

FINAL S1Ep003-O01 Standard Operating Procedures

Welcome to Under the Microscope, brought to you by the Right Credentials Network and your host, Dilsa Bailey, a certified medical services professional for over 20 years. Under the Microscope is where we will examine the many layers of the medical services profession using the acronym SCOPE. Which stands for S services for Onboarding and Maintaining providers in a health care organization. See Credentialing and Privileging providers to ensure that they are competent and qualified enough to treat patients safely in a health care organization. O operations and data management utilizing the health care organizations resources efficiently and overseeing the security of its data promoting patient and provider safety and P provider enrollment affiliating providers with health plans and government payers so that the providers can get paid appropriately, and E evaluating and monitoring provider performance to ensure patient safety. As a medical services professional in the health care industry, our primary focus is to promote patient safety. Though we do a lot, we can't accomplish this on our own. It takes a village to collaborate. That's why this podcast will also include the contributions of our healthcare partners with the same objectives. So stay tuned to hear from those other stakeholders in the health care industry too. Joining us in addition to medical services professionals will be experts in risk, legal, revenue cycle quality and more. So stay tuned. Keep us under the microscope so we can help expose all the little details of the medical services profession. We want you to remember how valuable you are to the health care industry. If you're watching this on YouTube, please subscribe. Drop us a like and hit the bell so you will know whenever we add the latest episodes. And in the meantime, follow us on LinkedIn or reach out to us at info@therightcredentials.com. In each episode, we will discuss a separate topic related to the letter in the acronym of the moment, but we won't be discussing it alone. As I mentioned, each episode will feature a guest who will share their expertise providing advice, training, and support wherever possible. So let's get started with the latest episode, and if you like this one, don't forget to subscribe on YouTube and continue to listen to us on your favorite podcast platform.

DILSA: Welcome back to Under the Microscope. I'm so glad you returned or stuck around to hear this latest episode, because if you like this one, please hit subscribe. If you're watching us on YouTube, hit the like button. Hit the bell so you'll always hear us and then listen to us on your favorite podcast platform. Okay? So today we're going to talk about the letter O, the letter O and the acronym Scope. And what does the letter O stand for. It stands for operation and data management, operations and data management. Those are two biggies right. Because we have to map out operations, infrastructure, foundations, all that good stuff. And we usually start with policies and procedures. That's on the operations side. But on the database management side, we have to identify the database. We want to utilize it effectively to manage our data securely. So there's so many topics to discuss when it comes to operations management and data management. There's just endless, endless topics. But today we're going to talk about the standard operating procedures. Or some organizations call them operations manuals or operational manuals. But today we're going to call them SOPs. We're going to talk about

standard operating procedures. And who am I going to discuss it with? As I mentioned earlier, I don't do this alone. I usually provide a guest or invite a guest who's a subject matter expert in that specific topic. And today I am happy to have Tammy West as a guest. Welcome, Tammy. How are you today?

TAMMY: I'm good. How are you doing?

DILSA: I'm doing good. I'm doing good. I'm excited to talk to you. I know you have plenty of information to share because you are a subject matter expert who has experience in provider enrollment and credentialing, but I'm going to let you tell the audience a little bit about you.

TAMMY: Okay. Thank you. So, um, I have been in health care administration for 27 years, and I've been in the medical services profession for 17 years. Um, I started in a health plan, um, as a quality auditor, and learned the process there. Then I worked at a CVO as the CVO manager for four years, and then I joined a company as a contractor and worked across the United States for the next eight years. Um, working with different types of organizations, billing payer, enrollment credentialing, um, a manager, a director, and working in the medical staff office. If it involves multiple services, I did it.

DILSA: Wow.

TAMMY: I'm a consultant and also a CBO director. Awesome.

DILSA: That's why I invited you. Because you you have a very good feel for the whole nine yards. And I knew you were the right person to ask. So when I mentioned ask, I have a list of questions for you. And I'm sure everybody is waiting to hear those answers, because I know there are a lot of people out there that need your help. So let's start with the first question. What are the benefits of an SOP? What's the benefit?

TAMMY: Well, there are a lot of benefits for SAPs. Um, number one, they improve efficiency and they create efficiencies because basically what the SOP is, is a set of step by step instructions that allow you to perform specific tasks consistently and efficiently. So obviously, having SOPs will help to increase your efficiency and your and your consistency, which means you're going to have a higher quality work. Um, it also reduces communication because the information is right there. Anyone can refer to it and it's going to be the same no matter what's in it. Um, and it also increases compliance with regulatory guidelines because it's the right thing for you to. Um, as well as in training and educating.

