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DIEDERICH  
HEALTHCARE

# HIRING CUSTOMER SERVICE ORIENTED EMPLOYEES.

written by Yvonne Fourez

**WITH MANY OF THE NATION'S MANUFACTURING JOBS HEADING OVERSEAS, THE SERVICE SECTOR HAS BECOME THE DRIVING FORCE FOR THE ECONOMY.**

Because of the increasingly important role of this sector, many employers are clamoring to hire employees who excel at customer service. From healthcare to legal services and from construction to hospitality, almost all fields desperately need employees with a knack for meeting customers' needs. Because of this demand, the success or failure of many businesses depends on obtaining service-oriented employees.

Since customer-driven employees are so valuable, detecting whether a job applicant is geared toward service can be priceless. How can employers screen applicants to ensure they possess this specific skill set? First, interviewers must know what attributes they are looking for in the ideal candidate. Then, they must have the expertise to know what questions will uncover whether a potential employee has these talents.

Some of the characteristics hiring managers should look for in customer service employees are excellent listening skills, humility, empathy, patience, problem-solving skills, courtesy and adaptability. An employee who possesses these attributes is more likely to go the extra mile to make customers happy and to do so with a smile.

In addition to looking for positive qualities in potential employees, interviewers should also keep an eye out for red flags. If an applicant displays negativity, apathy, arrogance or impatience she will likely not interact well with customers. A candidate who frequently interrupts or doesn't seem to listen well during the interview is probably a bad fit for a customer care role.

Of course, people are always on their best behavior during a job interview and are hesitant to reveal anything unflattering about themselves, that's why asking the right type of questions is so important.

To learn more about an applicant's true disposition, describe a stressful but realistic scenario and ask the candidate how he would handle the issue. Or ask him to describe a difficult situation at a previous job and how he handled the situation. Watch his facial expressions and body

language as he answers. Does he get defensive or look upset? Also, pay close attention to the tone of the applicant's voice – does it sound pleasant, like a voice a customer would be glad to hear? Scenario questions are often more helpful than basic "tell me about yourself" questions because they require applicants to think on their feet and reveal more about the way they operate in stressful situations.

Another effective interviewing technique is to set up a realistic crisis scenario for the applicant to participate in. For example, when the candidate comes in for her interview, tell her that the company has just received calls from several irate customers demanding a quick solution to their problem. Ask if the interviewee would mind pitching in to help resolve the problem and see how her demeanor changes. If the applicant remains upbeat, it's evident that she understands the importance of meeting customers' demands in a timely matter. However, if the candidate expresses disinterest or annoyance, chances are good that she won't want to go the extra mile for customers once hired.

Employers should also carefully consider who conducts the interview. In general, it's best to use an interviewer who excels at customer service. The reason for this is that a hiring manager who excels at service will more readily detect the personality traits that are needed to give quality customer care. On the contrary, if the interviewer is an individual who dislikes working with customers or has little patience for their problems, it's likely they'll excuse poor attitudes in others as well.

Overall, managers should seek to hire customer service employees based on their attitude, not their work history. While hiring someone who has years of related experience can make training a breeze, it doesn't ensure a perfect fit. Many employees continue to work in customer service, not because they love it, but because it's what they've always done.

To determine if an applicant really enjoys working with customers, ask questions about his ideal work environment. While his dream job may not be exactly like the position he's interviewing for, it should resemble it. If a person is interviewing for a greeter position at a busy legal office and describes his ideal environment as running spreadsheets in a quiet office, the applicant is probably not a good match for the job. Individuals applying for customer-service oriented jobs should enjoy working with people, otherwise they'll become fatigued by the position.

Employing individuals who excel at customer service is vital in our competitive business environment because customers return when they know they can count on world class customer care. Frequently customers are willing to pay a little more, drive a little further or wait a little longer to do business with a company that treats them like gold. To create a company that turns customers into fans, hire employees who value and respect the time and needs of their customers. Using targeted interview techniques that identify customer service-oriented candidates will allow employers to hire those with a passion for service, ensuring they create a company that draws rave reviews from its customers ■

**YVONNE FOUREZ** holds a Bachelor's of Science in Accounting and has held healthcare financial manager and CFO positions for twenty years. In addition, she has been a principal in a staffing business and is certified in Business Management as well as in Inside and Outside Sales through that industry.



