



# BEST Practice

A Publication for Barnabas Health Physicians' Office Administrators and Staff

## GO GREEN

### Green Design & Construction for Healthcare Organizations

*Editor's Note: The below article was prepared for the website [PracticeGreenHealth.org](http://PracticeGreenHealth.org).*

Healthcare offices and organizations are focused not only on providing direct patient care, but are also intent on creating high-performance, healing environments. From the prevention of healthcare-associated infections to improving patient satisfaction to enhancing staff productivity and reducing injuries, the built environment has a critical role to play in supporting total health.

Increasingly, scientific literature is also drawing correlations between environmental attributes such as daylighting, access to outdoor space and indoor air quality to clinical metrics such as reduced medication errors, shorter length of stay and reducing patient and family stress.

There are a number of different approaches to creating truly healing environments. One perspective is evidence-based design, where scientific data about health outcomes underpins and informs design choices. Evidence-based design overlaps with, but is not the same as, incorporating environmentally preferable design

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## Recovering One Step at a Time

### *Mom Who Lost Her Legs Saving Kids Inspires Guests at OMA Annual Celebration*

On March 2, 2012, 175-mph winds churned around Stephanie Decker's home in Henryville, Indiana as the then-37-year-old rushed her children to the basement. As her home began to collapse around her, Stephanie used her own body to shield her children, Dominic, then 8, and Reese, then 5, moving directly in the path of bricks and a steel beam to prevent debris from hitting them.

Stephanie's courageous efforts resulted in her children escaping the storm unscathed. She, however, faced severe, life-threatening injuries: she lost nearly 50 percent of her blood, punctured a lung, broke eight ribs, and suffered extreme damage to both of her legs that led to bilateral amputation.

Since the tornado, Stephanie has become a nationally recognized advocate for amputees, raising awareness and inspiring others. She even started her own foundation to support children with prosthetics and help people gain access to leading-edge prosthetic technology.

Stephanie has also become a motivational speaker, sharing her courageous story with audiences across the nation – including the more than 200 guests who attended the Barnabas Health Office Managers Association's Seventh Annual Conference at the Woodbridge Hilton in Iselin, New Jersey.

At the time, Stephanie had just returned from a family vacation in Hawaii, where she became the first female bilateral amputee to surf. "It was something I had on my 'list' – something I wanted to accomplish. I worked with my trainer and pushed myself to get to the level I needed to be at in order to surf."

It's this kind of determination that has enabled Stephanie to achieve such great strides in her recovery. She attributes her positive attitude and perseverance to her upbringing, saying, "My father raised me to be a pressure player – a person who, when put to the test, can step up."

Stephanie was put to the test on that day in March. "I understand that the mental toughness I gained growing up and throughout my experiences was one of the main reasons I survived what I did. When my kids were finally safe and I was alone, that was the true test of my will, perseverance and motivation to live."

Just when she thought she couldn't withstand any more, she was rescued.

"It's all about the fight in you – what motivates you to get through whatever ordeal you're facing. I had to step up," said Stephanie. "My surgeon said I should've been dead in 10 minutes. I made it two-and-a-half hours."



*Stephanie Decker*

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## Compliance Corner: New HIPAA Texting Rules

In the nearly 20 years since the original Health Insurance Portability and Accountability Act was made law, significant advances in technology and changes in workplace practices have increased the potential for the compromise of patient health information.

Traditional short message service (SMS) texting is not a secure means of communicating patient information. In an effort to eliminate the risk of patient health information being compromised during the sending or receiving of sensitive data via SMS, or while patient health information is kept on a mobile device, the Final Omnibus Rule of March 2013 introduced a new HIPAA texting policy, which for the first time, includes third-party service providers to the healthcare industry and business associates.

A study conducted by the Health Research Institute has revealed that more than 80 percent of healthcare workers now use mobile devices to communicate information to colleagues about their patients or to access stored patient health information. However, research conducted by the Center for Democracy and Technology showed that 66 percent of potential patient data security breaches over the past two years (of the incidents that had been reported to the Office of Civil Rights) were attributable to mobile devices being either stolen or lost.

