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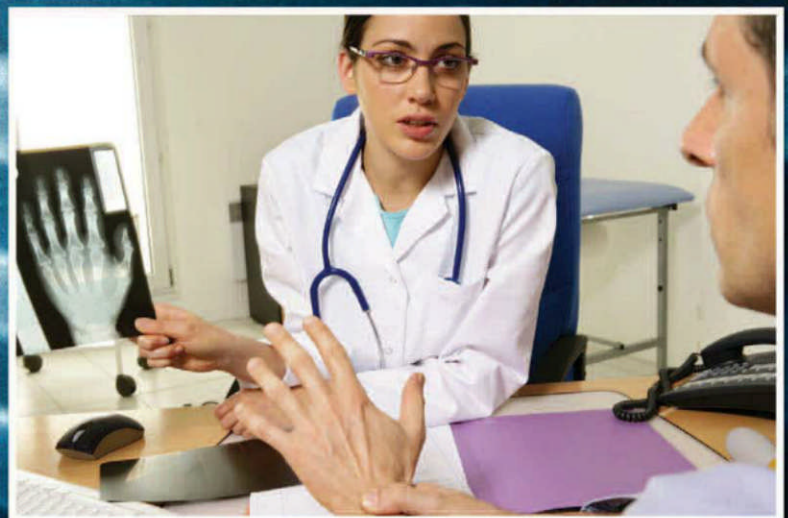
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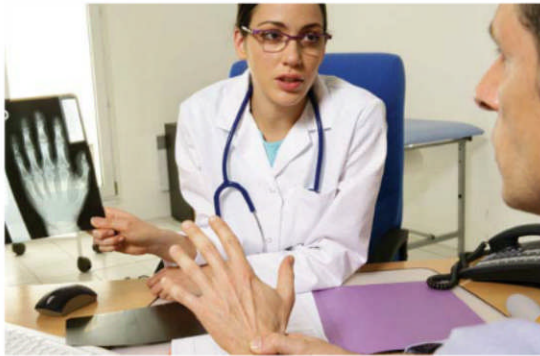
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Their success is in your hands. Here's how to help



Closed Hand Injuries



CLINICAL

9 Closed Hand Injuries

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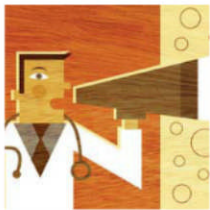
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Registration specialists, medical assistants, and techs may be your lowest-paid employees, but the success of your urgent care is in their hands—and their success is in yours.

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What Do Patients Want?

Understanding what patients seek from urgent care starts with understanding the different generations to which they belong. The needs and expectations of members of the Greatest Generation, Baby Boomers, Gen Xers, and Millennials are not the same.

Nicole Nicoloff

IN THE NEXT ISSUE OF JUCM

Oral and facial injuries commonly present to the urgent care provider. For patients, cosmesis is often the major concern. But for clinicians, ruling out serious or life-threatening injury is paramount. This could include skull fracture, intracranial injury, cervical spine fracture, spinal cord injury, foreign bodies (like tooth shards in a wound), mandible fractures, mandible displacements, maxillary fractures, and Ellis class 3 dental injuries. Our February cover article explains the elements of the physical examination needed to rule out these primary concerns, shows how to then conduct an oral and facial examination, and discusses treatment of oral and facial injuries in detail, including external lacerations, multilayer lacerations of the lip, buccal lacerations, tongue wounds, posterior pharynx and soft palate injuries, tooth injury, and mandible fractures. If oral and facial injuries are not your strong suit, this insightful review will enable you to perform diagnosis and treatment with greater knowledge, care, and confidence.

Practice Management

Motivate Your Front-Line Staff With Enlightened Leadership

Urgent message: Registration specialists, medical assistants, and techs may be your lowest-paid employees, but the success of your urgent care is in their hands—and their success is in yours.