## LETTER FROM THE PRESIDENT

Greetings,

Many physicians are employers and as such face a myriad of liabilities. Physicians and their practice managers, who are already operating in a litigious environment, should be aware of the additional liabilities that may be incurred as a result of being an employer. EPLI or Employment Practices Liability Insurance is available to protect the physician and medical organization from employment related liabilities. Recognizing the importance of this topic, a descriptive article has been included in this issue of The Standard.

In addition, attitudes and how medical practice staff interact with patients have a considerable influence on how patients and patient's families/friends perceive the practice. With this in mind, and the many requests we have had to republish the article Nasty Is Expensive, we are doing so in this issue.

In another related topic, how can physicians and practice managers increase or improve patient/customer satisfaction in medical practices/organizations? One important way is to hire staff that have the characteristics to conduct themselves in a more "customer friendly" manner. Helpful tips are included in the article Hiring Customer Service Oriented Employees which fits well with the other articles.

Also, a brief article is included which describes some of the exposures facing physicians and medical organizations; particularly, vicarious liability. An awareness of what these exposures are will be helpful to those responsible for the operations of the medical practice.

Finally, related references are included for information.

As always, I hope you find the Standard a helpful resource for you and your colleagues.

Sincerely,

Jeffrey M. Diederich  
President & CEO

**JEFFREY M. DIEDERICH**, A PROMINENT PHYSICIAN ADVOCATE AND PHILANTHROPIC-MINDED BUSINESS LEADER IS THE PRESIDENT & CHIEF EXECUTIVE OFFICER OF DIEDERICH HEALTHCARE, A PHYSICIAN-ORIENTED AND SPECIALIZED DIVISION OF DIEDERICH INSURANCE AGENCY, LLC. DIEDERICH HEALTHCARE PROVIDES COMPREHENSIVE MEDICAL MALPRACTICE INSURANCE AND CONSULTING SERVICES TO OVER 13,000 HEALTHCARE PROVIDERS THROUGHOUT THE UNITED STATES, GUAM, AND PUERTO RICO. AS A LEADER IN THE INDUSTRY FOR ALMOST 40 YEARS THE COMPANY DELIVERS COST-EFFECTIVE QUALITY INSURANCE TO PHYSICIANS THROUGH ITS SIX U.S. REGIONAL OFFICES AND MULTIPLE SALES AND SERVICE CENTERS.



# exposures & liabilities

## examples

- { **VICARIOUS LIABILITY** } This is a liability imposed upon a person even though he or she is not a party to the specific occurrence. Insurance coverage can be provided for other health professionals when they are working under the direct supervision of the insured physician. For example, an anesthesiologist may have "vicarious liability" exposure for CRNAs under their supervision or employ. Basically, vicarious exposure is the liability for the acts of someone else.

- { **LOCUM TENENS** } The term for a physician who temporarily takes over or covers the practice of another physician temporarily. For example, a substitute physician temporarily takes the place of a named insured policyholder or physician-member of a medical group. The covering physician may be covered by the absent doctor's policy. This coverage may be extended to the policyholder or member physician not practicing during the period in which the Locum Tenens coverage is in effect.

This is coverage that is extended to an additional insured on a policy in cases in which that physician is providing temporary medical coverage for the policyholder.

- { **CORPORATION OR ENTITY COVERAGE** } Otherwise known as Corporation or Entity Coverage, this is coverage for a solo or multi-shareholder corporation. Such coverage can be on a shared or separate limit basis.

- { **TELEMEDICINE** } Telemedicine is the practice of medicine that incorporates high-technology diagnostic equipment and new information technology such as faxes, telephone, and the Internet. Telemedicine allows a physician to transmit and receive images and to treat patients or offer consultations over long distances.

