



Harmony in the Urgent Care

■ JOHN SHUFELDT, MD, JD, MBA, FACEP

My kids might offer a dissenting opinion, but I think I am pretty hip. And, although I have no idea what these lyrics mean...

*I want your ugly
I want your disease
I want your everything
As long as it's free
I want your love
Love-love-love
I want your love*

...I still have Lady Gaga on in my iTunes. In fact, I kind of like these lyrics; they remind of working in the emergency department or urgent care center.

That said, Lady Gaga—despite the fact she's okay with *ugly disease-ridden individuals "as long as its free"* (spoken like a true UC provider)—has nothing on the Eagles.

I know these guys are older than Moses. (In fact, Timothy B. Schmidt even kind of looks like Moses, or at least like Charlton Heston playing Moses in *The Ten Commandments*.)

The very first concert I attended was an eight-hour music fest featuring Pablo Cruise, the Steve Miller Band, and the Eagles at Comiskey Park on the south side of Chicago during a Super Bowl of Rock Concert tour in 1978.

I bring this up because I had the opportunity recently to see the Eagles during their current tour. They opened with a song called *Seven Bridges Road*. If you haven't heard it, the first part is sung in perfect harmony, a cappella by the four remaining band members. They have been singing this song together since 1980 and it shows. Their harmony sounded unbelievable.

Harmony in music, as in most professions, is vitally important. The word *harmony* has its origins in Greece, where it meant "to fit together, to join." Success in medicine requires

harmony amongst the team.

Whether in the operating room, the ED, or the urgent care, patient safety and throughput efficiency depends on the ability of a disparate group of individuals to come together and perform as a team.

Typically, these teams don't have the longevity or shared experiences of the Eagles; however, despite their lack of practice, their performance has to be nearly flawless given what is at risk.

How does a team achieve harmony? The most obvious answer is to simply practice and work together. This is often difficult to achieve with the number of different individuals who make up a typical urgent care team.

It is an overused metaphor, but there truly is no "I" in team. When one of your employees believes that they are the linchpin holding the team together, it may be time to have a blunt discussion about teamwork.

This does not mean that one person is not ultimately responsible for the care of the patient; typically, the provider is that person. However, "care" is provided by the entire team. If the front office does not collect the current information, for example, the patient may be entered incorrectly into the system.

I have seen cases where a person's entire encounter was documented on another patient's chart. This creates all sorts of medical, legal, HIPAA, billing, and collecting issues, as well as probably the most critical issue: the actual patient could receive a medication based upon incorrect past medical history, allergy, and current medication utilization. Talk about, "I want your disease!" Documenting on the wrong chart, effectively, gives another past patient the current patient's disease.

If the back office enters the wrong vitals or lab or x-ray results, the patient suffers.

If callbacks are not performed and significant, health-altering information is not passed on to the provider or patient, the patient suffers.

If the wrong scripts or instructions are given to the patient during the discharge process, they suffer.

If the provider does not see the patient in a timely manner or misses a time-sensitive, high-risk condition, the patient suffers.

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There are multiple critical actions during every patient encounter which, if not correctly traversed, will lead to potentially significant negative patient outcomes. Multiply all these critical actions by the 40 or more patients treated every day in the center, and you will understand why harmony is so important in an urgent care.

The Eagles could miss a note or be off an occasional octave and no one will notice or care. Missing the fact that the patient’s pulse on discharge was 120 because the team was not working well together, however, could lead to a catastrophe.

The critical actions in an urgent care center also encompass the interpersonal communications which take place during the encounter. If the team is not getting along or not working well together, it does not take much to communicate dissension to a patient.

A comment like, “Let me retake your vitals because they never get it right” or “I hope you can understand the doctor, because no one else can” harm the patient because they immediately don’t trust the caregivers and may leave thinking “I don’t know if I should follow the advice since they can’t even get their act together or seem like they trust each other.”

One bad actor can completely kill any chance for harmony.

Think of it this way: If I was singing with the Eagles in place of Joe Walsh, the harmony would be completely destroyed. Although I know all the words, I would be off key and sound like a castrated mule.

One person who, for whatever reason, is not in harmony with the rest of the team in the urgent care center can destroy a patient interaction and place the patient and the entire operation at risk.

Here is the take-home point: Screen new team members very well. They have to be more than simply competent. They have to work and play well with others so the entire operation can harmonize.

Although Lady Gaga “*want[s] your psycho*,” the urgent care center should stay far away from hiring them. ■

“The more calls you make, the more prospects you will close.”

be offered at various stages of the sales cycle, including immediately post-rejection. Freebies might include a subscription to a periodical published by your clinic, a complimentary service, or registration to an upcoming seminar.

- Add the individual to your e-mail list. If your clinic sends out periodic e-mail blasts to clients and prospects, you can use the moment of rejection to ensure that you have the prospect’s e-mail address as well as those of other significant players at the company. You want to be first in line if a prospect feels it is time for change.
- Strive for agreement. Whatever your approach (a follow-up call, a freebie, a commitment to being on an email distribution list), try to leave the sales encounter on a positive note. Always find a way to end even the most unsuccessful of sales encounters on an emotional up tick.

2. Companies remain, but the faces change. A typical company experiences 15% to 20% employee turnover every year. Chances are that one out of every five or six decision-makers will have left their company within a year of rejecting your proposal. It behooves the sales professional to maintain a list of rejecters and to call that list periodically (e.g., quarterly) to determine who may have moved on.

With a new decision-maker in place, you have an opportunity to re-initiate the sales process.

3. Change your mindset. Re-orient your mindset regarding rejection. The more readily you view most sales call rejections as opportunities, the more likely you will ultimately turn many rejections around.

Many sales professionals find both the fear of rejection and actual rejection so uncomfortable that it affects their overall performance. Above all, sales is a numbers game; the more calls you make, the more sales prospects you will close, even with a constant “batting average.”

Thus, you must learn to persevere, not take rejection personally, and, whenever possible, view rejection as an opportunity for a successful sales effort down the road. ■