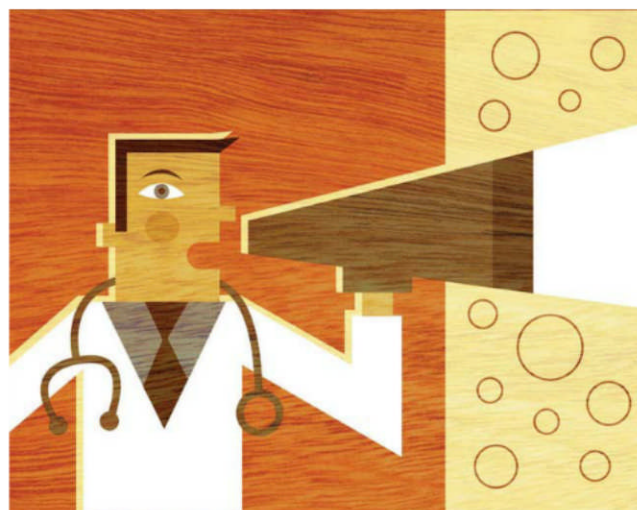
ALAN A. AYERS, MBA, MAcc

Introduction

Urgent care is a service business whose long-term viability depends on patient loyalty and word of mouth. That's why urgent care entrepreneurs spend tens of thousands of dollars in selecting the right locations, equipping them with the latest technology, and then devising creative marketing campaigns to bring new patients through the door. But while these investments all contribute to business success, they're still minor compared to the one that makes the greatest impression on patients—the front-line staff.

The “front line” includes any staff member who regularly interacts with patients. In an urgent care center, this typically refers to registration specialists, medical assistants, and technicians who support physicians and other providers.

Consider how a registration specialist greeting a patient walking through the door contributes to that patient's lasting “first impression”. No matter how well clinicians treat a patient, a disengaged or disgruntled front-office employee can undermine the entire operation. Because most urgent care visits are reimbursed by insurance, errors or shortcuts in benefits verification and data entry at registration can result in costly re-work by the billing department, patient frustration with the collections process, and, ultimately, in the center going unpaid for services administered. Yet despite their obvi-



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ous importance, all too often registration specialists are viewed as an expense to be “controlled.” Because they're typically the center's least-educated and lowest-paid employees, they're often excluded from center meetings, their opinions on how to improve operations are frequently overlooked, and in extreme cases, they may be treated as “disposable” and easily replaced.

Anyone who debates the value of the front-line staff should consider the operational impact of a practice manager taking a day off—the operation will continue without a supervisor—but when a center is short of front-line staff, everything can spiral into chaos. Moreover, when the needs of front-line staff are ignored, consequences include:

- Frequent turnover—contributing to periods of

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Table 1. Seven Reasons to Focus on Developing the Front-line Staff

- The majority of a patient's interactions are with the front-line staff, not medical providers
- Front-line staff enables the medical services for which the center exists
- Front-line staff assures the center gets paid for the services it provides
- Front-line staff controls communication between patients and providers
- Front-line staff controls patient flow and documentation
- Front-line staff knows most intimately patient expectations, impressions, and satisfaction
- Front-line staff is typically the largest expense item on the center's profit and loss statement, after medical providers

short-staffing, high unemployment premiums, and increased hiring and training costs

- Poor quality service—contributing to patient hostility and negative word of mouth
- Non-compliance with internal policies and external regulations—contributing to mistakes and legal liability
- Conflict and power struggles between staff members, staff and managers, and staff and patients—contributing to the development of subversive subcultures

Each of these consequences impacts the bottom line. Turnover, for example, incurs direct costs like recruiting, on-boarding, and training—as well as indirect costs such as service interruptions and lost productivity—with each incident costing the average employer 30% of a worker's annual wage.¹ This means a center that replaces a front-office person earning \$13 per hour three times per year incurs more than \$25,000 in additional costs due to turnover—the equivalent of an additional full-time registration specialist.

Table 1 illustrates how the attitude, efficiency, competence, sense of urgency, attention to detail, and communication of the front-line staff impacts a patient's willingness to return to the center and tell others to do likewise.