### MEDICAL PROFESSIONAL LIABILITY INSURANCE IS A POLICY OF INSURANCE THAT COVERS "PROFESSIONAL SERVICES" RENDERED FROM WHICH AN ACT OR OMISSION MUST ARISE FOR COVERAGE TO BE APPLICABLE.

Policies typically include all services rendered in the insured's professional capacity, but policies generally have exclusions for "any dishonest, fraudulent, or criminal act or omission," as well as general exclusions for bodily injury, property damage, or sexual misconduct and/or allegations. Medical malpractice is another term used to describe this type of insurance. Most physicians have a basic knowledge of insurance. Your agent should be keenly interested in protecting you and your practice by consulting with you on your professional liability coverage.

Medical Professional Liability Insurance is written on two types of policy forms. One type is claims-made. The other type is occurrence. While there are several differences in the policy forms, the same exposure exists for both. However, there are several types of exposure that many physicians have which may not be covered by basic policies.

The following page notes a few of the common exposures in a physician's practice. Contact your agent to determine the impact these exposures can have on your medical malpractice policy. Please visit our website for a glossary of terms at [www.diederichhealthcare.com](http://www.diederichhealthcare.com). You can also find additional information on other relevant coverages that are important to your practice.

# NASTY IS EXPENSIVE

written by Karen Hickman

**RESEARCH INDICATES THAT ONE THIRD OF MALPRACTICE SUITS ARE ROOTED IN BAD BEHAVIOR ON THE PART OF THE PHYSICIAN, STAFF, AND/OR THE HOSPITAL. PATIENTS WILL OFTEN FORGIVE A BAD OUTCOME IF THEY FEEL THEY HAVE BEEN TREATED IN A RESPECTFUL AND COURTEOUS MANNER. TAKE THAT SAME PATIENT, ADD INSULT TO A BAD OUTCOME AND YOU MAY HAVE THE PRESCRIPTION FOR A MALPRACTICE SUIT.**

Maintaining communication between the physician and patient is a key ingredient to a successful doctor/patient relationship. Being sensitive to the patient's perception of a situation and understanding that it is not always the same as the physician's perception is an important component.

A physician's staff also play a key role in establishing relationships with patients. Every work environment has its own "corporate culture." That corporate culture and the philosophy that sustains it should come from the top. In medicine, that means the physician must define the overall tone of the office and his expectations for his staff. After all, the physician is ultimately responsible for the patient's welfare. The physician's name is on the door and the "buck stops with him/her."

As practices get larger and physicians employ more and more managers to run them, often the physician withdraws from the day to day details of dealing with their staff. That withdrawal is risky. The physician loses continuity between staff and patients.

Maintaining communication with staff and continuing to articulate expectations for staff are crucial.

Think of the restaurants, hotels, and stores that have great reputations. Those reputations are achieved because of high standards and wonderful customer service. They do not happen by chance, but are very carefully orchestrated.

Evaluate your practice and staff. Ask yourself critical questions about how your practice is perceived by the public and ways that you can keep that perception positive.

## WAYS TO HELP INCLUDE:

1. WALK IN THE FRONT DOOR, TAKE A SEAT AND LOOK AND LISTEN CAREFULLY TO WHAT THE PATIENT SEES AND HEARS.
2. THINK OF THE STAFF MEMBERS THAT INITIALLY GREET THE PUBLIC AS "FIRST RESPONDERS." THEY ARE YOUR AMBASSADORS.
3. CALL THE PHONE NUMBER THAT YOUR PATIENTS CALL AND NAVIGATE YOUR PHONE SYSTEM.
4. BE ATTENTIVE TO THE WORD ON THE STREET. WORD OF MOUTH IS VERY POWERFUL MARKETING.
5. ESTABLISH A MISSION STATEMENT THAT PUTS THE PATIENT FIRST FOR ALL STAFF MEMBERS (INCLUDING THE PHYSICIAN) AND MAKE SURE EVERYONE UNDERSTANDS IT.
6. RECOGNIZE THAT EVERYONE IS THERE TO SERVE THE PATIENT.
7. DO NOT THINK OF THE PATIENT AS AN ADVERSARY.