DILSA: All right. Okay. Um, what type of information would you expect in an SOP? And I think you just answered all of that.

TAMMY: Actually, there's. So as far as the information, the way the SOPs are usually set up, they're kind of more formal. And I did, um. Well, we'll get into it. Um, I differentiate between, um, between operational operations manual and for because to me, the SOPs are more formal. So they may have like a press statement at the top, and then you've got the actual, um, procedure itself, how to do the actual steps. But then you have defined roles and responsibilities and it tells you, um, that information on like quality measures, like, um, regulatory guidelines, um, and they're usually signed. Whereas to me an operations manual is something that is more personal. It's like intended for the people in the department to use, to create, to help them to, um, to help them to um do their day to day jobs. It can have screenshots, it can have charts, and all that kind of stuff. Whereas the SOPs were more formalized.

DILSA: Okay. All right. Um, I'm glad you cleared that up, because that's, um, it's every place. Well, I can't say every place. I hate to say that's the way they do it, and that's the way they did. I've seen it sort of cross over.

TAMMY: Yeah, exactly. Yeah, exactly. And sometimes the terms are used interchangeably too. Mhm. Yeah. Someone they have, um, all of their SOPs in a binder and call it an operations manual, but it's still in the form of SOPs so it can be used interchangeably.

DILSA: Yes. All organizations are unique aren't they?

TAMMY: You've worked at one organization. You've worked at one organization.

DILSA: Exactly. I like that I'm going to use that again because that's true. That is so true. Unbelievably true. Okay. Um, when? Well, you just mentioned, too, that sometimes they have them in a binder and they call them the operations manual. But when you're creating an SOP, do you think of that as a redundant activity? I know some people are going, oh, we already have policies and procedures. What do we need with an SOP?

TAMMY: Um, I don't because to me a policy is more like a brief overview of, uh, maybe like like, for example, um. I'm working on our NCQA policies right now because my CVO wants to become delegated. And so, for example, the license policy is going to say that we're required to verify and provider's medical license or professional license, um, within ten days of, uh, presenting the file to the organization. Now the key, say you go to the state website, you put in the license number. So it gives you the detail for the policy. Just kind of gives you a high level overview. So I think these are definitely, um, my policies to secure my internal team. They all have SOPs or an operational manual that gives them the detail of how to do their job.

DILSA: Okay. All right. That's awesome. Now I had a question and you talked about all the details that are in the SOP. Would you define would you put a workflow in an SOP or how would you define a workflow. Would they with the. Would you see that as an expectation and an SOP? Or would that should be over in the Operations manual?

TAMMY: Operations manual? Because, um, because like I said, the SOP is a more formal document. So I think about the SOP is something that I'm going to present to administration or I might okay director to sign. So I don't want him seeing a whole lot of stuff he wants, you know, I mean, I want it to be very neat and in the sections and have a signature area. Mhm. Um, an operational manual. I could include the workflow because in operational manual I don't mind having flowcharts. Um, I don't mind having um, screenshots because it's intended for my internal team, and they can add their own stuff to their copy. Okay. I can't make changes to an SOP that's usually done by the manager.

DILSA: Okay. All right. Okay. That's very, that's a good take on it. I'm glad you brought that up. Um,

TAMMY: I'm sorry, I don't think I quite finished answering your question. I kind of got off on a tangent.

DILSA: I know I go off on tangents a lot, so please, I have no problem with that.

TAMMY: condition of a workflow. And it said that a workflow is a series of steps or activities needed to complete a task. So it's basically like a procedure. It's like a um, a SOP. Um, but there are different types of workflows that can be used in our business. I think in credentialing there's three types, um, process workflow, case workflow, and the project workflow. So the process workflow is the one that we're talking about right now. Like when you create the SOP, um, the process workflow is where the tasks are predictable and repetitive, like like verifying a board certification. You know, the exact steps that need to be used. You're going to use the same steps every time. Like for an MD or a DO, you're going to use ABMS or a or go directly to the board every time, every time done that way. So that's what you call the process where it's repetitive. Then there's a case workflow where you don't know the path that's required at the start, but you learn it. So say example, you got a malpractice case. Um, and you don't know until you get all the documentation from the provider will actually happened and how serious it was. And so once you get that documentation then you can decide, is this a red flag? Is this something that others need to be made aware of. So you start out knowing that you're going to have to make a decision, but you don't know what that decision is going to be yet. And then the last one is the case, workflow. No, that was the case workflow. I'm sorry. The last one is a project flow. Okay. Similar to action, um, they're similar to the process workflows, but they're more flexible because projects you have to have some flexibility. You know, when you're doing projects as a consultant, we have to be flexible. Sometimes we don't make our deadlines. Sometimes we have to pivot in the middle of a process. So all of those are used in different parts of our business. Yeah, but the process workflow is the one that we're discussing primarily.