The Role of Center Leadership in Cultivating Front-line Staff

Upon entering an urgent care center, one can almost immediately characterize the center's leadership (which may include owners, hired managers, and clinical

providers) by the greeting one receives from the front-office staff. Is the staff approachable—bright-eyed, smiling, and outgoing? Then it's often no surprise that the center's leadership is extraverted, excited about the business, and authentic in word and deed.

Or does the staff seem bored, detached, and more focused on processes than patients? Not surprisingly, rarely is a “zombie” staff working for anyone who's not dull at best or abrasive at worse, with a mix of dysfunction in between. These observations reflect that, to a great extent, a center's culture is determined by the communication and behavior of its leadership.

Problem of the Ambiguity of Work

Effective leadership starts with an understanding of the importance of work to the front-line employee. Work provides the cash required for basic sustenance and leisure pursuits. Work gives people a sense of purpose, it creates structure in their lives, it offers social interaction, and (rightly or wrongly) the size of one's paycheck provides external validation of an individual's “worth”. In fact, work is so important that, while individuals spend only about a third of their time working, thoughts related work consume more of a person's concentration than relationships, entertainment, and religious or intellectual interests.

Human nature is to seek stability and peace—which should result from steady work—but for many individuals, work is characterized by uncertainty and stress. With so many people living from paycheck to paycheck, the loss of a job for just a few weeks could devastate many families. Influenced by a myriad of factors from commodity prices to government regulation and the confidence of consumers, the ongoing availability of work seems well beyond the control of any one person. And while people would like to believe that securing, maintaining, and advancing in a job depends on intelligence, skill, personal interest, and hard work, they see far too many instances in which personal connections, charm or good looks, political savvy, or simply “luck” dictate an individual's success in the workplace.

Stability and peace come from having a sense of control over one's life. “Luck” is defined as “good or bad fortune in life caused by accident or chance, and attributed by some to reasons of faith or superstition.” By definition, a belief in “luck” is a belief in “no control”—meaning the most significant activity in an individual's life (work) is all too often subject to ebbs and flows well beyond the individual's understanding. Is there any

wonder why people feel powerless and anxious about their jobs?

The role of an urgent care leader is to provide a stable, predictable environment governed by processes and systems, and characterized by open communication, in which front-line staff can demonstrate their skills and talents.

Two Types of Workplaces

Workplaces, including urgent care centers, fit into one of two categories, places in which employees are:

- secure, well-adapted, have a purpose, go above and beyond the call of duty, and are happy, or ...
- insecure, maladapted, there for a paycheck, doing the minimum they can get away with, and are miserable

The category for a particular center—in most cases—is determined by the communication and behavior of that center's leader. Effective leaders foster an environment of security and peace—one in which "luck" has no role but rather where work is stable, predictable, and transparent. By contrast, "bad" leaders create an environment of fear and uncertainty in which people get thrown off base, become defensive, and eventually lose interest in their jobs.

Most urgent care centers are entrepreneurial physician practices. Starting as small businesses and experiencing rapid growth, they typically promote from within—with management coming from expert functions like nursing, billing, or medical technology—and with the physician-owner himself also thrust into a leadership role. The result is a leadership team that has strong technical expertise but often little or no formal training in the intricacies of motivating and managing people.

Because they are "working managers," urgent care leaders are typically busy tending to the delivery of clinical services. So when they enforce a rule on Tuesday, but not on Wednesday, or when they hold Jack accountable but not Jane—they usually don't intend malice. Rather, focused on keeping the operation going, they are simply unaware how their communication and behavior instills uncertainty among staff.

Table 2 illustrates some common management misbehaviors, how they create ambiguity, and their impact on center staff.

When a culture becomes infiltrated with gossip, backstabbing, favoritism, and other petty behavior, trust and security are lost as employees realize they could easily fall victim to a slander costing them their reputation or their job. A manager who engages in these activities will soon find the staff is gossiping about him and undermining his own authority. The result is a toxic environment in which time and energy are expended on game playing rather than serving patients. Petty behavior in the workplace undermines a leader's credibility and authority. To maintain control of the operation and create an environment in which employees will feel secure, communication should be professional, focused on a strategy or task, authentic, free of ulterior motives, and in the spirit of full disclosure.

