

MASLOW'S HIERARCHY AND MANAGING INDIVIDUALS

BY JON HOFFENBERG



A hurricane is headed straight for your house. An armed robber is at the window of your car. A forest fire is nearby, and you hear the winds whistle as it approaches. Are you feeling safe? What does your instinct tell you should be done? Are you thinking about dating, parties, vacation, personal growth, or what book to read

next in that moment? Have you ever considered why not?

In 1943, psychologist Abraham Maslow laid out his "Theory of Human Motivation," in the journal *Psychological Review*, which attempted to define how individuals find motivation at different stages and in diverse situations.

He argued that people, in general, must have physiologic needs sated prior to being worried about, or motivated to undertake, anything more. From there, individuals would seek safety, then attempt to find a feeling of belongingness. Only then could people seek esteem and ultimately self-actualize.

THE FLINTSTONES

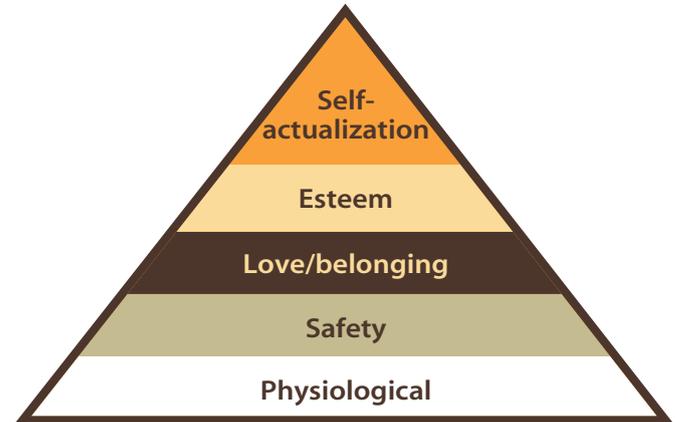
In more basic terms, let's pretend you are a caveman or cave-woman. Without food, water, and a cave, very little else matters. You do not seek love or to have children. You do not wish to grow personally or decorate your cave. You simply do whatever it takes to find simple sustenance and a rock over your head.

Once that has been accomplished, you realize that, although you have food, water, and a cave, there is a lion in your cave, and you do not feel safe. At this stage, you seek safety—better shelter, a good club to beat attacking lions, and perhaps a bucolic lifestyle farther from predators.

Finally, you can find a mate—ideally a relatively well-bathed caveperson with whom to have some cavekids. You meet some cavebuddies to pray to the rain gods with on Saturdays and even try to improve your hunting skills. You invent a wheel and fire to the surprise and splendor of the "cavemunity" and ultimately achieve enlightenment. All is right in cave world.

OUT OF THE CAVE, INTO THE EYE SPACE

Interesting stuff, sure, but how does it apply to contemporary times and modern business? Let's now look at the employees at your practice. As a physician leader, you must multitask: performing surgery, treating patients, seeing consultations, managing emotions, building and retaining a team of workers, and



THEORY OF HUMAN MOTIVATION

ideally creating a lasting legacy so you may sell your practice one day for a handsome profit.

One of the great misdemeanors of management is the tendency to confuse your own level in Maslow's hierarchy with that of each employee. You may feel safe, loved, and a part of a team and be seeking self-actualization, but that is often because you have been doing your job for years and cannot be fired. When you consider the mental state of your junior and senior employees, we can tease out common mistakes many physician leaders make using Maslow's Hierarchy.

Level 1: Physiological Needs | Mistake = Hiring People Who Are Desperate

Often, practice leaders confuse a desperate job seeker with a hungry go-getter. The latter is ideal, as nobody wants a lazy or unmotivated employee. If you hire someone desperate, however, who is simply seeking food for the family table, shelter, or to save his or her home, he or she may be dangerous. Indeed, imagine if you could not pay your rent or feed your family. What would you resort to? Would you want yourself in an office with cash? I recommend picking only hungry people to join your team to avoid desperate acts by desperate people. Sometimes, bad things are done by good people, often out of desperation.

Level 2: Safety | Mistake = Joking About Employment Status

Many times, I have heard doctors or managers jokingly say, "Good morning. You are 2 minutes late. I guess we need
(Continued on page 92)

EHRs IN THE ASC: IS THERE “REAL” MEANINGFUL USE?

Experienced users lay out the pros and cons.

BY LARRY GARDNER, MBA; BRENDA RICHARDSON, BSN; AND KAREN ORISICH, COT



Electronic health records (EHRs) are getting a bad rap. Many of the advantages that

should be obvious when using EHRs have been obscured by the complexity of meeting Meaningful Use (MU) in clinical practice. Fortunately, ambulatory surgery centers (ASCs) do not currently need to meet MU requirements, so use of the system in the ASC presents the perfect opportunity to recognize the inherent advantages without the downside.

As EHR use increases in clinics across the country, largely due to the mandates of MU, the broader use of EHRs in ASCs is receiving greater attention.