DILSA: Wow. That's that's incredible. I like I like that information too because I was going to bring up and in those workflows, I'm sure there's checklists used in that because I just recently read a book called The Checklist Manifesto How to Get Things Right, and it was written by a surgeon. It was really captivating. It was written by a surgeon who realized that there was not a specific checklist or workflow in the O.R., and that was what was causing some issues with patient safety. So he wrote a whole book about it and he went out. He's worked with the World Health Organization trying to get, um, checklists, specific checklists in the O.R. before they touch a patient that everybody has to go through that so that that's, um, awesome that, you know, so that was process, case, and project workflows, right? Okay.

TAMMY: Yes, I think it was. Yeah. Process, case, and project. Yeah.

DILSA: Yeah. Okay. All right. So I'm not even going to ask you about a checklist because that work process. But yeah that workflow.

TAMMY: Yeah. Yeah the process. Yeah. But like you know we use checklists a lot in our business, especially in the world, credentialing and medical staff office and even payor enrollment. Um, because you have to make sure that all of the tasks are done. And yeah, we make errors. So I think checklists are very important. Yeah. Well, one of your paper. Okay.

DILSA: And one of the things that he reminded us of was that the checklist is not just a to do list. It's also, you know, it has to document vital requirements. So that's what we're doing with our credentialing checklist is we're documenting those vital requirements. And that's the key, is documentation. We definitely have to make sure we're documenting everything. That's awesome. Yeah. So um, the SOP since they're more formal, would you include cross-departmental SOPs like working with HR onboarding or with any clinical departments? How would you, um, would you consider that part of the collaboration process I'm trying to promote? Want everybody to collaborate more, because I see a lot of silos that I don't think we should. We we need to get rid of all those silos because we all are interested in patient safety. Um, I was wondering, would that help with the communications and the operations dealing with other departments. And how would you set that up?

TAMMY: Yeah, I definitely think that any any department that you work with that you do need to collaborate if your duties intertwine in any way. For example, um, credentialing and payer enrollment, um, that or the medical staff office in the CVO. I definitely think that your policies or your SOPs, your operations manual, should include any crosswalk or any intertwining that happens with those two as far as the job responsibilities. And I also think that working with other departments, and I always want to educate them on our processes and learn theirs, because Dilsa you know, like I do, that when we do operational assessments and we do the interview process, one of the things you always hear is we work in silos. I don't know what that team does, I don't know. Mhm. So it's like the right hand doesn't know

the left hand is doing. But you're expecting to work as a cohesive organization. Right. That's hard to do when you don't know the other parts. Like you don't know the end to end process. You only know your little part. So yeah, I definitely believe in cross collaboration with other teams. I think it also encourages teamwork. It gives you more appreciation for other people's jobs. Um, it's it's a great educational tool as well.

DILSA: Yes it is, it is. So, um, would you consider using the SOP as training, as a training tool for all those different departments. Not just your department, but the other departments could. Do you think that would be valuable to have training sessions for everybody?

TAMMY: I do, I really think that. Well, I think it would be valuable for other departments to know what your department does. So whether it's using, whether it's looking at your SOPs or maybe having like quarterly meetings and everybody or someone gets to tell monthly meetings, like give a five minute elevator speech on what their department does, just so other departments are familiar and are aware. Um, and I would definitely consider using SOPs for delegation audits because, as I say, it's more formal. So they would expect to see like nice pretty policies or um, or processes if you wanted to, to provide those. I wouldn't want to provide an operations manual if I was doing a delegation audit, because again, they want to see your policies. They don't really need to know the day to day minutia of what we do, and that the manual is going to be much more detailed. I have screenshots, they might have some stuff written in the margins.