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Table 2. Common Problem Behaviors of Urgent Care Managers (continued on page 21)

Management Behavior	Effect on Culture	Cultural Ideal
After reviewing timecards and discovering excess overtime reported, the manager reprimands employees and immediately implements a zero-overtime policy.	Employees, afraid of getting in trouble when overtime is inevitable, start shorting their own timecards. Feeling cheated of legitimate overtime—and seeing the manager co-opt them in violating labor laws—employees then feel justified in “getting even” with the business by stealing or shirking on their jobs. Additionally, to avoid overtime and its consequences, employees begin turning away patients 45 minutes prior to center closure. The legal risk, lost revenue, and damage to reputation far exceed any incremental staffing costs.	“No exceptions” rules—particularly those adopted as a knee-jerk reaction to a failed management control—take away staff flexibility to utilize judgment in serving patients. Parameters should be set in which employees exercise some discretion in their roles but are also held accountable for results. This does not mean that employees are given carte blanche to do whatever they want, but, in the case of overtime, exceptions should be made if the employee demonstrates that it benefits the business. Eventually, trusted employees who “don’t want to let management down” will control their own overtime levels.
A medical provider is moody on some days, snapping at and openly criticizing his medical assistants, but on other days is polite and complimentary to the staff.	Uneven temperament of a leader puts employees on an emotional roller-coaster. Having been scorned in the past and not knowing how the leader will react, employees become hesitant to communicate with the leader at all. Employees who cower like broken dogs—or simply choose to ignore the leader—cannot effectively fulfill their job responsibilities. But ultimately, it’s the leader who loses control of the operation.	Due to higher levels of education, pay, and social status, professionals are held to a high standard of integrity. Thus, they are expected to be predictable and consistent in their demeanor and level-headed in their communication and behavior. Emotional outbursts, petty comments, and political game-playing are far below their stature. Instead, professionals should communicate authentically—without pretense and focused on making a genuine connection with the other person.
An employee suggests a new idea to improve the business. The manager ignores the idea, dismisses the idea without hearing the details, promotes the idea to others as his/her own, or approves the idea conditionally, saying, “If it doesn’t work, you’ll be looking for a new job.”	The manager has created a risk-averse culture focused on maintaining the status quo and defending the current business. New ideas are plenty in employee’s minds but are never spoken lest there be negative consequences. Opportunities to differentiate and grow the business are therefore lost and the business is beat by competitors who encourage creativity and controlled risk-taking.	Managers are responsible for making decisions and then being held accountable for those decisions. Thus, managers don’t have to approve every new idea. If the manager hasn’t bought into the risk, he should explain why in a way that acknowledges the employee’s initiative, respects the employee’s desire to improve the operation, and increases the employee’s understanding.
A manager says to an employee, “At the end of your shift, stop by my office—we need to talk about some things.”	The manager has created uncertainty. Productivity is lost and morale is hampered as the employee spends the day worrying about the reason for the meeting—most likely assuming the worst. When it turns out the meeting is for “good news,” the positive impact has already been contradicted by the stress experienced.	Employees should never be left in suspense. Managers should clearly communicate the purpose of any meetings, let the employee know what he can do to prepare, or wait until an appropriate time to pull the employee aside for a private discussion. If there are performance issues, there should have been sufficient ongoing disclosure so that the employee is not surprised by the manager’s feedback.
There is growing frustration with an employee’s sub-par performance, but never having engaged the employee in a performance improvement plan, the manager fires the employee at the end of the day.	Employees do not communicate their performance issues to one another, so morale suffers as co-workers perceive firings are arbitrary, due to political game playing, and reflect management’s insensitivity to the economic impact of unemployment on individuals and families. If employees believe there is no legitimate reason behind layoffs, they start to think they may be next—and employees with the greatest marketability “select themselves out” by seeking jobs elsewhere. In addition, employees who perceive an employer has no loyalty toward them will feel justified in being disloyal toward the employer.	Managers should take great care in hiring and firing decisions. Adequate numbers of prospects should be interviewed to assure the right person for the job and investment should be made in training and development. A 90-day review process should be in place and conditional employment terminated if an employee never catches up to speed. A tenured employee whose performance has fallen should be given a structured improvement plan: if performance does not improve, the employee will either leave on his own or will have no surprise upon being terminated.
An employee provides bad news to the manager regarding an issue with the operation. The manager blows up, responding angrily at the employee’s comments.	“Shooting the messenger” leads employees to withhold potentially negative information from managers. Management loses visibility to the front line, believes things are running smoothly when they aren’t, and then spends inordinate amounts of time resolving crises that could have been prevented they had been aware of issues early on.	Managers should periodically engage employees in respectful, constructive dialogue on what is working, what is not working, and what can be improved. Such discussions help employees feel greater ownership of the operation, resulting in greater initiative to voice legitimate business concerns to management as they arise.

