part of the job. First, the pictures visibly highlight the physical change a patient goes through with bariatric surgery. And a lot of people think that is what the surgery is all about – losing weight. But when you read the stories the patients share along with their before and after photos, you learn about the amazing health improvements that go hand in hand with the weight loss. The handful of comorbidities and

the related medications a patient was dealing with pre-surgery are now gone. And even better, they share their emotional personal stories about how their life has changed. These stories along with our newsletter, *The Bariatric Buzz*, and our podcast, “Winning through Losing,” are just a few ways we try to continuously provide support to our patients. We are always looking for ways to personalize content because we think that resonates most with people. For instance, in addition to patient stories, the newsletter always includes a personal letter written by Dr. Michael Bilof. We try to be forward-thinking in our approach and reach our patients through whichever means are most convenient for them.

Q: *Your practice is known for its annual gala. Can you tell me more about it? Why is it important that the practice plan such a large event?*

A: We host an event every December where patients come together with family and friends to celebrate their life since the surgery. It’s a giant party with dinner, dancing, and entertainment. We bring in a professional photographer for posed portraits. Many of our patients are proud to show off their new bodies and positive outlooks where they previously may have been reluctant to have their photos taken. We have an expression that “bariatrics is happy medicine” because many of the issues that drove them to have the surgery go away, including high blood pressure, sleep apnea, and joint problems. Our annual gala is a celebration of this.

Q: *How has your practice’s approach to its patients changed since the pandemic?*

A: Bariatric surgery is about changing lives, and that mission did not deviate because of COVID-19. While we were sidelined from mid-March to early June as bariatrics is still considered elective surgery (although we think otherwise), we transitioned easily to telemedicine to provide support to existing patients and those waiting to have surgery. We always had the technology to provide telemedicine services but never

implemented it until the pandemic. Telemedicine had many benefits in the flexibility of time for doctors and dietitians to speak with the patients. Now that we have experienced the benefits of technology, we will continue to be flexible with scheduling to ensure as many patients who need the help of our clinicians can get it.

Q: Did your office have employees working remotely during the pandemic? If so, how did you stay engaged with them?

A: Garden State Bariatrics tries to celebrate and support our employees as much as we do our patients. We have 17 employees in two offices. Pre-COVID, we had regular team get togethers outside of work that ranged from backyard parties to TopGolf to beach trips. We also had weekly team meetings between the two offices via Zoom. During the pandemic, the weekly Zoom staff meetings have continued, and we took advantage of that technology to replace our off-site gatherings by having virtual Happy Hours and birthday celebrations.

Q: What is the process for patients entering your office, getting treatments, etc.? How are you maintaining physical distancing? Are you utilizing telemedicine for the first time or differently if you had previously used telemed?

A: Signs have been posted for both staff and patient purposes regarding masks and distancing. We have installed a plexi-glass shield, plastic barrier and positioned our glass window to not open more than a few inches surrounding our reception area. Staff have

been instructed regarding masking at all times, six feet distancing to the most possible extent, and sanitization policies (all surfaces are wiped down in treatment rooms and reception area between patients). In addition, we are continuing to use an antimicrobial product on a regular basis that gives an added layer of protection to the entire office. We do not use our waiting room to minimize close contact. Instead, all patients are directed straight to a treatment room upon arrival. We've installed a mirror for our receptionist to see anyone coming down the hall and make sure they stay distanced if someone is at the checkout area.

Q: Earlier, you mentioned the familial aspect of the practice with its patients, which proved to be integral to staying connected during the pandemic. When hiring, what attributes are you seeking in employees that will put your patients at ease as they embark down this lifechanging process?

A: It is essential for us to hire the right people. We employ the STAR method, a structured manner of responding to behavioral-based interview questions by discussing the specific situation, task, action, and result of the situation being described. We make sure to ask the right questions to see how a prospective employee would respond. We can teach someone how to answer the phones or the proper billing codes, but behaviors like empathy, friendliness, and compassion are attributes an employee needs to possess to be successful at GSBWC. I like to say we hire for behaviors; skills can be taught.

RWJBarnabas Health is Ending Racism Together to Create True Equity in Healthcare

RWJBarnabas Health (RWJBH), the largest academic healthcare system in New Jersey, is addressing equity and systemic racism, and promoting an antiracist culture throughout the organization and the communities it serves. Ending Racism Together focuses on creating racial, ethnic, and cultural equity. It works to prioritize communities that are most disenfranchised and experience poor health, and social, economic and educational outcomes due to the generational effects of racism. As a system, Ending Racism Together focuses on four primary goals: patient care, workforce, community, and system operations. Using an evidence-based approach, each area includes quantifiable tactics to measure success at the organizational, facility, and individual level. For more information about RWJBH's antiracism effort, Ending Racism Together, go to rwjbh.org/endingracism.



Courtesy of rwjbh.org

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Research shows that 80 to 90 percent of health outcomes are a result of social determinants of health—the conditions in which a person lives, works, and plays. That's important because race itself has been found to be a social determinant. When we look at the data, even when all other things are equal, people of color, in particular Black people, still have poor health outcomes.

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- DeAnna Minus-Vincent, Chief Social Integration and Health Equity Strategist, RWJBarnabas Health

Meet the Team

For a complete listing of the Physician Management Team members, visit:

<https://www.rwjbh.org/documents/office-managers/OMA-Best-Practice-Newsletter-Winter-2021.pdf>



LAST CALL! **Best Practice** **is Going Green!**

In an effort to reduce waste and to distribute information in a timelier manner, future issues of *Best Practice* will be sent electronically to all members. We want to ensure that all members receive their issues, so if you have not been receiving electronic communications from the OMA, please send up-to-date email addresses to Alyssa.Ruby-Mako@rwjbh.org.



Members, let us know what you would like to see in upcoming issues of *Best Practice* by calling 1-888-724-7123.