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Professional Portfolio: Laura E. Williams

Healthcare Finance | Health Education

Healthcare Finance Selected Deliverables

- Independence Blue Cross
 - Providing B2B services to brokers of health insurance and companies through guidance and CRM systems interrogation
 - Servicing Small Group 50<
 - Servicing Large Group 51>
 - Servicing Fully-Insured and Self-Funded groups
- University of Pennsylvania Biology Department Eukaryotic, Pathogen, Host & Vector Genomics (VEuPathDB) resource
 - Biomedical Research Center (BRC) financial contract reporting of 12 monthly National Institutes of Health documentation submissions
 - 75% Burn Notification of Contract Funding
- Hospital of the University of Pennsylvania
 - Compliance adherence financial credits and debits for 20+ medical practices
 - Safety auditing of 2,500 peri-op medical records
 - Qualitative Data Collection Opportunities in Peri-Op Patient Experience Calls – observational summary on the next page

Opportunities for Early Action by Clinical Practices and Administrative Staff using Qualitative Data Collection within Peri-Op Patient Experience Calls

Patient calls to the Peri-Op Center present opportunities to obtain qualitative data for clinical practices and the administrative staff regarding patients' topics of concern. The categorical frequency of patients' concerns during peri-op calls is unknown, unrecorded, and not collected. Omitting the collection of patients' concerns during peri-op calls is due to the conditions and constraints of the peri-op phone workflow. Opportunities to record and collect patients' concerns during peri-op calls are possible with changes to the peri-op phone workflow. Multi-departmental changes in the areas of clinical practice awareness, administrative staff training, and the constraints of the peri-op phone workflow must be directed at taking early action to address patients' concerns.

Patient's topics can include:

1. Individualized, idiosyncratic logistics
2. Correction of misinformation
3. Lack of information about preparation for a procedure
4. Frequency and mode of communication from different entities within the healthcare system
5. Lack of responsiveness from or connection to a clinical practice
6. Canceled or rescheduled procedure
7. Vehicle or parking information
8. Campus directions
9. Personal escorting
10. Individualized physical needs
11. Individualized emotional needs
12. Visitor passes
13. Additional visitors
14. Overnight visitors
15. Billing
16. Insurance
17. No COVID test order
18. No COVID test scheduled
19. Old COVID test results
20. Receiving a COVID test
21. COVID test protocol an requirements
22. Idiosyncratic, misinformation, lack of information about COVID testing

Patients' Topics on which Clinical Practices Can Take Early Action:

1. Individualized, idiosyncratic logistics
2. Correction of misinformation
3. Lack of information about preparation for a procedure
4. Frequency and mode of communication from different entities within the healthcare system
5. Lack of responsiveness from or connection to a clinical practice
6. Canceled or rescheduled procedure
7. Vehicle or parking information
8. Campus directions
9. Personal escorting
10. Individualized physical needs
11. Individualized emotional needs
12. Visitor passes
13. Additional visitors
14. Overnight visitors
15. Billing
16. Insurance

Patients' Topics on which Clinical Practices and the Administrative Staff Can Take Early Action:

17. No COVID test order
18. No COVID test scheduled
19. Old COVID test results
20. Receiving a COVID test
21. COVID test protocol and requirements
22. Idiosyncratic, misinformation, lack of information about COVID testing

Omitting the collection of patients' concerns during peri-op calls due to the conditions and constraints of the peri-op phone workflow is not an approach that is patient-centered (Starfield, B. (2011)) within surgical procedure preparations. Multi-departmental changes in the areas of clinical practice awareness, administrative staff training, and the constraints of the peri-op phone workflow must be directed at taking early action to address patients' concerns.

Starfield, B. (2011). Is Patient-Centered Care the Same as Person-Focused Care?. The Permanente Journal, 15(2), 63-69. doi: 10.7812/tpj/10-148