When management desensitizes staffers by reprimanding, demoting, or firing co-workers, demonstrating inconsistent demeanor—including moodiness or snappiness, showing favoritism, withholding perform-

ance feedback, obscuring information about the business, playing games that pit coworkers against one another, or making cutting, abrasive, or dehumanizing remarks—employees end up in a constant state of panic.

Table 2. Common Problem Behaviors of Urgent Care Managers (continued from page 20)

Management Behavior	Effect on Culture	Cultural Ideal
An owner submits personal expenses for reimbursement by the urgent care center, carries non-working family members on the center's health insurance plan, uses a company-owned vehicle for non-business purposes, and flaunts expensive purchases in front of employees.	Employees who see management act unethically will feel justified in acting unethically themselves. Particularly in matters of finance, employees will blame owners who use the business as a personal bank for the employees' lesser pay and benefits. To get even, some employees will steal cash or supplies, give away services, pad timecards, or shirk on the job. After all, they feel the owners can definitely afford it and probably even deserve it.	There should be clear separation between an owner's personal and business financial affairs. Care should go well beyond IRS guidelines. Owners should always be cognizant of how their words and actions could be perceived by others. Expectations should be set that everyone in the center will conduct themselves with absolute integrity—meaning zero tolerance for unethical behavior—with controls in place to monitor and enforce rules. Few employees will feel justified in cheating a boss who has been fair and honest.
A business owner—spending time in the operation—speaks negatively of decisions that hired managers have made, tells employees that a manager is incompetent, or reverses decisions the manager has made.	Owners who undermine a hired manager's autonomy demonstrate to employees that the manager has no control of the business. Employees learn that if they don't like what the manager is doing, they can go straight to the owners to get what they want. The owners begin to micromanage the operation, overriding management, resulting in inconsistent decision-making. Eventually, the organization becomes a free-for-all driven by politics and devoid of meaningful management control.	Prior to hiring or promoting a manager, a business owner should assure that the manager's values, vision, and style are aligned with those of the owners. Once a manager is in place, the owners must defer day-to-day decision-making to the manager. Owners maintain control through reporting systems and by assuring the manager's incentives are aligned with those of the owners.
A manager gossips with one employee about another employee's performance or personal affairs.	When a culture becomes infiltrated with gossip, backstabbing, favoritism, and other petty behavior, trust and security are lost as employees realize they could easily fall victim to a slander costing them their reputation or their job. Also, a manager who engages in these activities will soon find the staff is gossiping about him and undermining his own authority. The result is a toxic environment in which time and energy are expended on game playing rather than serving patients.	Petty behavior in the workplace undermines a leader's credibility and authority. To maintain control of the operation and create an environment in which employees will feel secure, communication should be professional, focused on a strategy or task, authentic, free of ulterior motives, and in the spirit of full disclosure.

After a time, they burn out, becoming numb to it all, and the result is staff who is emotionless, bored, with no aspiration, and could care less whether the operation succeeds. Their focus becomes their paycheck and time spent at work is like being in prison. These “zombie” workers need to be brought back to life.