There are many reasons why patients leave a practice. Developing a review system for patients asking for a transfer of records can give important insight to fixable problems in your practice. Make sure the person calling the patient has good communication skills and enough authority to resolve issues. If you never ask why a patient leaves, you will never have the opportunity to truly understand your own practice.

The effects of lawsuits on a practice and a physician are many: stress, financial, reputation damage and a shift to practicing defensive medicine, to name a few. The ultimate cost of litigation is passed on to all of us. Some ways to avoid litigation that are easy to implement may be as simple as; being nice; being available to talk; keeping a sense of humor and employing a considerate staff ■

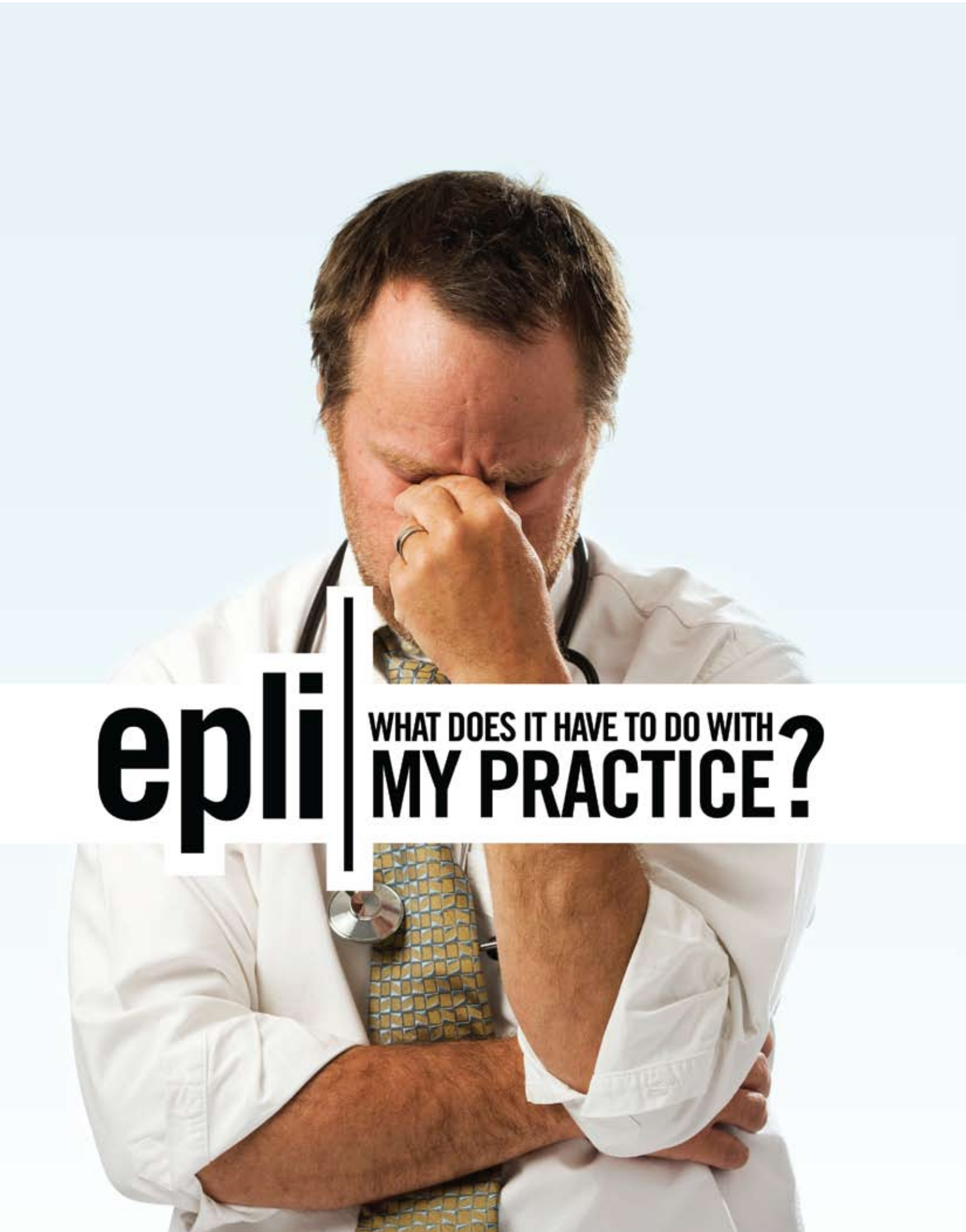
## KAREN HICKMAN

has been trained and certified by The Protocol School of Washington® and is a member of the International Association of Protocol Consultants. Her information is contemporary and reflects the universally accepted practices of etiquette and protocol in today's business world.

Ms. Hickman is co-owner of Professional Courtesy, LLC. The company was founded in 1999. Since that time she has had extensive experience in teaching etiquette and protocol in the corporate, medical and university settings.

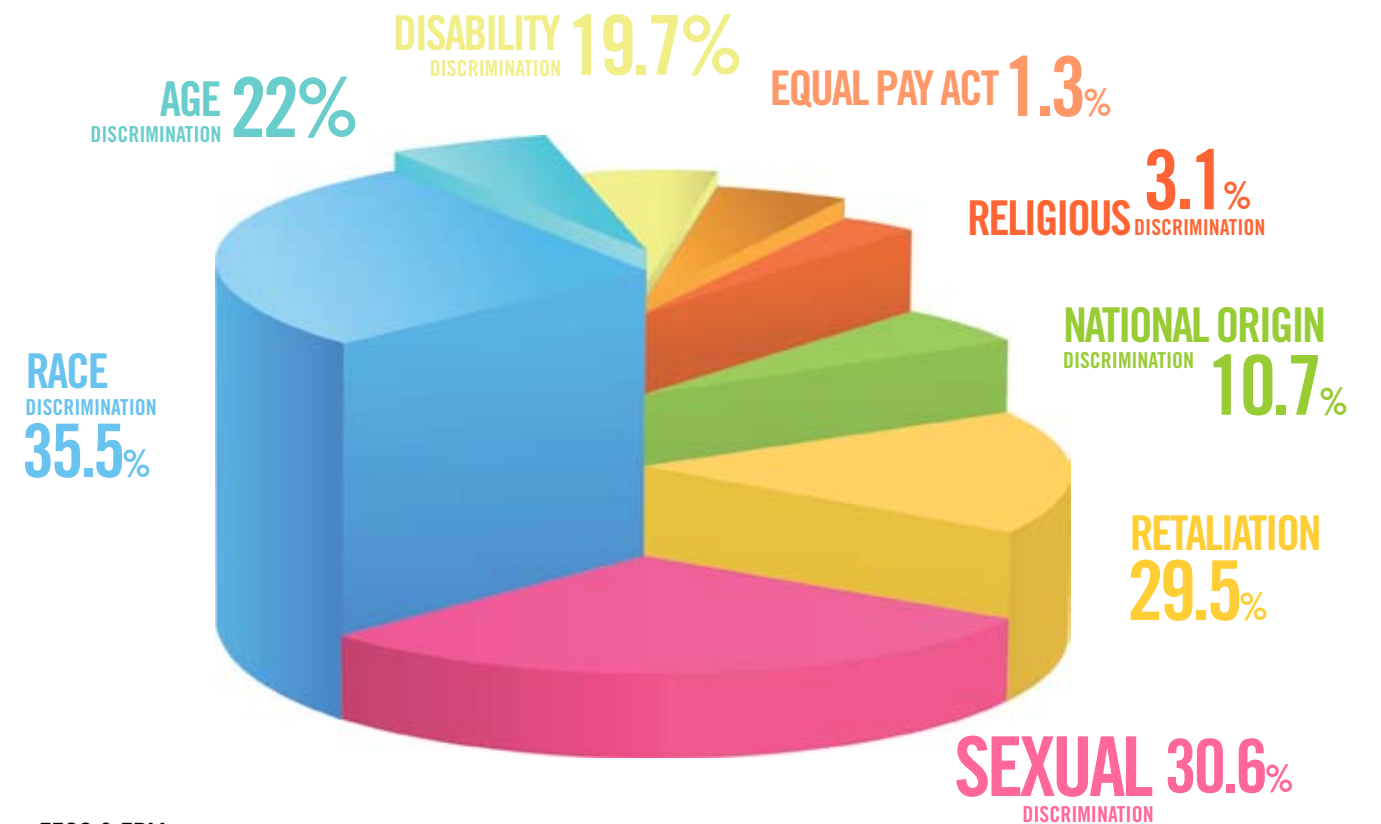
In addition, for nine years Ms. Hickman owned and operated a successful retail business. She managed and trained a staff of employees whose focus was customer service.