Aimed at preventing the compromise of sensitive patient data, the new HIPAA texting rules “require appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.”

These guidelines now account for the lack of security on many mobile devices and also address sensitive patient health information that is transmitted over an unsecured cellular network or public WiFi, as well as by SMS to or from mobile devices without encryption.

Failure to comply with the HIPAA texting guidelines could result in organizations and individuals facing criminal charges or civil legal action.

### Texting Guidelines: How to Follow HIPAA's New Policy

The goal of the new HIPAA texting guidelines is to control who has access to patient health information, how that information is transmitted and received, and how it is protected when it is stored on a mobile device. As third-party service providers and business associates need access to patient health information to conduct business, they, too, are included in the new regulations, which should ensure the integrity of secure patient data.

While the HIPAA texting policy primarily focuses on patient privacy, there are also other guidelines that all organizations and individuals who use, transmit or receive patient health information should know about, in the event that sensitive data stored on mobile devices is compromised.

- Organizations and individuals with access to patient health information must amend their own HIPAA texting policy and report when a suspected security breach is identified. When patient health information has been encrypted, and any data stolen or lost is “indecipherable, unreadable, or unusable,” it is not always necessary to notify the breach.
- The revised texting policies should include safeguards to ensure individuals do not maintain private health information on the local storage facility of their portable mobile device.
- Employees with access to patient health information should notify their supervisors before selling or disposing of their portable mobile device, or when the device is lost or stolen.
- The ability should exist for organizations to remotely recall or delete any sensitive information relating to patients, employees or policyholders to comply with the new HIPAA texting rules.
- Organizations now have a duty to conduct regular risk assessments to make sure they comply with the terms of the HIPAA texting rules. Employers who offer HIPAA-covered health insurance should also inform employees of their new rights under the revised HIPAA texting rules.

Source: <http://www.tigertext.com/hipaa-texting-policy/>

## Recovering *continued from page 1*

Throughout her recovery, Stephanie learned the importance of advocating for yourself and your needs – another tool she said can be used in any aspect of life.

While she was in the hospital, Stephanie lined up her physicians, prosthetists and insurance representatives in one room, just one week after the tornado. “I told them, ‘I expect each of you to do your job. I’ll do mine. I want the best care from the hospital, the best technology for my prostheses and I want my insurance to pay for it.’ You have to be your own advocate, speak up for yourself, and push the limits.”

And it paid off.

“It amazes me, in advocating for myself and communicating how hard I was going to work, how hard they all worked for me.”

Stephanie has not disappointed them, or herself. She was up and walking on her prostheses within two months. She underwent intensive physical therapy and continues maintaining the strength and balance she needs under the supervision of a trainer two hours a day, five days a week.

“I don’t consider myself disabled. This is a bump in the road, as we all have bumps in the road,” she said.

“Everybody has a story – their own struggles and issues. It’s amazing how we can adapt through destruction, crises, natural disasters,” said Stephanie, who described watching coverage of the one-year anniversary of Superstorm Sandy shortly before her trip to attend the conference in New Jersey and the kinship she felt in having her own hometown damaged by Mother Nature. “You’re not alone. You’re all a lot like me – survivors. You don’t quit. You take the challenges you’re given and you face them head-on and move forward.”

Stephanie’s message of perseverance in the face of tragedy resonated with the OMA audience. In fact, when the floor was opened for questions, one attendee simply wanted to thank Stephanie for delivering such an inspirational message, saying, “I’m so honored to be sitting in the same room as you. You’re amazing.”

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## Ask the Practice Management Expert

*"Ask the Experts" is a question-and-answer forum featuring leading practice management experts.*

***During the past few years, you've implemented a number of staff-based initiatives, leading to a happier, more productive workplace. Can you describe some of these programs?***

I've spent several years focusing on ways to keep staff engaged, excited about work, and loyal to the practice.

The most effective program that I've implemented is our Process Assessment and Improvement Program. I initially came up with the idea after attending a meeting of the American Association of Orthopaedic Executives. The networking and breakout activities really showed such positive energy and enthusiasm. I developed the idea from there.