Mechanisms to Establish Authority

The urgent care leader has two mechanisms to engage staff around the center's mission and values and to get staff members to enthusiastically follow. First is authority by title: “I am your boss and therefore you must do what I say.” Such managers derive power from their ability to scrutinize, question, punish, harass, or even terminate an employee. Although they may spur action, the undesirable result is staffers who question the manager's competence, resent the manager's interference in their work, ignore the manager's commands, go over the manager's head, or who simply do the minimum work required to avoid the manager's scrutiny. Staffers rarely trust a manager whose authority comes by title.

The second mechanism involves winning the hearts and minds of the staff. If you want to motivate someone to act, you have to establish affinity with that per-

son. Affinity is a liking, agreement, or resemblance to another person that is the basis of becoming “real” to that individual. Until you establish affinity, being “non-real” is the same as being “non-human.” And one cannot effectively lead if he is considered an “object” and not a “person.” Is there any wonder why surveys show that up to two-thirds of American workers do not trust their bosses?

Affinity establishes a leader's “personhood” and thus willingness for staff to follow. To establish affinity with front-line staff, urgent care operators cannot be wishy-washy leaders. They must have a firm understanding of the values that guide the center and be personally committed to those values. Managers get exactly what they focus on. So if an urgent care operator believes, for instance, that patients are human beings who are invaluable to the center's success—he will develop staffers who treat patients with respect, compassion, and understanding. However, if the operator believes that patients are merely a means to an end—such as the center meeting its financial objectives—staffers will begin to treat patients as “objects” to be “processed” or, in extreme cases, “annoyances” to be dealt with.

Fortunately, unlike other service industries like retail

Table 3. Suggestions for Establishing Affinity With Front-line Staff

- Know and use the first name of every staff member.
- Make eye contact with staff members and acknowledge them by name when passing.
- Smile and be happy to see staff members. Ask how their day is going or how their weekend was.
- When choosing between helping an employee and finishing a report, choose to help the employee.
- When choosing between answering an employee's question and socializing with a superior, choose the employee.
- When meeting with staff members, give your full attention and do not rush. You are investing in your staff.
- Protect staff from abuse from providers, patients, vendors, injuries, and overwork at every turn.
- Get to know employees and the people important to them (eg, their spouses and children). Remember to ask about what you know is important to your staff members, but request permission before asking a personal question.
- Respect personal space and working territory. Keep the staff restroom and break room clean and well-attended.
- Treat staff equally and courteously. Stay person-centered not task-centered.
- Listen when staffers speak. Do not discount what they say or how they feel, and never speak down to them or correct them in front of others.
- Know the staff's assigned schedules. Ease the return of a staffer after a maternity or paternity leave with encouragement and flexible schedules.
- Jump in to help with any task when needed in a crisis or when short-staffed. (This is different than solving others' problems or taking over because no one else knows how to do something or does it well enough.)
- Allow and expect staffers to solve problems. Allow them to improve processes. Allow them to suggest solutions.
- Recognize staff achievement—both individually and collectively—through verbal recognition and tangible rewards that are visible to everyone associated with the center. Make the staff look good in front of others (eg, other staffers, their families, and patients).
- Surprise staffers by providing lunch on busy days, rewarding worthy recipients with spot bonuses, or hosting unexpected recognition activities.

and hospitality, where front-line staffers “happen upon” employment without giving a thought to their values and beliefs, many individuals choose employment in healthcare because they sincerely want to help people. A successful urgent care manager will tap into the staff's innate desire to provide a welcoming, compassionate, and skillful experience to every patient served.

The Remedy for Ambiguity

When employees don't know what's going on with a business, when they don't understand the reasons for decision making, they begin to think everything is arbitrary or by chance. Lack of disclosure may encompass politi-

cal or competitive changes affecting the operating model, the center's financial performance, hiring or firing of key personnel, development plans for individual workers, and specific plans for the future of the business. Authentic communication—honest self-expression that's free of pretense and judgment and empathetic to the needs of others—is the only remedy for uncertainty.

By focusing on employee's underlying needs for stability and peace, an urgent care operator who communicates authentically will spend less time judging, analyzing, complaining, and comparing—and spend more time addressing the challenges that impact the operation and cultivating connection and compassion with the staff.

