

HUMAN RESOURCES

Practices related to the area of Human Resources (HR) are many and diverse, ranging from the administration of employee benefits, to employment practices such as “hiring and firing.” It is advised that your Human Resources policies and procedures be developed in conjunction with qualified legal counsel to ensure strict compliance with applicable state and federal laws including civil rights, the Americans with Disabilities Act, Family Leave, sexual harassment, and Workers’ Compensation. Members of your practice represent the practice and you, the physician. You can be held vicariously liable for their actions. That legal concept, along with the Americans with Disabilities Act (ADA) can be found in the [Legal section](#) of this toolkit.

As practices face a challenging healthcare market, one of the most important business decisions that can be made involves the choice of the team members who will care for your patients. Good employees, placed in the right jobs, contribute greatly to the success of the practice by improving patient satisfaction and reducing errors. Employees who perform unsatisfactorily, on the other hand, can undermine your success.

The following are some general recommendations for your HR practices, divided into specific categories. If your practice is very small, specifically, only one physician and one or no staff, you will need very few policies and much of this section can be scaled down to meet your requirements. There are still some important guidelines that even a practice with one staff member may find useful.

Hiring

- All practice positions should have job descriptions. A job description helps define the employee’s role within the practice. It is the basis for routine performance evaluations and discipline, if necessary. Further detail on job descriptions, and an example form, can be found in [Job Descriptions and Performance Evaluations for the Office Practice, March, 2008, Risk Review](#)
- Have criteria-based job descriptions that list routine responsibilities, including physical requirements (such as ability to assist patients on and off examination table, etc.) and those core competencies which are required for each position in the practice.
- The use of physician extenders such as nurse practitioners, physician assistants, and counseling psychologists, requires that there be specific policies to address:
 - scope of practice
 - allowable procedures and assessments
 - terms and extent of supervision
 - training required
- In the case of nurse practitioners and/or physician assistants it is also appropriate for the practice to have, on file, a written agreement between that physician extender and their collaborating physician. This agreement should address the above, plus:
 - coverage requirements (for both)
 - quality assurance (including outcomes review)
 - circumstances that will require immediate communication with the physician
 - documentation in the medical record (and review of same)
 - on-site visits for purpose of supervision (if the extender does not practice at the same site as the physician)

- The state of New Jersey has very specific regulations for nurse practitioners and physician assistants. It is vital that a practice using these extenders be familiar with these rules.
- Your interview process should focus on the candidate's behavioral capabilities as well as their educational and experiential qualifications. For instance, you might ask: "Tell me about a time when you were required to handle an angry customer." By allowing a few such open-ended questions in your interview, you may be able to make a better decision on the best candidate for the job you are trying to fill.
- Both the application and the interview process should avoid questions which could be interpreted as discriminatory. These would include things like age, religion, marital status, sexual preference, nationality, or ethnicity.
- During the interview, let the applicant know a little about your organization, communicating your practice's mission and values. This helps them decide whether your practice is where they want to work, leading to a better fit for both you and your new employee.

Credentialing and Employee Records

- Each practice should identify the person or persons who will be responsible for gathering and maintaining credentialing and recredentialing materials. Recredentialing may be done every two years; however, New Jersey State Board of Medical Examiners' Statutes and Regulations (www.state.nj.us/lps/ca/bme/bmelaws.pdf) has specific credentialing requirements for individuals with different types of certifications and medical training. Specifically, one employee may be required to be recredentialed every three years while another is every two. It is important for the practice to be aware of these regulations and to follow them.
- All certifications should be approved by the practice's governing body. In a large practice this may be the practice's Board; and in a small practice it may be the owning physician or physicians. Whatever form the governing body takes, this approval process should be formal. The member or members should sign off on their acceptance or rejection (with reasons) of the applicant's credentials.
- There should be a written agreement between the person being hired and the practice. This agreement can be in the form of a contract or an application. It should contain information such as:
 - personal data (biographical)
 - personal history, including: any criminal convictions or history of illegal drug use, loss of license, or loss/limitation of privileges
 - an attestation by the applicant that they are able to perform the job as explained in the job description
- There should be documented evidence that physicians and other licensed practitioners in your practice have the education, training, experience, licensure, competency and privileges, as appropriate, which are commensurate with their responsibilities in the practice. Relevant documents and information (obtained from primary sources) include:
 - diplomas of medical or other professional training
 - licensure verification
 - board certification verification
 - DEA number
 - continuing medical or other professional education certificates
 - work history
 - performance appraisals (references)
 - malpractice history (open and closed claims)