Fifteen years ago, we at Pankratz Eye Institute simultaneously implemented EHRs in our clinic and ASC. Because ours was a new business, we never had to endure transitioning from paper to electronic charts. That fact and the 10-plus years of using EHRs before MU make our experience unique. It allows us to share a different perspective with practices that are considering transitioning to EHRs today with the goal of improving efficiency and the patients' experience. Here are some pros and cons to consider.

PROS

Space

There are many distinct advantages of using EHRs in an ASC, the first of which is space. When Michael J. Pankratz, MD, envisioned opening his new practice in Columbus, Indiana, in late 1999, he did not plan on having an ASC. He had already spoken to the real estate developer about a location for his practice, and the allotted space was about 3,000 square feet—not big enough for the ASC we ultimately decided to include.

In short, we were able to add about 1,300 square feet to the building to squeeze in the ASC, but everything had to be compressed (or, in the case of chart storage, eliminated).



AT A GLANCE

- Fifteen years ago, our practice implemented EHRs in our practice and in the ASC.
- There are pros and cons to having EHRs in the ASC. Some pros are space (no longer needed for storing paper records) and speed and timeliness. Patients can be moved through the practice and the ASC much easier and more efficiently.
- The lengthy process of designing EHR forms is a con, and of course, the investment in hardware and software is significant.

ASC records must be kept virtually forever, which makes safe management for record keeping vital, especially when those records become voluminous. EHRs eliminate the need for the physical space required to store paper records. We moved to a larger facility in 2005 but still do not have a chart storage room.

Speed and Timeliness

On the day of surgery, our patients move through the ASC in about an hour. This includes check-in, preoperative management, the surgical procedure, recovery, and discharge. One of the reasons these processes can be accomplished in such a short time is because the receptionist, nurses, and OR staff all have the ability to access the patient's chart without having to chase a piece of paper through the ASC. The EHR system allows multiple locations and individuals to have virtually simultaneous access to the patient's chart for everything from scheduling and clinical care to billing and insurance claims processing.

Our ASC and clinic are the same legal entity, which allows us to avoid duplication of the demographic parts of our database. Our system manages both our ASC's and clinic's medical and financial records in one system, and we can move patients from the clinic to the ASC without

significant duplicate data entry, making for a smoother transition.

Flexibility

Our practice uses the ManagementPlus EHR, which offers great flexibility in form design. One of the advantages of starting a new practice at the same time as starting a new EHR system is that, because we were not busy when we first opened our doors in 2000, we had time to develop our forms instead of having to adapt to existing ones. Based on our experience designing forms to fit our processes, we can now rearrange them to suit our needs if our process changes. That flexibility has been paramount to our success.

Focus on the Patient/Accountability

Our EHR system has allowed us to develop our forms in such a way that the EHR is a tool for our use rather than the focus of our examination/procedure. Real-time access to medical charts allows us to focus on the patient in front of us during the examination process and to thoughtfully prepare for surgery. It makes our care more personal.

At the same time, our software is designed so that the users are held accountable for thoroughly completing patients' records. If a required field has not been completed, the software does not allow the user to move on to the next screen. Those reminders help ensure that documentation is complete, and they eliminate any tendency we have to act habitually as we provide care without appropriately documenting the care we provide. If we do a great job of providing the care but do not document what we have done, the job is not finished. Regulators and attorneys only know it has been done when the paperwork is complete.

We recommend thinking of the forms/record as notes prepared for a speech: those notes keep us on track, prevent us from leaving out something important, and encourage us to do a more thorough job.

Customized Reporting

EHRs allow us to run customized reporting from the data we collect. There are numerous examples where customized reporting could be valuable such as

- designing reports to determine the percentage of our patients who receive a particular medication. With paper records, that process would involve reviewing hundreds of charts for specific notations. This feature is certainly useful in the case of a product recall.
- searching for patients with commonalities such as the same scrub technician in the same OR on the same surgery day or days
- doing data searches to identify trends like the percentage of postcataract surgery patients requiring YAG laser treatment

- monitoring outcomes related to specific treatment modalities like the effects different pre- and postoperative drop regimens have on healing and visual improvement after surgery

There are many other possibilities.

Modified Requirements

The Centers for Medicare & Medicaid Services and local and state ASC licensing agencies often demand that we modify our record keeping to meet their requirements. For example, we are facing the switch to the International Statistical Classification of Diseases 10 on October 1 of this year. EHR software makes it dramatically easier to conform to the demands placed upon us as the requirements change. At times, the alterations necessary to meet those requirements can be accomplished by revision of the software at the vendor level. Other times, the changes happen locally and internally with the modification of forms.

Electronic documentation allows for more data capture than an 8½ x 11-inch sheet of paper allows, and this can be advantageous. The complexities of medical documentation required today make the automated processes possible in the EHR invaluable. A drop-down list to choose from or extended explanatory verbiage that can be added with a single keystroke can be real lifesavers when it comes to meeting the regulatory requirements.