DILSA: Yeah, all the dirty little details. Yeah. Oh, yeah. Um, so let's see. Trying to think of I'm trying to look at my questions because you have answered a lot of them. Like I said, you were the SME. You are very, you know. Yeah. Um, so training your team on the SOPs, do you think that would help with retention or performance if they had an SOP? Or would you prefer the operations manual? Or how does what, what do you think in terms of your staff and education? I

TAMMY: like both, I think it depends on the person and the reason I say that I'm a visual learner. So to me, the operations manual would be more beneficial because I can have print screens. So I can look in this in the credentialing software, I can look on the screen on the manual. And yeah, this is a page and it's got a little arrow pointing and right where I need to put it. So that's very helpful to me. I'm a hands-on learner and I'm a visual learner. So if I see it I can do it. Um, if I read it may take me a little bit longer to figure out, I love to read. Um, and when I read books. For pleasure. I don't use pictures, but when I'm reading something for work, I want to make sure that I get it right and that I fully understand it. I like to see the pictures. But some people, um, some people learn better with just like a straight step by step step. Do this. Step two. Do this. Step three do this. And they don't need the pictures. So it depends on the person. And then they learn this.

DILSA: Well, I am like you, I visualize, even when I'm reading a book, I, you know, well, we all visualize that. Yeah. But what it's like good that, you know, regulations and all that stuff was like, okay, how does that work? How does that fit here? You know. So yeah, yeah, yeah, I'm with you on that one now. Um. A lot of organizations that are probably a lot of, um, medical staff services, not medical staff services, but medical services professionals that are listening to us may not have one, um, an SOP in place right now. What's your advice on how to get started and what would be their selling points to their department leaders to say, hey, we need this.

TAMMY: The selling point is that it's the best way to educate the department and make sure that people are being told the same thing consistently and correctly. Because if you've got it, and if you've got a subject matter expert in your department writing it down, not just putting it in the in the SOP, but also educating the staff on it and making sure everybody understands it. So creating the SOP, then training people on the correct way to do it. And you are creating other subject matter expert. You're you're making sure everybody does things the same way every time. And so you're creating that consistency and that efficiency. Because once you're everybody is doing things the same way, they all become faster and, and more and have higher quality.

DILSA: Yeah that's right, they will. That consistency is the key word too is like everybody has to do it exactly the same way in order for us to consistently meet all of our regulators and our creditors and delegating entities and all that good stuff. Wow.

TAMMY: That's what they want to see is consistency. Mhm.

DILSA: Well Tammy you have provided so much information. Is there anything else you would like to add.

TAMMY: Um, again I just want to kind of stress the importance of, I think educating ourselves on not just our little department or our little team, but making sure that we know how we fit in that big cog, um, how our job affects other departments and how other departments affect our job. And I think that makes us more efficient once we realize that. And the more organizations, um, do that kind of cross training between teams, I think the more efficient they'll become and the more people will appreciate their co-workers.

DILSA: Wow. Yes I agree. Thank you. Now I know everybody. There's quite a few people probably sitting there going, how can I get her to help me? What is your contact information? How would you like for people to reach out to you if they need help?

TAMMY: Um, you can reach me on LinkedIn. I am up there. I've got a lot of followers. I've got over 3000 followers, and most of them are in the medical service or medical staff professionals. So, um. And I might be on your friend list already, or you're connected already.

DILSA: I love LinkedIn. Thank you. Wow. Best way to reach me. Well, I'm sure that the medical services professionals that are listening and any of our healthcare partners learned a lot because I did. You know, I hadn't even thought about the differences between the SOPs and the operational manuals, because, again, every organization is unique, and it's been termed differently everywhere that I've been. But. And but you gave me a new perspective to look at it, as you know, and I probably should have thought of that a long time ago. But, you know, you learn something new every day.

TAMMY: Yeah. And it depends on where you're at. That's just one woman's opinion.

DILSA: Well, I liked your opinion. Yeah. Thank you. Uh, so thank you for joining me, Tammy. Thank you for sharing the information. And listeners. I mean, we would love to get your feedback. We want to hear from you. And we want you to remember Tammy West. And she's a SME, and she's out there to help. And I want you to remember that if you're watching us on YouTube to hit subscribe, hit the like, hit the bell and share this podcast, share this information with other medical services professionals and with your health care partners. Because we want our health care partners to know how valuable the medical services profession is, and we also want them to know that we're working hand in hand toward patient safety. That's the goal, to make sure all the patients that are being treated under our organization's name, that they are being treated appropriately, and that we are contributing by making sure that those providers are qualified and competent. And that's what our, um, that our whole lives are about, because that's why we do what we do. Now, thank you for joining us on this episode. Again. Don't forget to subscribe. Like follow us on your favorite podcast platform. And I want to thank you again, Tammy, for joining us and giving us such great information. Have a great evening, night, day, whatever time you're watching this, guys, enjoy the rest of your day. And thank you again, Tammy.

TAMMY: You're welcome.

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