- The practice should also obtain information from The Office of the Inspector General (OIG) List of Excluded Individuals/Entities at <http://www.oig.hhs.gov/exclusions/index.asp> for information on previous sanctions by Medicare and Medicaid.
- The practice should also do background criminal checks.
- If a physician or other licensed practitioner requires proctoring or supervision, this should be documented. The fact that the required proctoring or supervision is provided also must be documented.
- Keeping aware of current standards of practice within your specialty is essential. In a group practice, physician performance evaluations can be conducted through a regular peer review process that includes consideration of factors such as scheduling and attendance, patient satisfaction, malpractice claims, productivity, efficiency, discussion of difficult cases, and quality of medical record documentation.
- In the future, those practices whose physicians use Hospitalists and do not practice at a hospital or other facility may find it more challenging to credential their physicians. This may evolve as hospitals become less willing to credential physicians who do not maintain staff privileges. This is, of course, a concern primarily for those practices which have relied on hospital credentialing to credential their physicians in the practice. Those practices will have to find other ways to support the assertion that their physicians are capable of doing the tasks they wish to do.
- All licensed and/or certified members of the practice must show proof of license and/or certification and a copy of this proof must be maintained by the practice. This means that all nurses, aides, and technicians should be required to present their licenses or certifications each time one is renewed. The practice should keep a log of these anticipated renewals so that staff may be reminded to comply.
- File information on employee health, credentialing, and quality assurance should be kept separate from other standard information in personnel files.
- Maintain employee records for a period of five (5) years after termination of employment, but keep a permanent record of employee names, Social Security numbers, and dates of service.

Monitoring and Coaching Your Staff

- Schedule performance evaluations on a regular basis – including one at the end of a “probationary” period for new hires. Include:
 - information gained from physician and other manager supervision
 - feedback from patients, families, and others
 - positive feedback as well as constructive criticism
- Provide regular employee education/training and document that the training was given (and who attended). Training should include:
 - new policies
 - equipment and procedures
 - other subjects of importance to your office such as patient safety and patient satisfaction
- Administrative staff should be provided with training and supervision commensurate with their job responsibilities.
- Consider cross-training staff in multiple office functions that they are capable of handling to keep the work flow running smoothly (for example, many or all staff may be trained to answer the phones, or file reviewed reports in patient records)
- Hold regular employee staff meetings to address office issues. These issues might include:

- review of office systems with the intent to improve your work processes
 - discussion of problems encountered, with a focus on finding solutions to those problems
- To ensure that monitoring and supervision of staff is handled appropriately:
 - ensure adequate supervision of clinical staff by physicians
 - require physician review or critique and countersigning of progress notes written by physician extenders or other supervised health professionals
 - know the physician-to-staff supervision ratio in your practice; work to maintain its adequacy
- For those infrequent occasions when discipline is required, the practice should practice tiered discipline and keep records of it. This would include:
 - discussions with each employee, done for the purpose of correcting their work or behavior in a positive manner
 - verbal warnings given to the employee
 - written warnings given to the employee
 - a formal letter of dismissal, given in conjunction with an exit discussion regarding the reasons for termination
- Termination should be handled with great care, and the termination discussion should be documented. More information may be found in the Princeton Insurance Risk Review Online article [Wrongful Termination](#).

Policy/Procedure Manual

It is important to develop written policies and procedures that address personnel practices such as professional conduct, confidentiality, dress code, continuing education, etc. The size of your policy/procedure manual in some ways may correspond to the size of your practice. Very small practices with one or two staff members will find they need only a few policies.

All staff and physicians should review the policy manual on hire and whenever a revision is made. The manual should always be available to them as a reference.

If your practice has only one staff member and you opt not to create a policy manual, you will still need to have the policy on confidentiality referenced in the [Legal section](#) of this toolkit and below.

