

Real concerns over fake patients

Doctors, nurses uneasy as hospitals go undercover to check on staff

The middle-age woman walked into the emergency room complaining of headache, numbness, slurred speech and difficulty moving her left side.

Immediately thinking stroke, staff members at University Medical Center at Princeton quickly ordered a CT scan.

Although the test came back negative, the attending physician insisted she be admitted for further evaluation. The woman, dressed in a flowing dress and earth sandals, refused and signed herself out of the hospital.

There were no medical repercussions. You see, the patient was faking.

As competition between hospitals and medical providers becomes more intense, some are turning to so-called "secret" or "mystery" shoppers to get an edge. These are people --usually employed by outside firms -- who go undercover to assess the quality and delivery of medical services.

"We're helping these providers learn what is important from the patient's perspective," said Jeffrey Hall, whose Michigan firm, Second to None, sends out mystery shoppers nationwide.



His employees provide feedback not only on what they have observed, but what they have overheard, including what other patients are saying.

Although retail and food businesses have relied on such tactics for years, the use of these patients in health care is relatively new, and not everyone is happy with the practice.

"I think it is a horrendously bad idea," said Ronald White, a colon and rectal surgeon from Bergen County who is the president of NJ Physicians, which advocates for doctors. "This is a marketing thing. It's not how you evaluate medical care."

The American Medical Association, the nation's largest physician group, took up the topic of mystery shoppers at its annual meeting in Chicago last week. It held off voting on whether to endorse the practice, however, and sent the matter back to an ethics committee for more clarification. Ethical concerns do abound, especially in settings like emergency rooms, where some argue such patients take up time and attention from the staff, even as real patients are forced to wait. Springing these patients on unsuspecting doctors and nurses can also create feelings of distrust within an institution, others warn.

"As a matter of ethics, you always have to justify why you would need to deceive someone," said Nancy Berlinger, deputy director and a research associate at The Hastings Center, a bioethics research institute in Garrison, N.Y.

Berlinger urged hospitals to first know exactly what they hope to achieve and then figure out if there is another way of addressing the issue without resorting to the undercover tactic.

Questions have also been raised about how far these undercover patients should go, since they could be exposed to procedures and medications that carry real risks.

Some have even likened the practice to pulling a fire alarm to test the response of the fire department. Nurses, often on the front line of health care, also see flaws.

"I think it's extraordinarily dangerous," said Andrea Aughenbaugh, CEO of the New Jersey State Nurses Association.

Earlier this year, Mountainside Hospital had some of its own employees pose as secret shoppers to see whether nurses were reading back physician medication orders over the phone to ensure accuracy. Protocol also called for the nurses to record the encounter in the patient's chart.



A spokesman for the Essex County hospital said employees from doctors to technicians were tapped to secretly observe the nurses and then record whether they complied with the rule.

"We discovered there was very high compliance, although it wasn't 100 percent. In those instances where the person was not complying, we just contacted them and informed

them we really needed them to do this," spokesman Richard Wells said, adding that no punitive action was taken.

Wells said the hospital, which a year ago was taken over by Kentucky-based Merit Health Systems, a private hospital management firm, would consider using such methods again.

"We felt it worked pretty well in determining in this particular case how this regulation was being complied with," he said.

In the case of the Princeton hospital, which paid a consultant \$8,000 two years ago to pose as the potential stroke patient, just a small circle of hospital managers were let in on the plan beforehand. That led to some grumbling later among emergency room staff who were not privy to the information.

"If we do this again, I would tell the staff that at any given time a mystery patient could show up, although they wouldn't know exactly when," said Susan Lorenz, the hospital's vice president of patient care services, who considers the exercise to have been effective.

Some outpatient facilities have also found secret patients useful, including Concentra Inc., which provides urgent care and services like drug testing and physical therapy in 40 states.

Mystery shoppers have become such a standard part of Concentra's evaluation process at its 11 New Jersey locations -- centers even get rated on the magazines in the waiting room -- that plaques and financial incentives are awarded for outstanding performance, said Alan Ayers, the company's assistant vice president of product development.

"It helps keep the staff on their toes," he said.

BY ANGELA STEWART
Star-Ledger Staff

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Client Newsletter

What is Compliance? Is your Practice Compliant?

Compliance is defined as a systematic process aimed at ensuring that employees, medical staff and business partners comply with applicable laws, regulations and standards, as set forth by federal regulations in order to prevent fraud and abuse in the healthcare setting.

In the event that your practice is investigated, would it pass the scrutiny of various regulatory agencies?

ASK YOURSELF: Do you have a written Compliance Plan?

- Do you have written policies and procedures for day-to-day operations?
- Have all employees received the required initial and annual training?
- Do you have training documentation for the past three years?
- Does your organization perform periodic internal audits and reviews?
- Does your organization have policies and procedures in place to direct the activities of employees who would be involved with an investigation?
- Does your organization place importance on compliance in all aspects of its operations?
- Do you have enough time to keep up with the ever-changing regulations?

There is no standard, "fit all" compliance program. There is a set of guidelines that physician practices can consider when developing their compliance program.

There are various components and procedures to consider and evaluate when a practice creates a compliance program. The extent of implementation will depend on the size and resources of the practice. The OIG (Office of Inspector General) recognizes that the physician practices need to find the best way to achieve compliance for their circumstance. Physician Management Companies, Legal Counsel and Accounting Practices may serve as an essential source of compliance guidance. Opportunities to participate in compliance efforts, which include training and education, encourage and assist to support a practice's efforts for compliance.

Compliance programs do not need to be time or resource intensive and may be developed in a manner that best reflects the nature of the practice. The most important thing to remember is the existence of a compliance program for your practice is essential. **Source One Medical Management can assist in the development of your Compliance Program. Please feel free to contact us at (609) 895-9700 or info@source1med.com, with any of your compliance needs.**

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