I posted a list of every task we do here – from answering phones, how we get the bills out, post payments – and asked staff members to volunteer for committees to discuss these various responsibilities and come back with recommendations for improvements. I was amazed at the great ideas that sprouted from committee meetings. As we put these into action, other ideas were formed and more committees met. The staff responded in such a positive way knowing they had a voice. Workflow became more efficient and people more involved. It has been a few years and this program continues to work.

We also do team building events. We recently took a bus into Manhattan to go bowling, outside of our normal holiday activities and it was great fun. In early spring, we're going to go line dancing. Staff members bond, are more respectful of one another and are more focused at work.

***What are the benefits of these "staff inclusion" programs?***

Our programs have received very positive feedback. My staff is actually enjoying one another. We've seen a dramatic decrease in interpersonal problems, had fewer, if any, issues with gossip or finger pointing, and a renewed appreciation for one another's work challenges. When there are any problems or concerns, people are more comfortable in handling issues amongst themselves. We've also had a decrease in our turnover rate. Overall it's a really happy working environment.

***Logistically, how was it implementing these programs? Was it time-intensive or costly? Did you have any difficulty persuading your physicians to buy in to these ideas?***

It wasn't hard to do and began with a legal pad and pen. The initial time investment was my own, defining the program. Committees met every two weeks for 30 to 60 minutes. We hold monthly staff meetings where we discuss the committees' recommendations. People were flattered as their ideas were implemented and their own performance improved. Empowering staff members is an easy way to cement their loyalty.

Our physicians benefit from all improvements without being inconvenienced by the meetings. I am very fortunate as we have clearly defined boundaries. Staffing is my responsibility and while I do discuss all major decisions with the physicians and seek their input and guidance, they ultimately respect my choices.

***What advice would you give to other managers looking to implement similar types of staff inclusion programs?***

One of the things I've learned is patients don't usually leave practices because of the doctors. They leave because of negative interactions with staff members. That is the basic problem I initially sought to correct. The rest evolved.

If you want or expect staff members to perform well, then you need to invest in them. Everyone is important and they need to know they are appreciated.

## Our Expert

*Sharon Hayden, Practice Manager,  
New Jersey Spine Center*

Sharon Hayden has served as practice manager at New Jersey Spine Center for 25 years, where she manages more than 30 members of clinical, clerical and billing staff. A veteran of the healthcare field, Sharon has extensive experience managing all aspects of a medical practice. She attended CUNY at Queens College and is a member of numerous professional organizations, including American Academy of Orthopaedic Executives (AAOE) and Saint Barnabas Medical Center Manager's Advisory Committee.



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**Have a practice management question? Ask an expert! Call us at 1.888.724.7123.**



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Throughout her experience, Stephanie learned the value of technology, especially in medicine. Her state-of-the-art prostheses allow her to achieve impressive mobility in record time. But not all amputees have access to this kind of medical innovation, and so part of her vision in creating the Stephanie Decker Foundation is to advocate for laws requiring insurance companies to cover the best prosthetics available.

“One small change has a ripple effect,” she said. “One small change can really make a difference.”

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elements through a third party certification-based system, such as the US Green Building Council’s Leadership in Energy and Environmental Design (LEED), the Green Guide for Healthcare (GGHC) or the Green Globes program.

The sweet spot for healthcare organizations is to consider how different design choices will impact the health of the patients and families they serve, the employees who make that care possible and the communities in which they live and work.

In Practice Greenhealth’s interpretation, “green design and construction” describes the methodology of applying environmentally sustainable and health-focused design principles to the layout and function of the healthcare environment. For information on the basic building blocks for designing, constructing or renovating a healthy healthcare building and different resources available to support that goal, visit [PracticeGreenHealth.org](http://PracticeGreenHealth.org).



**BEST** *Practice*

## Ask the Expert *continued from page 3*

Learning to manage people isn’t easy. The hardest skill to develop is constructive coaching and encouragement without making people feel they are being criticized. It’s a challenge, but well worth it as people who are happy at work perform better.

It’s a delicate balance and finding that balance can be difficult.