For those practices which will develop more than that one policy, the following guidelines may be of assistance:

- Have each new employee sign and date an [employee confidentiality policy and agreement](#) upon hire. Place a copy in the employee's personnel file. Review annually with each employee and have them again sign and date the agreement. This policy is required by Federal law under HIPAA.
- Assure that the policy on professional conduct covers all members of the practice, from file clerks and front desk staff to physician owners. This policy should address how practice members conduct themselves with patients as well as with each other. How they carry out this part of their job should be part of their performance evaluations.
- Write policies in general terms whenever possible. Avoid using specific information such as the name of the lab you contract with if writing a policy about handling of lab specimens. If you change labs, you will need to change the policy, and that is a detail easily forgotten or delayed.

- Write policies simply, clearly, making them easy to read and understand.
- Ensure that policies are dated and signed by the ranking member of the practice, or by a manager designated by that person.
- Review and update, as necessary, all policies on an annual basis. A cover sheet on the manual should record all dates of review and revision.
- The manual should have a table of contents.
- Archive old policies which have been revised and replaced, to use them as references if a suit is filed.

Physician Coverage

Your practice manual should contain provisions for physician coverage during an absence. The doctor needing coverage must do the following:

- notify the answering service and hospital(s) of the date(s) of his/her absence or unavailability
- inform all hospitalized patients of the coverage arrangements
- provide the covering doctor with information on patients with anticipated needs or problems, and document the communication(s)
- make his/her patients' medical records available to the covering doctor

The policies for physician coverage should also require that the covering doctor:

- practices in the same specialty as the physician being covered
- has privileges at the same hospital(s)
- has professional liability insurance with adequate coverage limits
- advises the covered doctor about any patient contacts or treatment rendered during the coverage period, and documents the discussion(s)

Special Circumstances

Locum Tenens

A practice which is expanding quickly or which has unexpectedly lost one of its physicians may wish to bring in a locum tenens for a period of months, or even a year while they determine how the practice will ultimately be structured or while they look for a full-time physician. The practice and the locum tenens physician may even mutually decide that he or she is the person to fill the permanent position. Bringing in a locum tenens requires the same careful planning as hiring a physician. The practice will want to:

- define the position and its responsibilities
- identify the steps in the process, the time they will take, and the method that will be used
 - recruitment (the position can be posted online; also there are a number of agencies with established service histories which can help you find a physician; some of these agencies will provide credentialing, salary, billing, and professional liability coverage)
 - credentialing and background checks
 - negotiations and contractual details (insurance coverage, etc.)
 - orientation
 - mentoring (the mentor can be a physician from the practice or a physician from an allied facility)
- the practice should have policies for working with locum tenens

- peer review should be the same as for other practice physicians (scheduling and attendance, patient satisfaction, malpractice claims, productivity, efficiency, discussion of difficult cases, and quality of medical record documentation), though it should be done at more frequent intervals because of the locum tenens' short stay in the practice
- peer review should also give consideration to office staff concerns
- a termination process should be prepared before the locum tenens is brought into the practice and language from this process should be included in the contract to avoid potential wrongful termination claims

Manufacturer's Representatives

In some situations a manufacturer's representative may offer to help physicians and staff learn to use new equipment by demonstrating and helping them use it on patients. This would, of course, apply to practices that do on-site procedures. There should be careful policies and processes to follow if a practice allows a manufacturer's representative to be present during a procedure on a patient, whether or not the representative actually handles the equipment.

These policies and processes would include:

- informing the patient of the representative's presence and the reason he or she is there
- allowing the patient to consent to or deny the representative's presence during their procedure (consent or denial is to be in writing)
- documenting the presence of the representative and what, if anything, that they did
- having a written policy on hand to guide both staff and representative on what the practice requires in this situation

Students in the Office as a Learning Experience

Students, from High School through Medical School may request to observe and gain experience in a physician practice. If a practice allows students to observe a policy and procedure should be developed to cover this situation. The policy should include:

- procurement and review of a contract with the school the student is from
- the contract and/or attendant documentation should provide information on:
 - liability coverage (including amount) provided by the student's school
 - responsibility for student health, immunization status, and worker compensation coverage (provided by the student's school)
 - criminal background check
 - information on the student's competency
 - signed confidentiality statement (signed by the student)
 - language regarding responsibility for any damage student may do to practice property (or loss)
 - requirement that student be oriented to practice
 - HIPAA business associates agreement (if the student is going to be exposed to patient information)
 - termination (of the contract) language should be written into the contract
- written consent is to be obtained from any patient before a student is involved in their care
- the practice should have a quality monitoring system for students who do any care in the practice
- files on the students should be maintained for seven years