CONS

Lengthy Form-Design Process

There is no doubt that designing effective electronic forms is harder than designing paper forms. The process can be time-consuming. The EHR vendor may be able to assist practices with the form-design process or may have standardized forms for them to use. Because ManagementPlus focuses on ophthalmology, the company employs a group of certified ophthalmic technicians who have created ophthalmology-specific standard forms or can offer assistance with form design. This vendor also has many clients who have been happy to share with us the ideas they have developed for use in their own practices.

One of the most interesting events we have had the opportunity to participate in over the years is the annual ManagementPlus User Group Meeting held each fall in Park City, Utah. Attendees have an EHR "showdown" in which they compete live to demonstrate ways their practices have solved problems using the EHR system. The variety of problems and solutions is seemingly endless, and the event is a great learning experience.

Costs

As a startup company in 2000, it certainly would not have cost as much for us to design a paper chart as it did

to go paperless. During the past 15 years, we have invested over \$845,000 in hardware, software, and computer maintenance and information technology consulting to have EHR systems in our practice and ASC. There is no doubt that EHRs can be expensive, but the cost also includes our practice management system, which is fully integrated (practices may already be incurring a significant percentage of the computing cost associated with EHRs).

Although we have had to replace hardware to increase computer speed and file storage capacity, which has contributed to our costs over time, our need to spend money on those changes has decreased over the years due to technological advances. Both the hardware and software have improved, and the cost per gigabyte of storage has decreased dramatically since 2000. There are options today that did not exist 15 years ago (like cloud storage and programming) and will reduce the cost even more over time.

Another cost consideration is staff training when implementing EHRs. The calculation of that cost must include some decrease in productivity at the front end, but we feel that, as the workforce gains experience with EHRs, the ASC tends to be more efficient than paper charts allow.

In terms of cost, it is important to recall that space costs money and to remember all the real estate no longer needed for charts.

CONCLUSION

Whether in a clinic or an ASC, the transition to EHRs from paper charts may be difficult. It is not easy to give up tried-and-true methods, but the adoption of EHRs has proven itself in our setting. We cannot say whether there will ever be MU for ASCs, as defined by governmental mandates, but there is no doubt that the use of EHRs in our practice and ASC has been meaningful for us. ■

Larry Gardner, MBA

- executive director of Pankratz Eye Institute, Columbus, Indiana
- lgardner@pankratzeye.com
- financial interest: none acknowledged

Karen Orisich, COT

- clinic director at Pankratz Eye Institute, Columbus, Indiana
- korisich@pankratzeye.com
- financial interest: none acknowledged

Brenda Richardson, BSN

- ASC director of Pankratz Eye Institute, Columbus, Indiana
- brichardson@pankratzeye.com
- financial interest: none acknowledged

(Continued from page 88)

to start looking for a replacement.” Yes, mistakes like tardiness should be addressed, and certainly chronic mistakes can and should lead to loss of employment. With that said, remember that even nonchalant threats to their employment status immediately takes any employee off of other more self-actualized levels of Maslow’s hierarchy and back down to questioning his or her safety. If job safety is threatened, you can bet the employee is looking online for new jobs that night and not thinking about how he or she can grow personally and professionally within the organization.

Level 3: Love and Belonging | Mistake = Not Having Fun

Is your workplace a joy to come to? Are there occasional surprises, parties, and cakes for birthdays and traditions that are repeated annually? If not, your people may not feel they belong. Once you provide fair wages and a safe environment, start to create culture. Culture starts with rules and expectations but thrives with traditions and a bit of joy. Have a holiday party. Take people to lunch occasionally. Think of something silly that makes people feel a part of the team. (At YellowTelescope, we make a bobblehead doll in the image of each employee and present it on his or her second work anniversary.) Part of culture is establishing work ethic, expectations, and rules, but part of it is also the feeling of belongingness.

Level 4: Esteem | Mistake = Lacking Opportunity for New Challenges

As your team matures, let’s assume all members are feeling safe, loved, and a part of the culture. To avoid boredom, which leads to the desire to find a new outlet for personal growth, simply provide that prospect. Invest in your people’s personal growth. Esteem and confidence come from learning. Buy your team a book to read together on leadership, service, or sales. Invest in a seminar or conference for your team to attend. Consider hiring some consulting services to challenge yourself to become better. Contests do not hurt, either, and having fun with it helps at every level.

SUMMARY

As my director John Berry once said, “Self-actualization means you turn into a beam of light, so it is pretty hard to achieve.” There are, however, many lessons that can be easily learned and implemented as you go from being a caveperson in the managerial sense to a self-actualized visionary leader. Start by hiring hungry but not desperate people. See your results soar by creating a safe environment, with new challenges and a culture based on both results and the concept of family fun. ■

Jon Hoffenberg

- president of YellowTelescope and SEOverSite.com
- jon@yellowtelescope.com