The most important component of authentic communication is full disclosure: letting employees know where the business is headed, the values that guide the operation's path, and what each employee's role in the center's future is.

Authentic communication is fair, respects the individual, and avoids game playing and politics. At its root, it is one human being reaching out to another human being with the integrity that mutual respect demands. The result is that the staff always knows where it stands and guessing and assumptions become unnecessary. Confident that management has a plan, employees feel more secure and satisfied in their roles, which reflects in their engagement with patients and the qual-

ity of service they provide.

Creating Affinity With Front-line Staff

Winning the hearts and minds of the staff entails helping them feel that they are important to the leader and the organization. Through the leader's authentic communication, the staff comes to understand the humanity of the leader, realizes that they actually do share the same values, and believes that the leader has everyone's best interests at heart.

By contrast, activities that limit communication or put staffers “in their place” rely on formal structure for authority. This results in attitudes that the manager is

Table 4. Best Practices for Improving Work-life Balance for Hourly Employees

Online Scheduling	Online scheduling is the wave of the future. Employers can use online scheduling services at a cost of \$1.25-\$5 a month per employee. This means that, for the first time, even small employers can shift to online scheduling.
Flex-time	Flex-time schedules allow workers flexibility in when they start and stop work. Typically a range of flex hours are set, such as arriving between 7 am and 9 am and leaving between 4 pm and 6 pm.
Compressed Workweeks	Compressed workweeks are full-time schedules compressed into fewer days per week.
Telework	A common assumption is that hourly jobs are place-bound jobs. Some are, but many are not. In fact, much routine white-collar work can be performed remotely.
Job Sharing	Job sharing is when two employees split one job; typically they work different days, with some overlap to aid coordination.
Retention Part-time Employment	Retention part-time jobs are jobs with benefits where employees have chosen to reduce their hours.
Gradual Return to Work	This policy allows someone returning from childbirth or other health-related leave to start part-time and gradually increase to a full-time schedule.
Part-year Work	Employees can vary their working hours during the course of the year. Salaries and paid time off are pro-rated, and flex-year workers are eligible for promotions and pay incentives.
Shift Swapping	Shift swapping is a key way hourly workers can shift their working hours so as to respond to family responsibilities, particularly unexpected ones. Cross-training can greatly facilitate shift swapping because it qualifies a broader range of employees to perform a given job. (Cross-training also has many other benefits, such as enabling easier coverage during vacations.)
Sick Leave for Care of Dependents	Employees often face the need to care for children and other dependents who are ill, but not sick enough to amount to a "serious health condition" covered by the Family Medical Leave Act. Much of the cost of a policy allowing employees to use their sick leave to care for sick children or dependents already is incurred as employees call in sick when, in fact, it is their children who are sick.
Comp Time	Comp time programs allow employees to take time off instead of receiving pay when they work extra hours. Employers need to be mindful of relevant state and federal labor laws when setting up these programs; a handful of states require an overtime premium for work in excess of eight or 10 hours a day, in addition to the federal law requirement for work in excess of 40 hours per week.
Shifting Work Hours	Employees, with approval of their work teams, can work up to two hours at the end of the shift directly before they are scheduled to work or at the beginning of the shift directly after they are scheduled to work. Other members of their team cover the two hours not covered by the employee who is shifting his working time.
Floater	A floater's job is to cover shifts for employees who are unable to work. The additional costs may well be defrayed by the amounts saved by preserving efficiency without having to keep on employees after the end of their scheduled work day. The most efficient floaters have been cross-trained so that they can fill a number of roles.
Redesigning Overtime Systems	In many workplaces, one group of workers passionately wants overtime while, for another group (mothers and tag-teamers), an order to work overtime on short notice can mean losing their jobs. The first step is to rely on volunteers to the extent possible. Two alternative ways of handling mandatory overtime exist when it is unavoidable. One is to give coupons that workers can use to buy out of overtime or claim additional work hours. The second is to divide employees into four groups and have one group on call for possible overtime during the first week of every month, the second on call during the second week, and so on. This enables workers to arrange for back-up child care during the week they are on call.
Leave Banks	"Leave banks" allow employees to donate unused leave to a colleague and are often used in situations where a worker, or a worker's relative, is seriously ill. Leave banks also enable colleagues to help a woman who has recently borne a child.
Reference Adapted from Williams JC, Huang P. Improving work-life fit in hourly jobs: an underutilized cost-cutting strategy in a globalized world. University of California Hastings College of Law, Center for WorkLife Law. 2011:1-71. Available at: http://www.worklifelaw.org/pubs/ImprovingWork-LifeFit.pdf . Accessed November 21, 2011.	