Her insights into and solutions for vexing medical issues, especially in the office practice, are practical, easy to implement and, above all, necessary.



**COMPLIMENTING AN EMPLOYEE ON HER NEW SUIT. HAVING AN EMPLOYEE THAT WORKS HARD AND PUTS IN LONG HOURS. HAVING A HIGH DISPARITY IN EMPLOYEE SALARIES. WHAT DO THESE THREE STATEMENTS HAVE IN COMMON? THEY CAN ALL LEAD TO EMPLOYMENT-RELATED CLAIMS.**

Employment-related claims can result in multi-million dollar exposures. In 2005, the U.S. Equal Employment Opportunity Commission (EEOC) received over 75,000 filed charges. Add to this the numerous claims filed in state court systems and this number is alarming. Settlements in cases involving small and mid-sized companies have, in many instances, exceeded \$1 million.



**EEOC & EPLI:**

The most commonly filed charges with the Equal Employment Opportunity Commission (EEOC) are employment practices related. Employment Practices Liability Insurance, commonly referred to as EPLI, protects business owners against situations where workers claim that their legal rights as employees have been violated. EPLI protects against the following types of issues:

- Discrimination
- Wrongful termination
- Sexual harassment and other forms of workplace harassment
- Hostile work environment
- Retaliation
- Failure to employ or promote and wrongful discipline or demotion
- Negative employee evaluation
- Employment-related defamation including libel and slander
- Invasion of privacy
- Infliction of emotional distress and mental anguish

However, EPLI claims are not covered by a general liability policy nor are they covered by a professional liability/medical malpractice policy. EPLI claims can arise not only from current employees, but also from previous employees, and even a prospective employee. In addition, claims can also come from temporary workers, leased workers and independent contractors.

**A FEW FACTS REGARDING EPLI:**

- 60% of employers are sued by former employees every year
- A company is more likely to experience an EPLI claim than have a slip-and-fall claim or a fire claim
- The average cost to defend an EPLI claim is \$250,000
- The median damage award exceeds \$375,000
- Approximately 40% of EPLI claims are brought against companies with under 100 employees

# in the news

Small companies are experiencing rising settlements and large damage awards along with significant defense costs. The healthcare industry is one sector that is particularly at risk for lawsuits.

## REAL-LIFE CLAIM SCENARIOS:

- A New York hospital settled a sexual harassment class action suit brought by the EEOC on behalf of female employees for \$5 million.
- A small medical equipment manufacturer was forced to pay \$24,288 for back wages and the intentional misclassification of an employee as exempt. They also incurred \$19,000 in attorney fees.
- A small mid-Atlantic hospital settled a hostile work environment, national origin discrimination, and wrongful termination lawsuit brought by a department head for \$200,000.
- An employee who voluntarily admitted having a substance abuse problem won his wrongful termination case. Finding that the termination was a violation of the Americans with Disabilities Act (ADA), the jury awarded over \$105,000 for past earnings, \$100,000 in front pay, as well as another \$250,000 for mental anguish. The company had only 19 employees.