self-centered, without feeling, and unworthy of the staff's energy and passion.

Which of the following multi-unit urgent care operators do you think is more effective in motivating staff to deliver a first-rate patient experience?

- When one operations director arrives at the center, he spends most of his time cloistered away with the center's supervisors discussing staff-related issues. He paces the hallway with his cell phone, text messaging and talking with his superiors, and

when he does look up at staff members, he neither acknowledges them nor calls them by name. After the operations director departs, the center's supervisor "slams down" the staff for everything the director observed that was wrong.

- Another operations director makes it a point to spend one day a month at every center, memorize every employee's name, and actively listen to employee concerns and suggestions. She purchased a portable charcoal grill to personally make hot dogs and hamburgers for the hurried staff in the summer months. As staff members take their breaks to grab a bite, the director asks about their hobbies, interests, and workplace challenges. The act of humility in not only buying—but actually preparing and serving—lunch creates a strong affinity between the staff and the leader.

To create an emotional connection with the center's front-line staff—to get the staff to like and trust you as a leader—consider the following activities in **Table 3**.

Scheduling Flexibility: Making Life Easier for Front-line Staff

In addition to engaging employees through authentic communication, successful urgent care centers are also adapting working hours and schedules to meet the needs of front-line staffers. These individuals are more likely to be women who are single parents and caregivers, hold down multiple jobs, rely on family members for child care (including "tag-teaming" with a spouse who works different shifts), and tend to have greater personal healthcare needs.

"Work-life balance" and associated benefits—paid time off, control over work schedules, flexibility in starting times and breaks—are taken for granted by professionals but are rarely available at the bottom of the pay scale, even though front-line workers potentially need them most. That's because lower-level jobs are still largely viewed as a cost to be controlled rather than an opportunity to cultivate a loyal workforce.

For a center to operate, front-line positions must be filled at all times the center is open. Therefore, front-line employees are expected to punch-in and -out, work overtime or cover additional shifts on demand, or face corrective action for being late or leaving early to tend to family affairs. Under progressive disciplinary systems, all too often a staff person will find herself out of a job because of "one too many" personal emergencies.

Researchers are finding that when low-wage, mostly part-time workers receive benefits traditionally reserved

for management—flexible working hours, time off when needed, and the ability to lock in a schedule of shifts a full month (rather than a few days) in advance—the result is higher morale, productivity, customer service and revenues, and reduced turnover and labor costs.²

Table 4 outlines best practices for improving work-life balance for front-line employees that could be easily integrated into the staffing model of an urgent care center.

Conclusion

An engaged and happy front-line staff is essential to a well-run and sustainable urgent care operation. Urgent care operators who dismiss, overlook, or neglect their front-line staff will experience dissatisfied patients, negative word of mouth, increased operating costs, instability in operations, and increased risk. People want security and peace in their lives, but the ambiguity of work often creates a state of chaos in which individuals feel powerless—attributing workplace opportunity to chance and believing their success is determined by luck. The best remedy for winning the hearts and minds of the front-line staff is to create affinity—that is, through communication, to become "real" to them by realizing shared values, demonstrating humility, and emphasizing their importance to the operation. The results can be seen in satisfied patients who not only return more frequently for services (and tell others to do the same) but who also post testimonials on Facebook, Twitter, and other social networking websites about the "bright-eyed, smiling, and outgoing staff" they encountered. ■

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