Many carriers that offer EPLI coverage also offer risk management services. These services may include a human resources consultation helpline and sexual harassment prevention training as well as assisting businesses with the development of proper workplace practices and procedures.

## THE HEALTHCARE INDUSTRY IS ONE SECTOR THAT IS PARTICULARLY AT RISK FOR LAWSUITS.

In this day and age, any company that goes without employment practices liability insurance is leaving itself vulnerable. The risk of an employment-related claim is real; protection is a must for your practice ■

*The coverage descriptions in this article are abbreviated and it is not a representation that coverage does or does not exist for any particular claim or loss. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions and any applicable law. Any coverage bound is subject to the terms, conditions, limitations and exclusions of the applicable policy. If there is any conflict between the coverage statements within this article and the applicable insurance policy, the policy provisions will prevail.*

## UNITED HEALTHCARE SETTLEMENT

The Medical Society of the State of New York posted an article detailing the proceedings of the suit filed on March 15, 2000, against United Healthcare's subsidiary: Ingenix Corp. The plaintiffs accused United Healthcare/Ingenix Corp of using a defective database for calculating reasonable and customary charges resulting in substantial differences between the amount allowed by the insurance companies for certain procedures and the actual reasonable and customary charges. After an investigation, the New York Attorney General announced that UHC would discontinue its defective database and, later, assigned a coalition of Universities to develop a replacement database whose data and methodology will be accessible to the public. Several of the plaintiffs have agreed to a \$350 million settlement, while others have objected to the amount as "inadequate."

## STOP THE MEDICARE MELTDOWN

MedChi, the Maryland State Medical Society, has posted a brief article urging its members to sign a petition regarding Medicare. The petition, "Stop the Medicare Meltdown," is sponsored by America's Medical Societies in an effort to get Congress to fix the Medicare payment formulas, which would allow doctors to care for more Medicare patients. More information can be found on MedChi.org.

## SURPRISE! CONGRESS DELAYS MEDICARE CUT

The Texas Medical Association posted an article discussing Congress' April 15 decision to delay a 21.3 percent Medicare fee reduction, calling it "fresh lipstick on the Medicare physician fee pig." This action was the third delay to the fee cut since December and President William H. Fleming III, MD of the Texas Medical Association said, "It is absolutely unacceptable for the United States Congress to inflict this kind of perpetual uncertainty on Medicare patients and their physicians. This is an all-too-real reason why Congress needs to quit dithering and get to work on a permanent new Medicare payment formula today." The Texas Medical Association also urges its members to sign the petition to "Stop the Medicare Meltdown."

## HEALTH GROUPS PETITION FTC FOR RED FLAGS RULE RELIEF

In a February 1 article, the Tennessee Medical Association related the details of the combined efforts of four national organizations to combat the new "red flags" rule. The organizations, representing physicians, dentists and veterinarians, have appealed to the Federal Trade Commission to exclude health professionals from this questionable new identity theft regulation. As it is presently interpreted, the regulation burdens health professionals with the task of detecting and responding to identity theft. In light of the recent ruling by the US District Court for the District of Columbia stating that lawyers should be excluded from the red flags rule, the leaders of the American Medical Association (AMA), the American Dental Association (ADA), The American Osteopathic Association (AOA) and the American Veterinary Medical Association (AVMA) are asking that health professionals will also be excluded.

## CAMPAIGN AIMED TO CLEAN UNNEEDED DRUGS OUT OF MEDICINE CABINETS

The Pennsylvania Medical Society (PAMED) launched a campaign designed as a guide for community organizations throughout the state to organize their own medication clean-up promotions. In their May 10 article, PAMED states that everyday teenagers use someone else's prescription drugs to get high for the first time. They also claim that prescription drugs were to blame for roughly half of all US accidental poisoning deaths in 2004. The program aimed to help households clean out leftover medications from their medicine cabinets as well as aid seniors in preventing medication duplication, confusion and unauthorized access to their drugs by friends and family.

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